



WORKING TOGETHER
TO PROTECT
EXPLOITED CHILDREN

Improving California's Multi-System Response to Commercially Sexually Exploited Children: Resources for Counties

Developed by the Child Welfare Council CSEC Action Team



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Table of Contents

Message from the Co-Chairs	4
Executive Summary of <i>Ending the Commercial Sexual Exploitation of Children: A Call for Multi-System Collaboration</i>	7
Memorandum Summarizing the Available Screening Tools to Identify CSEC	12
Model Interagency Protocol Framework	22
Background & Purpose	22
Model Interagency Protocol Framework	28
CSEC Practice Guidance Toolkit	39
Memorandum of Understanding Template for the CSEC Program	39
Holistic Needs of CSEC	61
Core Competencies for Serving CSEC	80
Acknowledgements	94



Message from the Co-Chairs

Since 2013, the Child Welfare Council's Commercially Sexually Exploited Children (CSEC) Action Team has driven significant policy developments on behalf of exploited and at-risk children in California. Through publications and issue advocacy, the CSEC Action Team has increased awareness of CSEC and the intersection between child sex trafficking and the child welfare system. It has spearheaded state and national research efforts, disseminated policy guidance, and organized state-wide convenings.

The CSEC Action Team has also successfully advocated for policies to advance its mission, some of which, in turn, were embraced by the Legislature through the introduction of SB 855. Passed in 2014, SB 855 moved California's child-serving systems one step closer to ensuring a victim-centered approach for CSEC. The law clarified that exploited children could be served through the child welfare system as victims of child abuse and neglect. SB 855 also created the state-funded CSEC Program, which charged participating counties with developing an interagency approach to CSEC case management, planning, and provision of services.

After the Governor signed SB 855 into law, the Action Team channeled its collective expertise into developing a number of multidisciplinary resources that have informed and will continue to assist counties in coordinating cross-system dialogue and action around CSEC. These resources aid counties in meeting the statutory requirements of the CSEC Program as well as exploring promising practices. Their guidance is not exclusive to the CSEC Program, and may be utilized by any county, including those outside of California, for the purpose of improving systems response to CSEC.

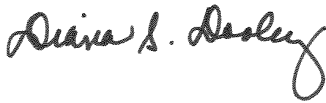
This compilation includes the following resources:

- **Executive Summary:** *Ending the Commercial Sexual Exploitation of Children*, the 2013 report that launched our collective efforts, defines the scope of the problem in California and called for the creation of the CSEC Action Team. The executive summary includes a link to the full report.
- **Memorandum Summarizing the Available Screening Tools to Identify CSEC:** this memorandum summarizes the criteria used to evaluate screening tools to identify CSEC. The WestCoast Children's Clinic's matrix of tools summarizes the strengths and the challenges posed by each of the identified tools.
- **Model Interagency Protocol Framework:** disseminated to the counties in April by the California Department of Social Services (CDSS), this resource package includes: (1) *Background & Purpose*, which explains the CSEC Action Team and the impetus for creating the guidance; and (2) *Model Interagency Protocol Framework*, which describes the legal requirements of the CSEC Program and also offers additional guidance on protocol development based on promising practices.



- **CSEC Practice Guidance Toolkit:** disseminated to the counties in May by CDSS, this resource package includes: (1) *MOU Template for the CSEC Program*, which expands upon the Framework and can be used as a structural reference for counties when developing their interagency protocols; (2) *Holistic Needs of CSEC*, which serves as a reference point for identifying what needs should be considered in CSEC case planning; and (3) *Core Competencies for Serving CSEC*, which outlines the skills, knowledge, and behaviors that will help providers identify, serve, and protect children and youth who have been sexually exploited or are vulnerable to exploitation.
- **Acknowledgements:** the resources included in this compilation are the result of significant collaboration and engagement by the more than 50 multidisciplinary members of the CSEC Action Team.

We applaud those counties and the many community-based providers and advocates currently undertaking the development, implementation, and evaluation of their interagency CSEC protocols. With your on-the-ground expertise and the Action Team's support, California has the opportunity to advance victim-centered system responses that could improve the lives of thousands of exploited and at-risk children.



DIANA S. DOOLEY, Co-Chair
Secretary
California Health and Human Services Agency



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Executive Director
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Ending the Commercial Sexual Exploitation of Children: A Call for Multi-System Collaboration in California

Executive Summary

Within the United States, California has emerged as a magnet for the commercial sexual exploitation (CSE) of children (CSEC). The FBI has determined that three of the nation's thirteen High Intensity Child Prostitution areas are located in California: the San Francisco, Los Angeles, and San Diego metropolitan areas. Child sex trafficking, child pornography, and child sex tourism are all forms of CSEC. Frequently, victims are exploited through more than one form of abuse, and they cycle through the stages of exploitation many times before they are able to leave their exploitative relationships. To address this problem, California must develop a comprehensive and collaborative response to ensure CSE victims are identified and receive the services they need to overcome trauma and live healthy, productive lives.

The children who fall prey to exploiters are frequently those with prior involvement with the child welfare system, such as through child abuse report investigations and placement in foster care. Other victims should have received Child Welfare services and protections but never gained access to the system, and are instead treated like criminals and funneled into the juvenile justice system.

Chapter One [of the report] portrays the horrors children experience through commercial sexual exploitation. Chapter Two discusses the prevalence of CSEC and defines the scope of the problem. Chapter Three focuses on the need for child-serving systems to identify CSEC and children at risk of CSE. Chapter Four outlines models and approaches for addressing the needs of CSEC. Chapter Five identifies strategies for preventing CSE, including reducing demand for commercial sex. Chapter Six describes the response by the international community, and also explores the federal and state governments' responses to combatting CSE. Finally, Chapter Seven provides recommendations for a collaborative and comprehensive response to CSE in California.

There are many difficulties and barriers to identifying victims of commercial sexual exploitation. Paramount is the inadequate education and awareness among agencies, organizations, and providers who come into contact with CSEC. Additionally, many CSEC are not able to see themselves as victims; and either rationalize or actively deny that they are being exploited. The concealed nature of this crime also acts as a barrier to identifying and rescuing CSEC.

Exploring ways to overcome these barriers with education strategies and cross-system screening protocols may reduce the number of children who become victims of CSE. It also may give CSEC access to services and supports they need to escape a life of violence and trauma.



Screening tools, checklists, and strategies for engaging youth can also help ensure that greater numbers of CSEC and children who are at risk of victimization will be identified.

CSEC present with extensive and variable needs. Because this is an emerging field, researchers and practitioners have yet to agree on the most appropriate method for providing services and supporting youth's positive growth and development. Consequently, there is no consensus on a single approach that comprehensively addresses the needs of all CSEC. Generally, service providers, researchers, and advocates have identified six components of services and strategies that should be included in any integrated strategy to serve CSEC:

- Safety planning for both the clients and the staff serving them;
- Collaboration across the multiple systems and agencies;
- Trust and relationship building to foster consistency;
- Culturally competent and appropriate service provision;
- Trauma-informed programming; and
- CSEC survivor involvement in the development and implementation of programming.

Additionally, continuity of care and the provision of long-term services and supports are essential in addressing the needs of CSEC and their families or caregivers. CSE victims often relapse to exploitation many times before they permanently leave their exploiters, and interventions must take this cycle into account.

Prevention efforts also play a key role in eradicating CSE. From a victim-centered perspective, a preventative approach begins with identifying youth who are at-risk for exploitation and providing services and supports before victimization occurs. Another prevention approach targets purchasers, to reduce consumer demand for commercial sex. Organizations throughout the country have begun to explore prevention practices to end CSE of children. Many of these efforts have been developed in only the past decade, making it impossible to fully evaluate their efficacy. Prevention strategies that have emerged include:

- Curricula and other school-based approaches to educate youth regarding healthy relationships, sexual health, Internet safety, and CSE; and
- Campaigns to end consumer demand by targeting purchasers.

As human trafficking, in general, has become a more recognized and visible problem throughout the world, political leaders and legislators have responded with new laws, initiatives, and conventions to define crimes, enhance awareness, provide services, criminalize exploiters, and track progress. The United States passed its first comprehensive human trafficking bill in 2000, the Trafficking Victims Protection Act (TVPA). More recently, legislative efforts have centered on the CSE of U.S.-born children, and harsher punishment of perpetrators. California, however, still lags behind the efforts of other states in the U.S. that have established policies and practices to prevent domestic minor sex trafficking, decriminalize prostitution for minors, rescue and restore victims through enhanced identification, and provide specialized placement and trauma-informed services.



California is at a crossroads. CSE of children is an epidemic spreading at an exponential rate across the state. To combat its growth, this report makes recommendations in each of the six areas discussed above. Successfully implementing these recommendations requires a comprehensive and collaborative approach. It is therefore proposed that a CSEC Action Committee be created to plan, develop, and oversee action steps needed to improve California's response to the growing number of children being sold for sex each night.

The CSEC Workgroup recommends that the CSEC Action Committee be co-convened by the Secretary of the California Health and Human Services Agency and a community-based advocacy organization representative—preferably one with experience working with CSEC. A CSEC Action Committee should be charged with facilitating a collaborative and comprehensive process for prioritizing, sequencing, and overseeing implementation of the recommendations adopted by the Council. Committee membership should include leaders representing state and local government agencies, CSEC service providers, youth advocates, court representatives, and CSEC survivors.¹

The Workgroup prioritized several critical initiatives for the proposed CSEC Action Committee. These include:

- **Placement:**
 - Establish safe and secure emergency and transitional placements for CSEC victims.
- **Identification:**
 - Implement cross-system screening tools to systematically identify CSEC and children at risk of exploitation in order to inform and improve service delivery and placement decisions.
- **Training:**
 - Mandate training for all professionals working with youth in child-serving systems, including, but not limited to, the child welfare, juvenile justice, probation, mental health, and education systems, to better identify CSEC and children at-risk, provide CSEC specialized services and supports, and use culturally competent and trauma-informed practices.
- **Data:**
 - Develop protocols and strategies to coordinate, collect, and share data across systems to better understand the scope of the problem, the level of interaction with multiple systems, and CSEC specific needs.

The CSEC Workgroup also believes that the urgent needs of California's CSEC justify dedicated funding to support the CSEC Action Committee in carrying out its duties to implement the Council's recommendations. Given the scope of responsibilities, it is recommended that the

¹A broad spectrum of government agencies should be encouraged to participate, including the California Department of Social Services, County Welfare Directors Association of California, California Department of Corrections and Rehabilitation/Division of Juvenile Justice, Chief Probation Officers of California, California Department of Health Care Services, County Mental Health Directors Association, and the California Department of Education.



CSEC Action Committee seek supplemental funding from federal agencies and philanthropic foundations whose missions include improving services to CSE victims. Particular emphasis should be paid to understanding how proposed changes in approach or emphasis on meeting children's needs could be facilitated by allowing funding to "follow the child." Care should be taken to ensure that the true costs of education and training are built into cost analyses and funding allocations.

