Turning Around the Lives Of Survivors of Sex Trafficking

A Perspective from the PACE Center for Girls

The Florida Legislature has shown an admirable determination to improve the state's treatment of victims of human trafficking and commercial sexual exploitation. The PACE Center for Girls Inc., which for nearly 30 years has successfully helped teen-aged girls at risk for delinquency, dependency and sexual exploitation, offers its perspective and knowledge in support of the Legislature's goal.

Understanding this issue is complex and does not have a single solution, this paper will focus on the necessary core components of any meaningful state response to identifying and supporting survivors of trafficking and sexual exploitation.

Within currently proposed legislation, the issue of a "secure" residential facility has created a great deal of concern among those engaged in this work, partly on grounds of due process (what amounts to civil commitment and the loss of liberty of someone for the status of being a victim) and partly on the related concern that a high quality, comprehensive and thoughtful system of care is required to identify and support trafficking victims.

The "pilot" program or programs proposed in current legislation focus on a deep level of commitment, rather than on the core components of a comprehensive and collaborative approach to treatment, services and support. Victims' needs are complex, varied and change throughout the process of recovery. We believe it is unwise and ineffective for legislation to prescribe one particular type of approach – the most intensive, expensive and restrictive approach – and exclude from any pilot the less intensive, less expensive, less restrictive multi-systems approaches that have been successful in other states.

Florida should provide a continuum of services for victims of commercial sexual exploitation and sex trafficking, just as it does for other children and youth in the dependency and

delinquency systems. We will discuss this in Section 5.

Florida also should recognize that a large number of victims of trafficking and sexual exploitation have had previous contact with state services, such as the Department of Children and Families (DCF). These early contacts are an opportunity for the state to prevent victimization through earlier constructive involvement in these children's lives.

1. The Victim Population

Improving the identification and assessment of victims of sex trafficking is critical, particularly as victims may not self-identify. The first discovery of a victim of trafficking or sexual exploitation mostly likely will be by a public or private professional whose responsibilities make it likely that they will encounter a victim. These professionals include first responders, child-protection investigators, teachers and school counselors, and emergency health-care professionals. People in these professions need effective training to properly identify victims of trafficking and sexual exploitation, act appropriately toward them from the very first encounter, secure the victims' safety and refer them to appropriate trauma informed systems of support and services. Many of these professionals have expressed a desperate desire for this training.

Early identification of potential victims is critical to prevent victimization in the first instance. Data on victims identified in Broward County provide an idea of the considerable opportunity lost in identifying girls at risk long before they became victims of trafficking. Broward is not a typical county, but the data are instructive.

The Child Protective Investigations Section of the Broward Sheriff's Office, (BSO), initiated 92 investigations in 2012 and 130 in 2013 received from the state's child abuse hotline for "Sexually Exploited Children / Human Trafficking," or CSEC. Using the 2013 numbers, 24 of the 130 cases were from other counties and were transferred there. Of the remaining 106 cases, 74 were confirmed to be sexually exploited or trafficked or were "being groomed" for trafficking and 63 of those 74 were children.

The vast majority of the 63 children had existing indicators of vulnerability or high risk that predated the referral to the hotline for trafficking. Ninety percent of the 63 children (57 cases) had a prior abuse history in state records (DCF records). Three-fourths of them (48 cases) had a history in the DJJ delinquency system. In 48 of the 57 cases, the abuse was sexual. Twenty-

seven of the 63 children (42%) were in the dependency system in out-of-home care – in group or foster homes or living with relatives – at the time of the report.

Beyond data on prior involvement with DCF or DJJ (or both), four out of five of the 63 children had at least one of the following risk factors: a history of substance abuse, including alcohol; a diagnosis related to mental health; or a history of running away. Generally, there is a common basis for a girl's involvement in multiple systems; communication and coordination between these systems can prevent girls from moving deeper into them.

In most of these cases, state agencies had already taken some measure of responsibility for these girls and had not successfully diverted them from a path that made them vulnerable to victimization by exploiters/traffickers. We do not know whether this is a result of a failure to adequately diagnosis the girl's needs or the absence of effective system of care to meet those needs. Helping these girls must be an imperative of any child centered public agency.

This data presents a remarkable opportunity for the state, through law enforcement, DCF and DJJ, to strengthen the ability to identify victims and those at risk of victimization early, and to take steps to protect and treat them long before they are trafficked. Recognizing key indicators of victimization and an informed understanding of the connection between girls' background of violence, abuse and trauma and the resulting vulnerability to sex trafficking is essential. Multidisciplinary teams, which incorporate the knowledge and the resources of the public systems in which children are involved, are a nationally recognized-evidence based practice that is mandated in many states, including Florida, to address child abuse.[1] For similar reasons, this is the most effective approach to child victims of sexual exploitation, in part because so many survivors are involved in multiple public systems.[2]

2. Safety and Assessment

Recent legislative initiatives have focused on "safety" of victims. Safety is a necessary component in working with girls that have been sex trafficked, but is wholly inadequate and even counterproductive if dealt with in

[1] Clawson et al., supra note 6, at 28; Mark Ells, Office of Juvenile Justice and Delinquency Prevention, US Department of Justice, Forming a Multidisciplinary Team to Investigate Child Abuse 4, 2000.