Because many CSEC are involved with child protective services and foster care, the child welfare system is uniquely positioned to implement prevention and early intervention services. Building on existing research, lessons learned from other states, emerging and promising practices, and survivor input, California has the opportunity to dramatically improve outcomes for its CSEC as well as reduce the number of children who fall victim to exploiters in the future. Using the energy and expertise of its member agencies, the Council and the new CSEC Action Committee must address the challenges presented in this report and act with urgency. Delay means more days of unimaginable suffering for thousands of children in California.

The full report is available online at: tinyurl.com/CalCSECReport.







Memorandum Summarizing the Available Screening Tools to Identify Commercially Sexually Exploited Children (CSEC)

This memo summarizes the criteria used to evaluate screening tools to identify commercially sexually exploited children (CSEC). WestCoast Children's Clinic (WCC) conducted a literature review and environmental scan of available tools and evaluated those tools according to specific criteria, as described below. WestCoast also incorporated information provided by the Child Welfare Council's Commercially Sexually Exploited Children (CSEC) Action Team.

This review was motivated by the need to implement a systematic screening protocol to more quickly identify youth who are exploited. Specifically, WCC and the Action Team searched for a tool that is:

- Evidence-based;
- Used for screening prospectively (i.e., not wait until signs and suspicion of exploitation are obvious);
- Short enough and results in data that is easy to analyze (i.e., is not based only on narrative description); and
- Usable in multiple agencies and systems so that there is a standard, reliable protocol for measurement.

It was important to also find a screening tool that could be used as a universal screener – that is all children and youth meeting an age criteria would be screened regardless of gender, sexual identity, race, or other demographic characteristics. Finally, we wanted the screener to trigger follow-up actions as warranted, such as a full assessment of the youth's health, safety, and placement needs and strengths.

No tool met the criteria outlined below, which was the impetus for developing the Commercial Sexual Exploitation-Identification Tool (CSE-IT). The matrix of tools briefly summarizes the strengths and the challenges posed by each of the tools we found. WCC shared a preliminary list of tools it found with the CSEC Action Team Prevalence and Assessment Subcommittee and put out a call for any other screening tools available (published and unpublished). The final list in the matrix includes all of the tools that WCC found or were provided through that process.



LIST OF CRITERIA

Validated: This is indicated as ‘yes’ in the matrix if there has been some data collection and evaluation of the tool’s properties to ensure reliability and validity. To date, only two tools have been validated, namely the Vera Institute of Justice Trafficking Victim Identification Tool (TVIT) and the Covenant House Human Trafficking Interview and Assessment Measure (HTIAM).

Length: Tools vary widely in the number of questions. The number of questions alone is not the most descriptive indicator of how useful a tool might be, especially since for some tools, not all questions are asked of all interviewees/clients. However, length is still a helpful heuristic for understanding the time and documentation burden of using the tool. Time and documentation burden affect a tool’s ease of use, which is an important consideration for implementing a tool in any system or agency, but especially in a large system. Many of the lengthier tools ask questions that are more suitable to an in-depth assessment.

For example, they ask many questions about traumatic experiences. However, this detailed information about trauma (who was involved, what exactly happened) is not needed to identify whether or not a youth has been abused, and in some settings and situations is not appropriate. The Vera TVIT, the Loyola University Comprehensive Screening and Safety Tool (CSST), the Polaris Project Comprehensive Human Trafficking Assessment, and the Florida Department of Juvenile Justice Human Trafficking Screening Tool (HTST) all share this problem. Detailed information about the traumatic experience may be relevant in a formal investigation or in therapy rather than in an initial screening.

Source of Information: This refers to what information is used to determine whether a client or potential victim has been subject to sexual exploitation or other forms of trafficking. Most tools on the matrix rely on self-disclosure by the victim, which is a serious limitation. While direct questioning or interaction with youth is an important component of information gathering, it should not be relied on as the sole source. Many youth, especially younger youth, do not self-identify as a victim or as being exploited and do not recognize their own situation as one involving force, coercion, or manipulation. In our 2012 study, *Research to Action: Sexually Exploited Minors Needs and Strengths*, we found that 37% of youth do not recognize their own exploitation. Thus, relying on self-disclosure alone may result in many missed opportunities to identify when a victim is being subject to violent abuse.

Of the 14 tools on the list, only 3 do not rely on self-disclosure. One of these is the Connecticut Department of Children and Families in-depth case review and psychological assessment. While this is not strictly speaking a tool, it is on the list because it is a systematic review of cases for signs of exploitation. This mode of data collection, while thorough, is largely retrospective from history files and is not feasible with large caseloads.



The Barnardo's SERAF form and the San Luis Obispo CSEC Screening Tool both allow for information gathering from any source, including directly from the youth, from observations of the youth's behavior or appearance, from case history files, or from other collaterals.

Domain/System specific: Most of the tools on the list can be used in varied settings. However, a few were developed especially for use in specific settings. For example, the Maryland Department of Juvenile Services (MD DJS) tool and the Portland State University InterCSECT tool (used in Washington state) are both specific to juvenile justice settings. Similarly, the Covenant House HTIAM is tailored to homeless youth seeking shelter services.

Guide to Action: Some tools help guide the service provider in arriving at a determination of whether the person being screened is in fact a victim of trafficking. Only 4 tools do this, namely the MD DJS tool, the Portland State University InterCSECT tool, Barnardo's SERAF form, and the San Luis Obispo CSEC screening tool. These tools have a score or summary that integrates the information gathered and helps the provider decide on a course of action. While useful, none of these scoring methods have been evaluated for accuracy. Tools that do not summarize the information gathered in some way are not as valuable for prevention. With respect to the protocol in CT, because it is retrospective, it does not screen proactively and cannot be used for prevention. In instances where an in-depth psychological assessment is completed, the information may be extremely helpful for case or treatment planning. However, this step takes place after screening and requires a mental health professional.

Format/Mode: This indicates whether the tool is an interview questionnaire (structured, semi-structured, or unstructured) or whether it follows another format, such as case review or checklists. There are tradeoffs with different formats. Interviews can be helpful in suggesting to the provider what to ask youth. However, they are either inflexible (resulting in irrelevant questions or inappropriate wording for certain situations) or so unstructured that they are no longer a systematic or consistent protocol.

We recommend *not* using an interview tool. Interviewing skills are extremely important and should be developed independently of whatever tool is being used in an agency. In fact, a provider's proficiency with interviewing and engaging youth in conversation can be hampered by a structured or semi-structured interview protocol, which may interfere with rapport building as well as with the agency's existing intake, interview, or assessment processes. To be authentic and provide a safe space for disclosure of abuse, providers should use language that is natural to them, that young people can relate to, that is sensitive to the trauma youth may have experienced, and is appropriate to the situation and to the victim's development and circumstances. Instead, we recommend that providers use a tool that helps them prepare for what information to gather and that integrates that information. Checklists of key indicators are more appropriate for this reason.



Case review, while more flexible than interviewing, is retrospective and labor intensive, and therefore not as effective as checklists of key indicators.

Open- or Closed-ended: Some of the interview tools ask only open-ended questions, which make them unsuitable for use in large agencies or systems. Narrative text is not practical for quick analysis or for running frequencies, such as counting how many youth answered certain questions in certain ways. Tools with closed-ended questions or categorical checklists are necessary for this purpose.

Intended Populations: Some of the available tools are intended to be used both with minors/transition age youth (TAY) and with adults. A tool that addresses both groups can be useful in settings where both age groups are receiving services. One drawback to such a tool is that many items that are appropriate for adults are not relevant for minors or TAY and often the language is not suitable for children. The Vera TVIT and the Polaris Project & National Human Trafficking Center Comprehensive Human Trafficking Assessment both have this problem.

Appropriate for Minors: While most tools are suitable for use with minors, some would only be appropriate with significant modifications to the questions and to the language used, such as the Vera TVIT, the Polaris tool, and to a lesser extent the Covenant House HTIAM. The U.S. Department of Health and Human Services screening tool is written for adults and would require significant modification to be workable in a child-serving setting.

Sexual Exploitation/Trafficking: All of the tools reviewed here are intended to screen for sexual exploitation or sex trafficking.

Labor Trafficking: Some of the tools on this list are appropriate for all forms of trafficking. In practice, this means these tools have longer questionnaires with questions that may be irrelevant to the circumstances of the person being screened. Some providers and advocates have noted that the key indicators for sex and labor trafficking are very similar and largely overlap. However, most of the dual-use tools have separate questions to identify sex and labor trafficking. It is not clear whether this is because the indicators are in fact so different, thereby requiring different sets of questions to identify these situations, or whether this is because the tools are poorly designed.

Notes: This field contains some qualitative notes on the tools. As a general observation on these tools, many of them require suspicion of commercial sexual exploitation in order to screen. However, this defeats the purpose of screening, which is to identify a problem before there are obvious signs. Furthermore, several tools require expertise as to the how exploitation manifests in psychological symptoms. For example, some tools ask the provider conducting the screening to indicate whether the child has psychological signs of having been trafficked. Even among mental health experts, only those very experienced with CSEC victims would be able to answer such a question reliably. Even then, a tool that is too general defeats the purpose of having a systematic set of questions to aid identification.



While no single tool meets all the criteria we want in a screening tool, three tools stand out for having particular strengths, namely:

The Vera TVIT is validated, is applicable across a range of trafficking situations, and it explicitly addresses transnational trafficking in persons. The difficulty with this tool is that it is not practical for screening as much as for more in-depth investigation. A major weakness is that, as the authors of the tool have noted, it is not as effective for identifying CSEC as it is for adults and for labor trafficking victims.

The Covenant House HTIAM is validated and unlike the other interview questionnaires, uses language that is nonjudgmental and not invasive. However the difficulty with this tool is that it only has 2 questions pertaining to sexual exploitation, thereby missing many key indicators that can help identify that a youth may be sexually exploited. Moreover, it requires self-disclosure, which also misses opportunities to identify youth, especially younger youth. Nonetheless, agencies working with older youth who are seeking help may find this tool helpful.

The San Luis Obispo tool (which was not available when this list of tools was first compiled) is a useful model and has developed along similar lines as the WestCoast CSE-IT. It allows for multiple sources of information, not only self-disclosure by the youth. It captures data in a categorical checklist form. It is flexible in that it allows providers to gather information about and to interact with youth in an individualized manner. However the tool is missing several key indicators that providers have noted are important for identifying youth in different settings. Moreover, the items are not grouped in any way to facilitate the information integration purpose of such a tool. Also, it uses an untested scoring system. If the scoring were evaluated for accuracy, this would be encouraging.

References and URLs: these are included where available.





Organization	Tool Name	Validated	Length	Source of Information	Domain/ System Specific	Guide to Action; Potential Use for Prevention	Format / Mode	Open- or Closed- Ended	Intended Populations	Appropriate for Minors	Sexual Exploitation/ Trafficking	Labor Trafficking
WestCoast Children's 1. Clinic	Commercial Sexual Exploitation- Identification Tool	In process	10 key indicators plus 48 guiding questions	Any	Any	Yes	Checklist of indicators	Closed	Minors and young adults	Yes	Yes	No
Shared Hope 2. International	Intervene	No	42 questions at intake plus 55 questions to explore or confirm possible trafficking	Self-disclosure by victim	Any	No	Structured interview	Open	Minors	Yes	Yes	No
3. Vera Institute of Justice	Trafficking Victim Identification Tool (TVIT)	Yes	75 questions (long form) or 55 questions (short form), some questions are only asked as followup if client answers "yes" to a previous item.	Self-disclosure by victim	Any	No	Structured interview	Mixed	Adult and Minors	Only with significant modifications to questions and to language	Yes	Yes
Loyola University Chicago Center for the Human Rights for Children & Intl Org for 4. Adolescents (IOFA)	Rapid Screening Tool (RST) for Child Trafficking	No	12 questions	Self-disclosure by victim	Any	No	Structured interview	Open	Minors	Yes	Yes	Yes
Loyola University Chicago Center for the Human Rights for Children & Intl Org for 5. Adolescents (IOFA)	Comprehensive Screening and Safety Tool (CSST) for Child Trafficking	No	33 questions	Self-disclosure by victim	Any	No	Structured interview	Open	Minors	Yes	Yes	Yes
Asian Health Services and Banteay Srei (also used by Native 6. American Health Center)	CSEC Screening Procedure and Guideline	No	1 question	Self-disclosure by victim	Any	No	Verbal interview question	Open	Minors	Yes	Yes	No
Polaris Project & National Human Trafficking Resource 7. Center (NHTRC)	Comprehensive Human Trafficking Assessment	No	142 questions	Self-disclosure by victim	Any	No	Unstructured interview (suggested questions)	Open	Not specified	Only with significant modifications to questions and to language	Yes	Yes
State of MD - Department of Juvenile Services (DJS) (Neil 8. Mallon)	Detention Screening Interview: Tier One	No	17 questions	Self-disclosure by victim; observation	Juvenile Justice	Yes	Semi-structured interview	Mixed	Minors	Yes	Yes	No



	Organization	Tool Name	Validated	Length	Source of Information	Domain/ System Specific	Guide to Action; Potential Use for Prevention	Format / Mode	Open- or Closed- Ended	Intended Populations of the state	Appropriate for Minors	Sexual Exploitation/ Trafficking	Labor Trafficking
9	State of WA	Portland State University CSEC Screening Interview	No	25 questions	Self-disclosure by victim; observation	Juvenile Justice	Yes	Semi-structured interview	Mixed	Minors	Yes	Yes	No
10	State of CT - Department of Children and Families (DCF)	None	---	---	In-depth case review and/or psychological assessment	Child welfare	No	In-depth case review and/or psychological assessment	---	Dependents of the state	Yes	Yes	Not specified
11	Barnardo's	SERAF (sexual exploitation risk assessment framework) Human Trafficking Interview and Assessment Measure (HTIAM-14)	No	42 items	Any	Any	Yes	Checklist of indicators, presence or absence	Closed	Minors and young adults	Yes	Yes	No
12	Covenant House, NY	Human Trafficking Interview and Assessment Measure (HTIAM-14)	Yes	37 questions	Youth self- disclosure	Any	No	Structured interview	Mixed	Minors and young adults	Some items	Yes	Yes
13	San Luis Obispo	CSEC Screening Tool	No	22 questions	Any	Any	Yes	Checklist of indicators	Closed	Minors	Yes	Yes	No
14	U.S. Department of Health and Human Services (HHS) Human Trafficking Screening Tool	U.S. Department of Health and Human Services (HHS) Human Trafficking Screening Tool	No	14 questions	Self-disclosure	Healthcare but flexible for use elsewhere	No	Semi-structured interview	Open	Not specified	No	Yes	Yes
15	Florida Department of Juvenile Justice	Screening Tool	No	60 questions	Self-disclosure	Any	No	Semi-structured interview	Mixed	Minors	Yes	Yes	Yes



	Organization	Notes	References	URLs
1	WestCoast Children's Clinic	Development of the CSE-IT addressed shortcomings of other tools; meets key criteria for multisystem prospective screening tool, including reasonable length, relies on all sources of information, does not rely on self disclosure, is not domain specific and can be used across systems, provides a guide to action, is closed-ended, avoids a structured interview, is appropriate for minors.	The CSE-IT is an open domain tool for use in service delivery systems that serve children and youth. The copyright is held by WestCoast Children's Clinic to ensure that it remains free to use. For permission to use or for information, please contact Danna Basson at dbasson@westcoastcc.org.	
2	Shared Hope International	Lengthy, assumes the victim identifies as such and is seeking help	None	Paper copy only; Shared Hope requires you are trained 4-8 hours; they provide training for a fee
3	Vera Institute of Justice	Addresses transnational trafficking/smuggling; authors note the tool is not as effective with minor victims of sex trafficking as it is with other populations; some items irrelevant and wording not appropriate for minors; identifies the situation as "work"	Weiner and Hala, Oct 2008, Measuring Human Trafficking: Lessons from NYC	https://www.ncjrs.gov/pdffiles1/nij/grants/224391.pdf
4	Loyola University Chicago Center for the Human Rights for Children & Intl Org for Adolescents (IOFA)	Tool is missing key indicators; no definitions or explanations offered for items; some wording is too general to be useful (e.g. child appears to be bought or sold)	Waltz et al, 2011, Building the Child Welfare Response to Trafficking	http://www.luc.edu/chrc/pdfs/Building_Child_Welfare_Response_to_Child_Trafficking.pdf
5	Loyola University Chicago Center for the Human Rights for Children & Intl Org for Adolescents (IOFA)	Requires knowledge or suspicion of exploitation, so not useful for identification; unrealistic indicators, e.g. victim refers to self as "slave"; assumes victim identifies as such and is seeking help.	Waltz et al, 2011, Building the Child Welfare Response to Trafficking	http://www.luc.edu/chrc/pdfs/Building_Child_Welfare_Response_to_Child_Trafficking.pdf
6	Asian Health Services and Banteay Srei (also used by Native American Health Center)	Direct, short, easy to implement in intake process, but not comprehensive and requires self-disclosure	None	http://asianhealthservices.org/docs/CSEC_Protocol.pdf
7	Polaris Project & National Human Trafficking Resource Center (NHTRC)	Needs to be tailored to the program where it is implemented; many items with inappropriate language (e.g. "commercial sex act"), many invasive questions are irrelevant for screening purposes; assumes victim is seeking help.	None	http://www.traffickingresourcecenter.org/resources/comprehensive-human-trafficking-assessment-tool
8	State of MD - Department of Juvenile Services (DJS) (Neil Mallon)	Tool is missing many key indicators. (Note: very similar to tool developed by Portland State Univ)	Neil Mallon, MSW, LCSW-C CANS Training Specialist, The Institute for Innovation and Implementation, Univ of MD School of Social Work	



	Organization	Notes	References	URLs
9	State of WA	Tool is missing many key indicators. (Note: very similar to tool used in MD-DJS)	Salisbury EJ, Dabney JD, Russell K. 2015. Diverting Victims of Commercial Sexual Exploitation From Juvenile Detention: Development of the InterCSECT Screening Protocol. Journal of Interpersonal Violence, 30(7):1247-76	http://www.ccyj.org/Project%20Respect%20protocol.pdf
10	State of CT - Department of Children and Families (DCF)	In-depth, but not prospective since it uses case history files; not feasible for large caseload	Phone conversation with Tammy Sneed, Director of Girls Services, CT Department of Children and Families. 1/13/2014	
11	Barnardo's	Incorporates many sources of information but missing several key indicators	Sam Clutton, Jan Coles. 2007. Sexual Exploitation Risk Assessment Framework. Barnardo's Cymru. Wales, United Kingdom.	http://www.barnardos.org.uk/barnardo_s_cymru_sexual_exploitation_risk_assessment_framework_report_-_english_version.pdf
12	Covenant House, NY	Unlike other interviews noted above, question wording is largely nonjudgmental; questions can be read verbatim with mature youth, especially youth seeking help. A few items and wording issues do not pertain to minors. Only 2 of the 37 items pertain to sexual exploitation, so missing some key indicators.	Jayne Bigelson. May 2013. Homelessness, Survival Sex and Human Trafficking: As Experienced by the Youth of Covenant House New York.	http://www.covenanthouse.org/sites/default/files/attachments/Covenant-House-trafficking-study.pdf
13	San Luis Obispo	A strength of the tool is that it allows for any sources of information, not reliant on self-disclosure; provides sample questions for arriving at the information. A challenge is that it is missing some key indicators that providers have noted are important for identifying CSEC.		http://www.cwda.org/downloads/tools/csec/SLO-CSEC-Screening-Tool.pdf
14	U.S. Department of Human Services (also Ohio Human Trafficking Task Force)	Wording is in many instances inappropriate. Very general, open-ended questions.		http://www.acf.hhs.gov/sites/default/files/orr/screening_questions_to_assess_whether_a_person_is_a_trafficking_victim_0.pdf
15	Florida Department of Juvenile Justice	A strength of this tool is that it groups items into domains, which facilitates information integration and identification of a potential problem. Challenges include: some items are irrelevant yet missing other key indicators; some items do not match the domain (e.g. the Unsafe Living Environment domain does contain questions that address unsafe living environment); relies on self-disclosure.		





Model Interagency Protocol Framework: Background & Purpose

Background and Problem

Within the United States, California has emerged as a magnet for commercial sexual exploitation (“CSE”) of children (“CSEC”). The FBI has determined that three of the nation’s thirteen High Intensity Child Exploitation areas are located in California: San Francisco, Los Angeles, and San Diego metropolitan areas.² Child sex trafficking, child pornography, and child sex tourism are all forms of CSEC, and are a problem both domestically as well as internationally.³ Frequently, victims are exploited through more than one form of abuse, and often cycle through the stages of exploitation many times before they are able to leave their exploitative relationships, similar to domestic or intimate partner violence situations.⁴ A majority of identified victims of commercial sexual exploitation have current or former involvement in the child welfare system due to emotional, physical and/or sexual abuse. This history of abuse makes children more vulnerable to exploitation.⁵ Due to their prior abuse and their exploitation, CSEC have a range of needs falling under the missions of multiple agencies, such as physical health, mental health, substance abuse, and education.

Unfortunately the primary way we currently identify and serve CSEC in California is through contact with the juvenile or criminal justice systems, such as an arrest for solicitation, loitering, or a related offense. The punitive approach, through the juvenile or criminal justice systems, to identify CSEC and connect them to services often does not address the holistic needs of the victim. Without a collaborative approach, the services and supports are often disjointed and may lead to a duplication of efforts, or worse, a situation in which CSEC fall through the cracks between systems.

² U.S. DEPT. OF JUSTICE, THE FEDERAL BUREAU OF INVESTIGATION’S EFFORTS TO COMBAT CRIMES AGAINST CHILDREN, AUDIT REPORT 09-08 70 (2009) available at <http://www.justice.gov/oig/reports/FBI/a0908/final.pdf>.

³ U.S. DEPT. OF JUSTICE. COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN/SEX TRAFFICKING 1 (2014), available at <http://www.ojd.gov/mpg/litreviews/CSECSEXtrafficking.pdf>.

INSTITUTE OF MEDICINE. CONFRONTING COMMERCIAL SEXUAL EXPLOITATION AND SEX TRAFFICKING OF MINORS IN THE UNITED STATES 401-406 (2013) available at <http://www.iom.edu/Reports/2013/Confronting-Commercial-Sexual-Exploitation-and-Sex-Trafficking-of-Minors-in-the-United-States.aspx>.

⁴ WESTCOAST CHILDREN’S CLINIC, RESEARCH TO ACTION: SEXUALLY EXPLOITED MINORS (SEM) NEEDS AND STRENGTHS 11-12 (2012), available at http://www.westcoastcc.org/wp-content/uploads/2012/05/WCC_SEM_Needs-and-Strengths_FINAL.pdf. (indicating that trauma bonding makes it easier for the victim to cope with the abuse, but makes it more difficult for providers to help them; victims will often “make accommodations to the ongoing abuse and resist others’ attempts to free them from the abuse.”).

⁵ Girls Educational & Mentoring Services, Research & Resources, <http://www.gems-girls.org/about/research-resources>. (last visited Dec. 30, 2014) (“70–90% of commercially sexually exploited children have a history of child sexual abuse.”).



California Child Welfare Council CSEC Action Team

In 2011, a group of organizations and providers highlighted this problem to the California Child Welfare Council (“CWC”).⁶ CWC released the workgroup’s report in 2013, *Ending the Commercial Sexual Exploitation of Children: A Call for Multi-System Collaboration in California*,⁷ which provided context about CSEC and made recommendations to the CWC on how California should respond to the problem. In response, the CWC partnered with several member and outside organizations in 2013 to form the Commercially Sexually Exploited Children Action Team (“CSEC Action Team”) to further explore the issue of domestic CSEC in California, identify promising prevention and intervention practices, and make recommendations to the State on how to better address the problem. During the year since the CSEC Action Team’s inception, awareness of CSEC and the intersection between child sex trafficking and the child welfare system has increased dramatically.⁸ The CSEC Action Team continues to conduct state and national research to develop guidance on coordinated, interagency approaches to ensure that CSEC and children at-risk of becoming CSEC are identified, protected, and receive the services they need to overcome trauma and thrive.

Recent Legislative Changes and Opportunities

In response to the growing acknowledgment that CSEC are victims of child sexual abuse, California’s Governor and Legislature took several important steps in June of 2014, which include:

1. Clarifying existing law to ensure CSEC can be served through child welfare as victims of child abuse and neglect.⁹
2. Creating a Commercially Sexually Exploited Children Program (“CSEC Program”) to effectively serve identified and at-risk CSEC through a coordinated, interagency approach to case management, service planning, and provision of services.¹⁰

⁶ Cal. Welf. & Inst. Code §§ 16540-16545 (establishing the Council and indicating it is an “advisory body responsible for improving the collaboration and processes of the multiple agencies and the courts that serve the children and youth in the child welfare and foster care systems.”); CALIFORNIA HEALTH & HUMAN SERVICES AGENCY, CALIFORNIA CHILD WELFARE COUNCIL, <http://www.chhs.ca.gov/Pages/CACChildWelfareCouncil.aspx>.

⁷ WALKER, K. CALIFORNIA CHILD WELFARE COUNCIL, ENDING THE COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN: A CALL FOR MULTI-SYSTEM COLLABORATION (2013) available at http://www.youthlaw.org/fileadmin/ncyl/youthlaw/publications/Ending-CSEC-A-Call-for-Multi-System_Collaboration-in-CA.pdf.

⁸ Lynsey Clark, *There is No Such Thing as a Child Prostitute*, EAST BAY EXPRESS, July 2, 2014, <http://www.eastbayexpress.com/oakland/there-is-no-such-thing-as-a-child-prostitute/Content?oid=3998333>; Don Knabe, *There’s no such thing as a ‘child prostitute,’* L.A. TIMES, Oct. 13, 2014, <http://www.latimes.com/opinion/readersreact/la-le-1014-tuesday-children-sex-trade-20141014-story.html>;

Malika Saada Saar, *There is no such thing as a child prostitute*, THE WASHINGTON POST, February 17, 2014, http://www.washingtonpost.com/opinions/there-is-no-such-thing-as-a-child-prostitute/2014/02/14/631ebd26-8ec7-11e3-b227-12a45d109e03_story.html.

⁹ 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.”).



3. Appropriating an initial \$5 million to train child-serving agency staff and develop interagency protocols, and \$14 million annually thereafter to provide services outlined in the CSEC Program.¹¹

Starting in July 2015, counties across California will be eligible to participate in the CSEC Program. In order to draw down funds to pay for programming and services through the CSEC Program, each county must develop and submit:

1. An interagency plan¹² for serving CSEC that uses a multidisciplinary team (“MDT”) approach,¹³ and
2. A proposal for how to spend the funds.¹⁴

Funding provided through the CSEC Program must be used for “prevention activities, intervention activities, and services to children who are victims, or at risk of becoming victims of commercial sexual exploitation.”¹⁵

The CSEC Action Team has and continues to produce resources to support counties that intend to participate in the CSEC Program. The CSEC Action Team prepared the ***Model Interagency Protocol Framework*** (“Model Framework”) and is in the process of completing the ***CSEC Practice Guidance Toolkit*** (“Toolkit”).

Model Interagency Protocol Framework

The Model Framework incorporates the legal requirements of the CSEC Program set forth in statute. It also provides further guidance that counties may utilize on promising practices for serving CSEC based on research both within and outside of California. This type of guidance, although not required by law, has been beneficial for both the systems and the youth they serve in other jurisdictions. In addition, the Model Framework provides guidance to counties on forming an interagency steering committee, establishing a structure for individualized MDT

¹⁰ Cal. Welf. & Inst. Code § 16524.6.

¹¹ Cal. Dept. of Social Svcs., All County Letter 14-62, Commercially Sexually Exploited Children (CSEC) Program, *available at* <http://www.dss.cahwnet.gov/lettersnotices/EntRes/getinfo/acl/2014/14-62.pdf>.

¹² 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).

¹³ Cal. Welf. & Inst. Code § 16524.8(b) (mandating that “At a minimum the interagency protocol *shall* address the provision of services to children who have been sexually exploited and are within the definition of Section 300, including, but not limited to, the use of a *multidisciplinary team* approach to provide coordinated case management, service planning, and services to children.”) (emphasis added).

¹⁴ Cal. Welf. & Inst. Code § 16524.7(d); Cal. Welf. & Inst. Code § 16524.8(a) (noting that the protocol *must* be developed by a representative of the county human services department, probation, mental health, public health, and the juvenile court. Other representatives may be included in the process, including, local education, law enforcement, survivors of exploitation, and other providers.) (emphasis added).

¹⁵ Cal. Welf. & Inst. Code § 16524.7(a)(4).



meetings for each identified CSEC, and defining the responsibilities of each agency participating in the county's interagency protocol.¹⁶

It is important for counties, as they develop their response, to avoid becoming sidetracked by focusing on the very small percentage of the CSEC population, specifically 1) those children who have parents capable of addressing their child's needs as they relate to the child's exploitation, and 2) the children who have engaged in serious and/or violent criminal behavior who must be served through the juvenile justice system because the public safety risk makes it impractical to serve the child in the child welfare system. While these children must be identified and offered appropriate services, it is important to remember that these two groups of children represent a small number of children in California. A majority of the identified victims of commercial sexual exploitation have a history of abuse or neglect and are disconnected from caring adults. The Model Framework provides guidance on how to address the needs of child victims of commercial sexual exploitation who require the support and services of the child welfare system and who may also be involved in the juvenile justice system. Their involvement with the juvenile justice system is often the result of being forced by their exploiter to engage in low-level offenses such as loitering, solicitation, possession and/or sale of drugs, and theft. In addition to the child welfare system, each county's probation department will be a key partner in identifying and serving CSEC. Many CSEC will become involved in probation for arrests that are not, on their surface, related to exploitation.¹⁷ Thus probation's participation in drafting the protocol and serving on the MDTs is critically important.

Suggested Structure

Below is an outline of the suggested structure counties may put in place and the responsibilities of each of these bodies.

Steering Committee

The Steering Committee is the body in each county responsible for overseeing the development and implementation of the CSEC interagency protocol. The Action Team suggests that the membership include both those agencies required by the CSEC Program¹⁸ as well as other

¹⁶ Given each county's unique needs and constraints, some counties may choose to pilot the protocol in a small area of the county initially, or may choose to provide individualized MDTs to a specific subset of the identified CSEC. Note that maintaining some consistency amongst protocols throughout the state will be beneficial in that exploiters are known to move CSEC from county to county. Further, general consistency amongst county protocols will provide some level of familiarity with the process and hopefully allow children to feel protected and cared for as they interact with agencies in multiple counties.

¹⁷ Telephone interview with Michelle Guymon, Probation Director, L.A. County Probation Dept., (Dec. 17, 2014) (indicating that in 2010, of all the individuals under 18 arrested for a prostitution or related offense, approximately 40 percent had never been involved in the child welfare system and were only known to the probation department. Probation also noted that 45 percent of the 115 CSEC served through the CSEC-specialized court in Los Angeles have never been arrested with a charge that indicates exploitation such as prostitution, loitering, or solicitation. CSEC are often arrested for unrelated offenses, and only after a relationship is developed, disclose their exploitation. For example, through juvenile hall outreach in Los Angeles, 37 girls disclosed their exploitation to juvenile hall staff over a six-month period.).

¹⁸ Cal. Welf. & Inst. Code § 16524.8 (mandating that a county *must* include the following agencies in the development of the interagency protocol: child welfare, probation, mental health, public health, juvenile courts, and *may* include "representatives



suggested agencies/partners to participate. In order to expeditiously make decisions and facilitate the development and implementation of the model framework, the head of each agency/entity/organization or his/her designee who is empowered to make decisions and speak on behalf of the agency should participate on the Steering Committee. This is intended to limit the number of duplicative meetings and ensure timely decision-making. The Steering Committee will be responsible for the following:

1. Developing the interagency protocol
2. Providing input to the county on how to utilize the funds allocated through the CSEC Program, and
3. Overseeing the implementation of the protocol, including
 - a. Monitoring of aggregate data to assess the functionality of the protocol
 - b. Identifying and addressing any challenges,
 - c. Assessing the sufficiency of resources, and
 - d. Revising the protocol as needed.

Multidisciplinary Team (MDT)

The law requires that a county opting into the CSEC Program form an MDT to “coordinate case management, case planning, and services for [CSEC].”¹⁹ Based on promising practices, the Model Framework suggests that counties form an individualized MDT for each identified CSEC that is strengths-based and prioritizes the youth’s voice in the decision-making process.²⁰ The Model Framework also suggests that youth have the option of participating in each MDT. In addition to public agency partners required to participate in the MDT,²¹ the counties should also include other additional parties trained in CSEC such as dependency attorneys, providers, and survivors. The members of the MDTs will work together to complete the following activities including, but not limited to:

1. Convening emergency/immediate meetings upon identifying a commercially sexually exploited child,
2. Addressing the child’s basic needs,
3. Making a recommendation about where to place the child,

from local education agencies, local law enforcement, survivors of sexual exploitation and trafficking, and other providers as necessary.”). (emphasis added).

¹⁹ Cal. Welf. & Inst. Code § 16524.8 (b) (mandating that the interagency protocol *shall* include “the use of a multidisciplinary team approach to provide coordinated case management, service planning, and services to children.”) (emphasis added).

²⁰ Youth’s participation may vary depending on the youth’s understanding of his or her exploitation. Efforts, however, must be made to include the youth at every stage of the case planning process to ensure the youth feels empowered and involved in decision-making. Meetings should be tailored based on the Stages of Change Model (See CAL. CHILD WELF. COUNCIL, CSEC ACTION TEAM, MODEL INTERAGENCY PROTOCOL, APPENDIX (2015), available at http://youthlaw.org/wp-content/uploads/2015/04/Appendix_040615_Final.pdf. [hereinafter Appendix].), which acknowledges where the youth is in his or her journey of leaving an exploitative relationship.

²¹ Cal. Welf. & Inst. Code § 16524.7(c)(1), (d)(2) (mandating that the multidisciplinary team include, but not limited to “Appropriate staff from county child welfare, probation, mental health, substance abuse disorder, and public health departments. Staff from a local provider of services to this population, local education agencies, and local law enforcement, and survivors of commercial sexual exploitation and trafficking may be included on the team.”).



4. Developing a safety plan for the child, and
5. Reconvening should a triggering event (e.g. running away, another arrest, etc.) occur.

CSEC Practice Guidance Toolkit

Once county agencies and community partners are engaged and have a basic structure in place, the interagency steering committee can utilize the information contained in a second package of guiding documents, the Toolkit, to develop a more detailed protocol for serving CSEC in their respective counties. The Toolkit builds on the Model Framework by providing the counties with more detailed and concrete guidance on each agency's roles and responsibilities as they relate to coordinated case management, service planning, promising practices and services for CSEC, and multidisciplinary teaming on a case-by-case basis.

Package One: Model Framework

1. Background & Purpose:

- a. Defines the problem,
- b. Describes the genesis of the newly-created State CSEC Program, and
- c. Outlines the purpose of the Model Interagency Protocol Framework.

2. Interagency Protocol Framework:

- a. Outlines the guiding principles of the Model Framework,
- b. Identifies required and suggested agencies/partners to participate in the Steering Committee and the MDT,
- c. Identifies responsibilities of each participant in each interagency protocol, and
- d. Cites the legal authority for forming the Steering Committee and MDTs.

3. Appendix: Describes key terms in the Model Framework

Package Two: Toolkit

- 1. Holistic Needs of CSEC:** Describes common needs associated with CSEC victims and survivors
- 2. Competencies for CSEC Providers:** Provides key competencies for working with CSEC and strategies for engaging CSEC
- 3. Overarching CSEC Protocol:** a template in the form of a memorandum of understanding (MOU) that defines the responsibilities of the agencies from pre-identification through long-term stabilization



Model Interagency Protocol Framework

The Model Interagency Protocol Framework (“Model Framework”) incorporates the legal requirements of the CSEC Program as set forth in statute, including the required participants and the mandatory multidisciplinary approach. It also provides further guidance that counties may utilize on promising practices for serving commercially sexually exploited children (“CSEC”) based on research both within and outside of California. It is expected that this guidance, although not required by law, will be beneficial for both the systems and the youth they serve.

The Model Framework below provides details on creating a *Steering Committee*, forming *Multidisciplinary Teams* (“MDT”) for each identified victim of commercial sexual exploitation, and preparing county agencies and their partners to better serve CSEC through a coordinated manner.

Model Interagency Protocol Framework

I. Participants

- a. Required:
 - i. Child Welfare
 - ii. Probation
 - iii. Mental Health
 - iv. Public Health
 - v. Juvenile Court
 - vi. Substance abuse
- b. Suggested:
 - i. Education
 - ii. Children’s Dependency Attorneys
 - iii. District Attorney
 - iv. Public Defender
 - v. Law enforcement
 - vi. Survivors
 - vii. CSEC-trained advocates/case managers
 - viii. Community-based organizations
 - ix. Court Appointed Special Advocates (CASAs)
 - x. Direct service providers

II. Purpose

Establish a coordinated, interagency response among county agencies and partners to ensure commercially sexually exploited children (“CSEC”) and children at risk for exploitation are identified and served through a multidisciplinary teaming approach.



III. Guiding Principles

- a. Commercial Sexual Exploitation:
 - i. Must be understood as abuse and reported as such²²
 - ii. Should not be criminalized
- b. Responses to CSEC should be:
 - i. Victim-centered²³
 - ii. Trauma-informed²⁴
 - iii. Strengths-based
 - iv. Culturally, linguistically, and LGBTQ competent and affirming
 - v. Committed to efforts that engage CSEC early and often
 - vi. Multidisciplinary, individualized, flexible, and timely
 - vii. Data and outcome driven
- c. Agency Policies & Procedures should:
 - i. Ensure and track effective cross-system collaboration at the system and individual-case level
 - ii. Incorporate mechanisms to identify and assess CSEC at key decision points
 - iii. Address the unique physical and emotional safety considerations of CSEC
 - iv. Address unique physical and emotional safety considerations, including vicarious trauma of staff, caregivers, and other relevant support persons

IV. General Structure and Responsibilities For All Agencies

As stated above, the structure defined below combines both required and suggested participants and responsibilities. For example, in order to participate in the CSEC Program, a county must develop an interagency protocol led by five required entities: child welfare, probation, mental health, public health, and the juvenile courts.²⁵ The CSEC Action Team recommends that the required and suggested agencies form a steering committee to develop the protocol as well as fulfill additional responsibilities (not required) to ensure the program is effectively administered in the county. Similarly, the law requires counties participating in the CSEC Program to utilize a multidisciplinary approach, but does not delineate specific requirements of the MDT approach. This Model Framework suggests that an MDT be formed for each individual child and that additional parties be included in the teams

²² Cal. Penal Code §§ 11164-11174.3.

²³ See CAL. CHILD WELF. COUNCIL, CSEC ACTION TEAM, MODEL INTERAGENCY PROTOCOL, APPENDIX (2015), available at http://youthlaw.org/wp-content/uploads/2015/04/Appendix_040615_Final.pdf. [hereinafter APPENDIX].

²⁴ *Id.*

²⁵ Cal. Welf. & Inst. Code § 16524.8.



a. Steering Committee

- i. *Purpose*: Provide ongoing oversight and support to ensure the county agencies and partners effectively collaborate to better identify and serve CSEC and youth at risk of becoming CSEC.
- ii. *Responsibilities*:
 1. Develop Interagency Protocol (“Protocol”)²⁶
 2. Provide input to the county on how to utilize CSEC Program funding²⁷
 3. Implement the Protocol, oversee implementation, and revise as needed
 4. Collect and analyze aggregate data related to the Protocol²⁸
 5. Assess the sufficiency of CSEC specific resources in the county
 6. Identify training needed (e.g. basic identification and awareness training and training on responsibilities under the interagency protocol) and ensure necessary training occurs
 7. Provide annual report to state on the number of children served, the services received, promising practices, and any identified gaps in services and resources²⁹
- iii. *Membership*:
 1. Required:³⁰
 - a. Child Welfare – Lead
 - b. Probation
 - c. Mental Health
 - d. Public Health
 - e. Juvenile Courts
 - i. Suggested to include both dependency and delinquency
 2. Suggested:
 - a. Children’s Dependency Attorneys
 - b. District Attorney
 - c. Public Defender

²⁶ Cal. Welf. & Inst. Code § 16524.8 (requiring that a county electing to participate in the CSEC program develop an interagency protocol. The interagency protocol for serving commercially sexually exploited children must be developed by “a team led by a representative of the county human services department and shall include representatives from...the county probation department, the county mental health department, the county public health department, the juvenile court in the county. The team may include, but shall not be limited to, representatives from local education agencies, local law enforcement, survivors of sexual exploitation and trafficking, and other providers as necessary.”).

²⁷ Cal. Welf. & Inst. Code § 16524.7(d)(1); Cal. Dept. of Social Svcs., All County Letter 14-62, Sept. 3 2014, Commercially Sexually Exploited Children (CSEC) Program available at <http://www.dss.cahwnet.gov/lettersnotices/EntRes/getinfo/acl/2014/14-62.pdf>.

²⁸ Cal. Welf. & Inst. Code § 16524.10 (requiring that the state report to the legislature on the number of children served and the types of services provided); Admin. of Children Youth & Families, ACYF-CB-IM-14-03, October 23, 2014 available at <http://www.acf.hhs.gov/sites/default/files/cb/im1403.pdf>.

²⁹ *Id.*

³⁰ Cal. Welf. & Inst. Code § 16524.8(a) (mandating that Child Welfare, Probation, Mental Health, Public Health, and the Juvenile Courts be involved in developing the interagency protocol).



- d. Survivor mentors/advocates
- e. County Counsel
- f. Direct legal and service providers
- g. Education
- h. Law enforcement
- i. Staff/administrative support³¹

iv. *General Participant Responsibilities:*

- 1. Appoint director of agency/entity/organization or designee empowered to make decisions on behalf of the entity to participate in committee³²
- 2. Attend regularly and participate collaboratively in committee
- 3. Report on successes, barriers to providing services, and areas for improvement, including recommendations for adapting the Protocol and training needs/gaps
- 4. Provide aggregate data on identified CSEC

b. Multidisciplinary Teams (MDTs)³³

- i. *Purpose:* Provide a multidisciplinary team with CSEC training to each identified CSEC to more effectively build on a youth's strengths and respond to his/her needs in a coordinated manner.³⁴
- ii. MDTs should be convened:³⁵
 - 1. Upon initial identification to meet immediate needs,
 - 2. Post-identification at regularly scheduled intervals for case review and management,

³¹ Cal. Welf. & Inst. Code § 16524.7(a)(4)(D) (indicating that counties may decide to use a portion of the CSEC Program funding to hire "county staff trained and specialized to work with children who are victims of commercial sexual exploitation to support victims and their caregivers, and to provide case management to support interagency and cross-departmental response." Additionally 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).

³² In order for the steering committee to operate efficiently and expeditiously fulfill its responsibilities, members must have decision-making authority.

³³ Cal. Welf. & Inst. Code § 16524.8(b) (mandating that the interagency protocol *shall* include "the use of a multidisciplinary team approach to provide coordinated case management, service planning, and services to children.") (emphasis added); *See* Cal. Welf. & Inst. Code § 18961.7(a-b) (noting that "Notwithstanding any other provision of law, a county may establish a child abuse multidisciplinary personnel team within that county to allow provider agencies to share confidential information in order for provider agencies to investigate reports of suspected child abuse or neglect made pursuant to Section 11160, 11166, or 11166.05 of the Penal Code, or for the purpose of child welfare agencies making a detention determination... 'Child abuse multidisciplinary personnel team' means any team of two or more persons who are 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.").

³⁴ Given each county's unique needs and constraints, some counties may choose to pilot the protocol in a small area of the county initially, or may choose to provide individualized MDTs to a specific subset of the identified CSEC. Note that maintaining some consistency amongst protocols throughout the state will be beneficial in that exploiters are known to move CSEC from county to county. Further, general consistency amongst county protocols will provide some level of familiarity with the process and hopefully allow children to feel protected and cared for as they interact with agencies in multiple counties.

³⁵ While initial MDTs should occur in person, follow-up MDTs may be handled over the phone if an in-person meeting is not feasible. If the MDT is convened over the phone, one team member must be with the child to ensure he/she feels supported and his/her voice is heard.



3. When there is a need to change the case plan or placement due to a change of circumstances such as completing high school, identification of previously unknown service need, or safety concerns, and/or
 4. In the event of a triggering event like a runaway or contact with law enforcement, as per the safety or other urgent circumstances necessitate.³⁶
- iii. *Responsibilities:*
1. Provide individual case-by-case collaboration with multiple child-serving agencies
 2. Engage with child and family/caregiver(s), if appropriate
 3. Ensure basic needs such as food, shelter, and clothing are met
 4. Assess and address immediate and long-term needs³⁷
 5. Coordinate, monitor, and adjust service plan to achieve desired outcomes for individual CSEC
 6. Advise on appropriate placement
 7. Conduct safety planning to proactively plan for triggering events
 8. Meaningfully involve youth in planning and decision-making
- iv. *Membership*³⁸
1. Required:³⁹
 - a. Child Welfare
 - b. Probation
 - c. Mental Health
 - d. Substance abuse
 - e. Public Health
 2. Suggested:
 - a. Youth⁴⁰
 - b. Caregiver/placement provider
 - c. Children's Dependency Attorneys

³⁶ Other events that may require the MDT to reconvene may include, but are not limited to: runaways/AWOLs, change in placement, contact with law enforcement, mental health/psychiatric crisis, major disruption at placement, threats by trafficker, etc.

³⁷ See CAL. CHILD WELF. COUNCIL, CSEC ACTION TEAM, HOLISTIC NEEDS OF COMMERCIAL SEXUALLY EXPLOITED CHILDREN (2015), available at <http://youthlaw.org/wp-content/uploads/2015/05/Holistic-Needs-of-CSEC.pdf>.

³⁸ Whereas the Steering Committee will be comprised of agency directors or their designees, the MDT will be made up of line staff, or those individuals working directly with the child. For example, the MDT members from each agency may include the case carrying social worker and probation officer, the child's mental health clinician, a public health nurse, and the child's substance abuse counselor—those individuals with the most information related to an individual child's case.

³⁹ Cal. Welf. & Inst. Code § 16524.7(c)(1), (d)(2) (mandating that the multidisciplinary team include, but not be limited to, "Appropriate staff from county child welfare, probation, mental health, substance abuse disorder, and public health departments. Staff from a local provider of services to this population, local education agencies, and local law enforcement, and survivors of commercial sexual exploitation and trafficking may be included on the team.").

⁴⁰ Youth's participation may vary depending on the youth's understanding of his or her exploitation. Efforts, however, must be made to include the youth at every stage of the case planning process to ensure the youth feels empowered and involved in decision-making. Meetings should be tailored based on the Stages of Change Model (See APPENDIX, *supra* note 3), which acknowledges where the youth is in his or her journey of leaving an exploitative relationship.



- d. Education
 - e. Local CSEC Provider Agencies
 - f. Survivors/mentors
- v. *General Participant Responsibilities*
 - 1. Appoint a lead agency responsible for convening the MDT
 - 2. Attend regularly and participate collaboratively
 - 3. Ensure child accesses services and supports decided upon in the MDT
- c. Mandatory Reporting⁴¹
 - i. All participating agencies must comply with mandatory reporting laws as set forth in the Child Abuse and Neglect Reporting Act.⁴²
 - ii. Mandatory reporters are required to report abuse or neglect when they *know* or have *reasonable suspicion* that the abuse or neglect has occurred.⁴³
 - iii. Sexual exploitation is a form of sexual abuse and must be reported by mandated reporters. Sexual exploitation includes: “Conduct involving matter depicting a minor engaged in obscene acts... Any person who knowingly promotes, aids, or assists, employs, uses, persuades, induces, or coerces a child, or any person responsible for a child's welfare, who knowingly permits or encourages a child to engage in, or assist others to engage in, prostitution or a live performance involving obscene sexual conduct...”⁴⁴
- d. Agency Internal Identification and Response Protocols
 - i. Each county agency should create its own internal Identification and Response Protocol that aligns with the Interagency Protocol and defines steps agency staff must take to:
 - 1. Identify CSEC and those children at risk for exploitation,
 - 2. Respond immediately and on an ongoing basis
 - 3. Coordinate and communicate with partner agencies and providers.⁴⁵

⁴¹ Cal. Penal Code §§ 11164-11174.3.

⁴² *Id.*

⁴³ Cal. Penal Code § 11166(a) (requiring that a mandated reporter make a report to the child abuse agency when the “mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect.”).

⁴⁴ Cal. Penal Code § 11165.1(c)(1-3).

⁴⁵ Further guidance on Internal Identification and Response Protocols will be provided as part of the CSEC Practice Guidance Toolkit; *see* CAL. CHILD WELF. COUNCIL, CSEC ACTION TEAM, MEMORANDUM OF UNDERSTANDING TEMPLATE FOR THE COMMERCIAL SEXUALLY EXPLOITED CHILDREN (CSEC) PROGRAM (2015), available at <http://youthlaw.org/wp-content/uploads/2015/05/Memorandum-of-Understanding-Template-for-the-CSEC-Program.pdf>.



V. Specific Participant Roles and Responsibilities

a. Child Welfare

- i. Lead the development of the interagency protocol (required)
- ii. Participate in the MDT (required)
- iii. Convene and serve as lead agency of steering committee
- iv. Maintain the child abuse hotline to receive CSEC referrals
- v. Develop mechanism for tracking CSEC referrals
- vi. Provide case management
- vii. Recognizing the unique challenges to engagement, establish trusting relationship with CSEC
- viii. Develop a service plan to fit CSEC needs in collaboration with other provider agencies
- ix. Connect child to crisis prevention and intervention services that meet the needs of CSEC
- x. Provide aggregate child welfare data on identified CSEC to steering committee including, but not limited to, the current status of each youth, (e.g. placement type, AWOL, etc.), the placement type, and services received
- xi. Provide court reports pertaining to victim's case as needed

b. Probation

- i. Participate in the development of the interagency protocol (required)
- ii. Participate in MDT (required)
- iii. Participate in Steering Committee
- iv. Develop mechanism for tracking CSEC
- v. Perform juvenile intake investigations and make recommendations for appropriate action if CSEC has an open case or has been arrested
 1. Investigate and evaluate circumstances of victim's exploitation, including interviewing offender(s), parents, relatives, collateral sources, witnesses, victims, and law enforcement
- vi. Provide case management
- vii. Recognizing the unique challenges to engagement, establish trusting relationship with CSEC
- viii. Develop a service plan to fit CSEC needs in collaboration with other provider agencies
- ix. Connect child to crisis prevention and intervention services
- x. Provide court reports pertaining to victim's case as needed

c. Mental Health

- i. Participate in the development of the interagency protocol (required)
- ii. Participate in MDT (required)
- iii. Participate in Steering Committee
- iv. Develop mechanism for tracking CSEC



- v. Perform assessment of CSEC victim's mental health and recommend services
- vi. Coordinate specialized mental health services for victim
- vii. Provide guidance about mental health supports in placement that may be particularly helpful for CSEC (e.g. respite, mobile crisis response)

d. Public Health

- i. Participate in the development of the interagency protocol (required)
- ii. Participate in MDT (required)
- iii. Participate in Steering Committee
- iv. Develop mechanism for tracking CSEC
- v. Perform medical evaluation of CSEC victim
- vi. Coordinate appropriate response and services specific to CSEC
- vii. Provide information related to reproductive and sexual health including access to contraceptives, HIV prophylaxis, and treatment for STIs/STDs to CSEC

e. Substance Abuse

- i. Participate in MDT (required)
- ii. Participate in Steering Committee
- iii. Participate in the development of the interagency protocol
- iv. Develop mechanism for tracking CSEC
- v. Perform substance abuse assessment of CSEC recognizing that some exploited children use substances as a coping mechanism

f. Juvenile Court

- i. Participate in the development of the interagency protocol (required)
- ii. Appoint dependency and delinquency court representatives to Steering Committee
- iii. Develop mechanism for tracking CSEC
- iv. Ensure coordinated response for CSEC

g. Education⁴⁶

- i. Participate in Steering Committee
- ii. Participate in the development of the interagency protocol
- iii. Participate in MDT
- iv. Develop mechanism for tracking CSEC
- v. Assess CSEC's educational needs, recognizing that these children may be behind in school or school may be a trigger because they were recruited from school

⁴⁶ Include the County Office of Education, Foster Youth Services Program, and the AB 490 liaison from each school district with a significant population of foster/probation youth.



- vi. Coordinate appropriate response to meet victim's educational needs, including but not limited to, assisting in enrolling youth, addressing truancy issues, ensuring credits have been gathered and applied, etc.

h. Children's Dependency Attorneys

- i. Participate in Steering Committee
- ii. Participate in the development of the interagency protocol
- iii. Participate in MDT (may be attorney or representative including an investigator)
- iv. Develop mechanism for tracking CSEC
- v. Recognizing the unique challenges to engagement, establish trusting relationship with CSEC
- vi. Maintain frequent communication with client to ensure frequently changing needs are addressed as the child moves through the stages of exploitation.

i. District Attorney

- i. Participate in Steering Committee
- ii. Participate in the development of the interagency protocol
- iii. Develop mechanism for tracking CSEC

j. Public Defender

- i. Participate in Steering Committee
- ii. Participate in the development of the interagency protocol
- iii. Develop mechanism for tracking CSEC
- iv. Recognizing the unique challenges to engagement, establish trusting relationship with CSEC
- v. Maintain frequent communication with client to ensure frequently changing needs are addressed as the child moves through the stages of exploitation.

k. Survivors

- i. Participate in Steering Committee
- ii. Participate in the development of the interagency protocol
- iii. Participate in MDT as appropriate/when desired by youth
- iv. Provide advocacy and mentorship as needed to the youth
- v. Engage youth and develop relationship with key adults outside of the public agencies

l. Direct Service Providers/Civil Legal Advocates

- i. Participate in Steering Committee
- ii. Participate in the development of the interagency protocol
- iii. Participate in MDT as appropriate/when desired by youth
- iv. Develop mechanism for tracking CSEC



v. Assess the holistic legal needs of the client

m. Law Enforcement

- i. Participate in Steering Committee
- ii. Participate in the development of the interagency protocol
- iii. Develop mechanism for tracking CSEC
- iv. Promptly report known or suspected child abuse/neglect to the child abuse hotline

n. County Counsel

- i. Participate in Steering Committee
- ii. Participate in the development of the interagency protocol
- iii. Ensure compliance with all state and federal information sharing, confidentiality and self-incrimination protections





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

Introduction

The Commercially Sexually Exploited Children (CSEC) Action Team⁴⁷ of the California Child Welfare Council⁴⁸ 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.⁴⁹

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.⁵⁰

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

⁴⁷ 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.

⁴⁸ 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.”).

⁴⁹ 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).

⁵⁰ 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>.



- 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 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,⁵¹ 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 Committee⁵² 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 children⁵³ and the three-tiered multidisciplinary approach.⁵⁴
- 2) Consider what processes are already in place within and across agencies that can be leveraged to meet the needs of CSEC.⁵⁵
- 3) Review examples provided throughout the MOU Template, which provide specific examples on how a county may choose to approach certain sections.⁵⁶

⁵¹ See CalSWEC et al., "CSEC 101 Learning Objectives," available at

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

⁵² See CAL. DEP'T OF SOC. SER., CAL. HEALTH AND HUMAN SER. AGENCY, ALL COUNTY INFORMATION NOTICE NO. 1-23-15, COMMERCIALLY 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].

⁵³ See *infra* Section II, Identification, pp. 45.

⁵⁴ See *infra* Section IV, Multidisciplinary Response, pp. 49.

⁵⁵ 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.



- 4) Identify which agencies have a role under each section and delineate their specific responsibilities.⁵⁷

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

MEMORANDUM OF UNDERSTANDING⁵⁸ 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

⁵⁶ 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...”

⁵⁷ Note that the examples provided do not address the responsibilities of *all* agencies, but rather provide a sample for select agencies. The county’s Steering Committee should exhaustively consider and outline responsibilities for each relevant agency in each section.

⁵⁸ 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>.



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:

1. Must be understood as child abuse and reported as such,⁵⁹ and
2. Should not be criminalized.

B. Responses to CSEC should be:

1. Victim-centered,⁶⁰
2. Trauma-informed,⁶¹
3. Strengths-based,⁶²
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

⁵⁹ See CAL. PENAL CODE §§ 11164-11174.3.

⁶⁰ 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.

⁶¹ See *id.*

⁶² See *id.*



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 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,⁶³

⁶³ 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



- (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.”⁶⁴
- b. Identify the members on the Steering Committee.
 - iv. *Example:* “The following parties agree to participate in the Steering Committee and fulfill the responsibilities defined in this MOU:
 - 1. Required:⁶⁵
 - a. Child Welfare – Lead
 - b. Probation
 - c. Mental Health
 - d. Public Health
 - e. Juvenile Courts
 - 2. Optional:⁶⁶
 - 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.”⁶⁷
- 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,

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].

⁶⁴ 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 63.

⁶⁵ 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 64, 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).

⁶⁶ ACIN No. 1-23-15, *supra* note 52 (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”).

⁶⁷ 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.



- (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.”⁶⁸
- 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:⁶⁹
 - 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.”

⁶⁸ PROTOCOL FRAMEWORK, *supra* note 64, at 4.

⁶⁹ 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.



- 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.
 - (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)⁷⁰ 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.⁷¹

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:

⁷⁰ See WESTCOAST CHILDREN’S CLINIC, COMMERCIAL SEXUAL EXPLOITATION-IDENTIFICATION TOOL (CSE-IT) PILOT TEST FREQUENTLY ASKED QUESTIONS (2015), available at <http://www.cwda.org/downloads/tools/csec/WCC-FAQ.docx>.

⁷¹ 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.



- 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.

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.⁷²

B. Permissible and prohibited disclosure and uses of information/statements obtained during assessment⁷³

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.

⁷² 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.

⁷³ 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.



IV. Multidisciplinary Response⁷⁴

- 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”⁷⁵ and commercially sexually exploited children and those at risk for such exploitation.⁷⁶ In order to sufficiently address a commercially sexually exploited child’s needs from identification through ongoing stabilization, a three-tiered multidisciplinary response, as described below, may be employed.⁷⁷ This approach includes:
1. *Immediate Crisis MDT*, which involves both a rapid response within 2 hours⁷⁸ as well as intensive, ongoing support through the first 72 hours⁷⁹ post-identification.⁸⁰
 2. *Initial MDT*, which includes convening a team within 10 days⁸¹ 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.⁸²
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

⁷⁴ See CAL. WELF. & INST. CODE § 16524.8(b) (requiring a multidisciplinary response as a component of the CSEC Program).

⁷⁵ CAL. WELF. & INST. CODE § 18961.7.

⁷⁶ *Id.*

⁷⁷ 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.

⁷⁸ 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).

⁷⁹ 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 COMMERCIALLY SEXUALLY EXPLOITED CHILDREN (CSEC), available at <https://www.scribd.com/doc/268505750/Los-Angeles-County-Law-Enforcement-First-Responder-Protocol-for-CSEC>.

⁸⁰ 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.

⁸¹ 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).

⁸² Note that not all required parties will need to participate in all three tiers of the response.



- 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:⁸³
 - 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.”⁸⁴

C. Immediate Crisis Multidisciplinary Team⁸⁵

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,⁸⁶
 - (vi) Coordinating, monitoring, and adjusting service plan to achieve desired outcomes for individual youth,
 - (vii) Advising on appropriate placement,

⁸³ 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.

⁸⁴ PROTOCOL FRAMEWORK, *supra* note 64, at 5.

⁸⁵ See *infra* Section IV.A.1, pp. 49 (the Immediate Crisis response involves both a rapid response, beginning within 2 hours of identification, and continuing through the first 72 hours of identification.).

⁸⁶ See CAL. CHILD WELF. COUNCIL, CSEC ACTION TEAM, HOLISTIC NEEDS OF COMMERCIAL SEXUALLY EXPLOITED CHILDREN (2015), available at <http://youthlaw.org/wp-content/uploads/2015/05/Holistic-Needs-of-CSEC.pdf> [hereinafter HOLISTIC NEEDS].



- (viii) Conducting safety plan once at the placement with parent/guardian/caregiver, which includes:⁸⁷
 - 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,
 - 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.”⁸⁸
- b. Identify the circumstances that require an Immediate Crisis MDT.⁸⁹
 - 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

⁸⁷ 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.”).

⁸⁸ See PROTOCOL FRAMEWORK, *supra* note 64, at 5.

⁸⁹ 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.



- (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
 - 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.⁹⁰

⁹⁰ 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



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.⁹¹ For these non-urgent situations, the parties agree to coordinate and participate in an Initial MDT.
 - a. Describe the purpose of the Initial MDT
 - i. *Example:* “The Initial MDT is designed to engage the child within 10 days,⁹² 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,⁹³
 - (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/caregiver⁹⁴
 - 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

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.

⁹¹ 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.

⁹² 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).

⁹³ *See* HOLISTIC NEEDS, *supra* note 86.

⁹⁴ *See* CAL. WELF. & INST. CODE § 18964(b).



social worker and the survivor mentor will text the youth to maintain communication), and

- (x) Meaningfully involving youth in planning and decision-making.”⁹⁵
- B. Identify the circumstances that require an Initial MDT.⁹⁶
 - 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.
 - (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

⁹⁵ See PROTOCOL FRAMEWORK, *supra* note 64, at 5.

⁹⁶ 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.



- 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.⁹⁷

E. 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.⁹⁸
 - 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:

⁹⁷ 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.

⁹⁸ 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.



- (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 an identified CSEC should occur under the following circumstances including, but not limited to:⁹⁹
 - (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.^{100,}
- c. Identify the parties required to participate in the Ongoing MDT:¹⁰¹
 - 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:¹⁰²
 - 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,

⁹⁹ Note that this set of examples only pertains to individualized Ongoing MDTs and not the case-review Ongoing MDT.

¹⁰⁰ Note that some of these situations may also warrant an immediate response.

¹⁰¹ Note that participants will vary based on whether the ongoing MDT is individualized for each youth or if a case review model is employed.

¹⁰² 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.



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.”
2. Describe what will be communicated to the youth regarding information sharing, confidentiality, and access to records at the start of the Ongoing MDTs and periodically during the course of the meetings. Identify which agency will be responsible for providing the youth with this information and when it will be provided.¹⁰³

V. Long-term Support and Stabilization

- A. Describe the collaborative, long-term support the parties will provide to identified CSEC including, but not limited to, referrals to services, connections with stable and supportive adults, and linkages to legal service providers to address civil legal issues.¹⁰⁴

VI. Information Sharing and Confidentiality

- A. Describe agreements that these parties have reached regarding:
 1. How information will be shared and used by the parties in a manner that complies with state and federal laws, and ethical considerations governing confidentiality, including re-disclosure and privilege, and that does not violate the youth’s due process rights as respondents or defendants in delinquency, criminal, summary offense, status offense, and child welfare cases, including their rights against self-incrimination.

VII. General Provisions

- A. Describe general terms and provisions including, but not limited to Public and Media Disclosure, Changes to the MOU, and Termination of the MOU.

¹⁰³ 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.

¹⁰⁴ Note that this section should cover any CSEC-specific responses, recognizing that the long-term support and stabilization offered to all system-involved youth will benefit CSEC.



In witness whereof the parties hereto have executed this Memorandum of Understanding. Where applicable the undersigned state that this Memorandum of Understanding has been reviewed by their legal counsel and such legal counsel has approved the MOU as to form and legality.

CHILD WELFARE AGENCY OF COUNTY

/s/ _____
Director of Child Welfare Date

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 HEALTH¹⁰⁵ 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

¹⁰⁵ 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.



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.
- 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.



Holistic Needs of Commercially Sexually Exploited Children (CSEC)

TABLE OF CONTENTS

I. Introduction	62
II. Immediate Crisis Response upon Identification	64
III. Ongoing Multidisciplinary Response	67
1. Health	67
a. Physical health	67
b. Mental health	68
c. Sexual/reproductive health/abuse	69
d. Substance abuse	70
2. Housing and placement	71
3. Civil legal advocacy	73
4. Child welfare advocacy	75
5. Support and skill development	76
a. Support networks	76
b. Education	77
c. Vocational and life skills	77
IV. Conclusion	79



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 the needs of child victims of commercial sexual exploitation. Counties may conduct a gap analysis,¹⁰⁶ or asset mapping¹⁰⁷ 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.¹⁰⁸ Each child's needs will differ depending on a variety of factors, including, but not limited to:

- Prior abuse and/or neglect
- Mode of exploitation¹⁰⁹
- Stage of exploitation¹¹⁰
- Stage of change (based on the Stages of Change Model)¹¹¹

¹⁰⁶ 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.

¹⁰⁷ In this case, a county would engage community stakeholders to identify both the resources that are most valuable for CSE children and the strengths of existing resources, for the purpose of collecting and sharing this information and identifying areas for improvement.

¹⁰⁸ 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.

¹⁰⁹ Forms of commercial sexual exploitation of children include: child sex trafficking, child pornography, and/or child sex tourism.

¹¹⁰ 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>.

¹¹¹ 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)¹¹²
- 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.

¹¹² Sexual orientation, gender identity, and gender expression, or 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.¹¹³

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.¹¹⁴

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.¹¹⁵ 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 300.¹¹⁶

¹¹³ 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), available at <https://www.scribd.com/doc/268505750/Los-Angeles-County-Law-Enforcement-First-Responder-Protocol-for-CSEC>.

¹¹⁴ See CAL. CHILD WELF. COUNCIL CSEC ACTION TEAM, MEMORANDUM OF UNDERSTANDING TEMPLATE FOR THE COMMERCIALLY SEXUALLY EXPLOITED CHILDREN (CSEC) PROGRAM (2015), available at <http://youthlaw.org/wp-content/uploads/2015/05/Memorandum-of-Understanding-Template-for-the-CSEC-Program.pdf> [hereinafter MOU TEMPLATE].

¹¹⁵ See PROTOCOL FRAMEWORK, *supra* note 108; CAL. WELF. & INST. CODE § 16524.7(d)(2) (indicating that a multidisciplinary approach is a requirement of the state-funded CSEC Program).

¹¹⁶ 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>.



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 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.¹¹⁷ The child must consent to the examination.¹¹⁸ 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.

¹¹⁷ 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.

¹¹⁸ CAL. FAM. CODE §§ 6927, 6928.



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.

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 CSE 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.¹¹⁹ Children will also need ongoing support, either individualized or as part of a broader case review process.¹²⁰

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,¹²¹ 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

¹¹⁹ See WALKER, *supra* note 111.

¹²⁰ See MOU TEMPLATE, *supra* note 114.

¹²¹ 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 disfiguration 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.¹²² 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

¹²² *Trauma Informed Approach and Trauma-Specific Interventions*, SUBSTANCE ABUSE AND MENTAL HEALTH ADMIN., available at <http://www.samhsa.gov/ncic/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 terms¹²³)
- 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.¹²⁴

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.¹²⁵

¹²³ *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).

¹²⁴ 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.

¹²⁵ 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 interview¹²⁶
- Counseling
- Access to sexual assault support groups

*d. Substance abuse*¹²⁷

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

¹²⁶ For more information on forensic medical exams, refer to "forensic medical needs" in Section II on page 60.

¹²⁷ 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.¹²⁸

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.

¹²⁸ 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:¹²⁹

- 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:¹³⁰ 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:¹³¹
 - *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 competent¹³²

¹²⁹ 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).

¹³⁰ Through the Continuum of Care Reform (CCR) and pending legislation (AB 403), California is trying to change the structure and purpose of congregate care.

¹³¹ Shelters are often utilized by youth who may not be system-involved are may want to avoid system involvement.

¹³² 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



- 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

<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>.



- Accompaniment when law enforcement is present
- 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.
- Reentry¹³³ 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 welfare¹³⁴

¹³³ *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>.

¹³⁴ See *infra* Section III, Child welfare advocacy, pp. 75.



- Involve the survivor as parent, child, or both
- 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)¹³⁵
- 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

¹³⁵ 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 networks¹³⁶

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)

¹³⁶ 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*¹³⁷

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*¹³⁸

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

¹³⁷See *California Foster Care Education Law Fact Sheets*, Cal. Foster Youth Educ. Task Force (2014), available at www.cfyetf.org/publications_11_3259084835.pdf.

¹³⁸ SUZANNE 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.¹³⁹

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.

¹³⁹ 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.



Core Competencies for Serving Commercially Sexually Exploited Children (CSEC)

Introduction

Competencies refer to the skills, abilities, knowledge, and behaviors identified as critical for fulfilling one's essential responsibilities.¹⁴⁰ 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.¹⁴¹ 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.

¹⁴⁰ 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).

¹⁴¹ 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.*

Definitions:

A. Risk factors:¹⁴²

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:¹⁴³

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.,

¹⁴² 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).

¹⁴³ See WALKER, *supra* note 142; HYATT ET AL., *supra* note 142; LLOYD & ORMAN, *supra* note 142.



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 grooming¹⁴⁴ 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,¹⁴⁵ tattoos;¹⁴⁶ 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

¹⁴⁴ 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>.

¹⁴⁵ "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.

¹⁴⁶ 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.¹⁴⁷ 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."¹⁴⁸

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 overrepresentation in the homeless youth population; history of adult/caregiver rejection based on the child's sexual orientation, gender identity, and/or expression (SOGIE);¹⁴⁹ and the limited number of LGBTQ competent and affirming youth shelters.¹⁵⁰ This population, like other homeless youth

¹⁴⁷ 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.

¹⁴⁸ WESTCOAST CHILDREN'S CLINIC, *supra* note 146, at 11-12.

¹⁴⁹ Sexual orientation, gender identity and expression, or 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 142; 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 http://www.urban.org/research/publication/surviving-streets-new-york-experiences-lgbtq-youth-ymsm-and-ywsw-engaged-survival-sex/view/full_report.

¹⁵⁰ 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.¹⁵¹

- 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.¹⁵² 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.¹⁵³ 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.¹⁵⁴
- 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.¹⁵⁵

¹⁵¹ See DANK ET AL., *supra* note 149.

¹⁵² *Id.*

¹⁵³ See CAL. CHILD WELF. COUNCIL, CSEC ACTION TEAM, HOLISTIC NEEDS OF COMMERCIALY SEXUALLY EXPLOITED CHILDREN (2015), available at <http://youthlaw.org/wp-content/uploads/2015/05/Holistic-Needs-of-CSEC.pdf> [hereinafter HOLISTIC NEEDS].

¹⁵⁴ 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].

¹⁵⁵ 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 Program¹⁵⁶ requires the development of an interagency protocol that utilizes a multidisciplinary approach to “provide coordinated case management, service planning, and services to children.”¹⁵⁷

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.¹⁵⁸ 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/departamental 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.¹⁵⁹

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.¹⁶⁰

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.

¹⁵⁶ CAL. WELF. & INST. CODE § 16524 et seq.

¹⁵⁷ CAL. WELF. & INST. CODE § 16524.8(b).

¹⁵⁸ 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>.

¹⁵⁹ See PROTOCOL FRAMEWORK, *supra* note 154.

¹⁶⁰ See *Learn*, SF CHILD ABUSE PREVENTION CTR. (providing resources for identifying and understanding child abuse), available at <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.¹⁶¹

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.¹⁶² 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.¹⁶³

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

¹⁶¹ See also CAL. PENAL CODE § 11165.2; CAL. WELF. & INST. CODE § 300(b)(1); 42 U.S.C. 5106 et seq.

¹⁶² See Smith, *supra* note 147, at 31-32.

¹⁶³ 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."¹⁶⁴ 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.¹⁶⁵ 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.¹⁶⁶

- 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.¹⁶⁷ 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.¹⁶⁸ Adverse childhood experiences (ACEs) have been linked to numerous negative outcomes such as alcohol and drug abuse, depression, and suicide attempts.¹⁶⁹
- 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."¹⁷⁰ Toxic stress can undermine healthy development of the brain circuitry and regulatory responses.¹⁷¹ 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

¹⁶⁴ *Complex Trauma*, NAT'L CHILDHOOD TRAUMATIC STRESS NETWORK, <http://www.nctsn.org/trauma-types/complex-trauma> (last visited May 19, 2015).

¹⁶⁵ 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>.

¹⁶⁶ 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).

¹⁶⁷ 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>.

¹⁶⁸ David Finkelhor et al., *Revictimization Patterns in a National Longitudinal Sample of Children and Youth*, 31 CHILD ABUSE & NEGLECT 479 (2007).

¹⁶⁹ 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.

¹⁷⁰ 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).

¹⁷¹ *Id.*



challenges.¹⁷² Both polyvictimization and complex trauma can increase the risk for toxic stress.¹⁷³

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."¹⁷⁴
- 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.¹⁷⁵

¹⁷² *Id.*

¹⁷³ 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.

¹⁷⁴ *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.¹⁷⁶
- 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.¹⁷⁷ 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.¹⁷⁸ 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:¹⁷⁹
 - 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

¹⁷⁵ 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).

¹⁷⁶ *Id.*

¹⁷⁷ *Id.*

¹⁷⁸ 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).

¹⁷⁹ 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 needs¹⁸⁰
- 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 Change¹⁸¹ 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.¹⁸²
- 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 SOGIE¹⁸³
- x. *Commitment to self-care*: seek counseling support to prevent or overcome compassion fatigue/secondary trauma¹⁸⁴

B. Important considerations include:¹⁸⁵

- 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

¹⁸⁰ See CAL. CHILD WELF. COUNCIL, CSEC ACTION TEAM, MODEL INTERAGENCY PROTOCOL FRAMEWORK, APPENDIX (2015) available at http://www.youthlaw.org/fileadmin/ncyl/youthlaw/child_welfare/Appendix_040615_Final.pdf.

¹⁸¹ See WALKER, *supra* note 142.

¹⁸² 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 150; LAMBDA LEGAL ET AL., *supra* note 150; 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).

¹⁸³ 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;

¹⁸⁴ 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.

¹⁸⁵ See HUGHES, *supra* note 179, 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,¹⁸⁶ 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 model¹⁸⁷ (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.

¹⁸⁶ 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>.

¹⁸⁷ See WALKER, *supra* note 142, at 78.





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- California Coalition for Youth
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