[2] Children's Advocacy Center of Suffolk County, From "The Live to My Life: Responding to the Commercial Sexual Exploitation of Children: Guidelines for a Multidisciplinary Intervention 17, 2011.

isolation from the larger issue of helping girls recover from their trauma. To focus on getting girls into a secured, locked, guarded facility that limits their freedom of movement, in the name of protecting them, re-victimizes them with a new form of captivity.

Even if such a placement is viewed as temporary and well-intended, to the victim it is loss of liberty and subjugation to strangers. In psychological effect, this situation engenders suspicion and distrust and prevents the ability to form a therapeutic alliance at the very time that the survivor needs to find someone they can trust and rely upon for support and help. Special care must be taken to develop services that will draw girls in rather than recreating for them a loss of control. Striking a balance between supporting a girl as a survivor of a crime and treating her with respect and an appropriate level of autonomy is critical to helping her recover. The requirement that the locked, secure facility be "trauma-informed" offers, to many people familiar with trauma, little comfort that this requirement will be effective.

In legal terms, this restraint for purposes of safety and assessment is similar to a civil commitment, which generally requires that the proponent of the restraint show a well-founded fear that the person will harm herself or others and that no less-restrictive means are available, including a non-secure facility or community services without residential confinement. One version of the legislation proposed has permitted commitment to continue for a number of months, not in rare and extreme cases but as a matter of routine. By contrast, commitment of juvenile status offenders (truants and runaways, for example) to secure detention has been abolished in Florida.

It also has not been made clear that the victim in a secure facility has right to counsel, although children have a right to counsel if they are committed for mental-health treatment in other circumstances.

The discussion of placing girls in a secure facility may be well intended; however focusing on deep-end, locked, secure treatment as the approach dominating the discussion is the wrong approach.

A report published by HHS and based on surveys of best practices in working with victims of CSEC and trafficking cited, "universal agreement that any residential facility needed to establish physical and emotional safety, as safety is essential to recovery."[3]

[3] Heather J. Clawson, Ph.D., and Lisa Goldblatt Grace, LICSW – "Finding a Path to Recovery: Residential Facilities for Minor Victims of Domestic Sex Trafficking," an Issue Brief for the U.S. Department of Health and Human Services, Office of

However, the challenge of serving victims is therapeutically and legally complex, and it is not clear that current proposals fully comprehend this complexity. It would be a perverse outcome if the "status" of being a trafficking victim subjected a girl to confinement of a type abolished for status offenders.

The HHS report also stressed the importance of ensuring that victims not be further victimized by being confined against their will. Most providers surveyed "felt strongly that recovery from the trauma and victimization cannot happen until a victim is ready and willing to work on her recovery." (4b)

It takes time for victims to reach that level of readiness. Providers recognize the complexity of working with a population that requires time to identify and recognize the trauma and exploitation they have experienced and the viability and value of accepting assistance and forging new connections. According to a recent report published by the Georgetown Center on Poverty and Inequality, "On a path toward healing, girls frequently return to their pimps. Such setbacks should not deter efforts to work with survivors, who often return if relationships and trust have been established."[4] A system where no one can run away is a system too restrictive to succeed. It is by giving the girls freedom to make their own decisions, even a decision to run away, that relationships and trust are established. This is a difficult approach for policymakers to embrace, but we need to follow the evidence and research, not our natural and well-intended protective impulses.

The HHS report cited above made an important additional point about residential facilities: "[A]ll of the dedicated programs for minor victims of domestic sex trafficking (and other forms of commercial sexual exploitation) had a policy to allow girls to return after they run away from the facility." (4b) Programs need to "work with running as part of each girl's treatment plan" and provide intensive one-on-one case management "during heightened periods for running (e.g., initial intake, specific points in therapy, etc.)."

So the "less restrictive alternative" to locking the girl in is important for

the Assistant Secretary for Planning and Evaluation (ASPE), 2006-2007. **References in parentheses in the text of this paper refer to this report and indicate the source page and column. Parentheses within a quotation are in the original unless otherwise noted.**

[4] Rebecca Epstein and Peter Edelman, Blueprint: A Multidisciplinary Approach to the Domestic Sex Trafficking of Girls, Georgetown Center on Poverty and Inequality, March, 2014.

therapeutic as well as legal purposes. Even if the state is prepared to pay for appropriate secure facilities (as assumption open to some doubt), that expenditure may drain money away from the less visible but more appropriate reliance on less-restrictive alternatives. What is likely to happen is that these less-restrictive alternatives are inadequately funded and have inadequate capacity or convenience, so the more restrictive alternative becomes the default choice, even though it is worse for the child both legally and therapeutically and worse for the state in terms of cost.

3. The legal process

It seems sensible to base the accompanying legal process around what already exists – the dependency process. As the discussion of early identification of victims would imply, the dependency courts are accustomed to identifying appropriate services for at-risk children.

It needs to be recognized, however, that this is an additional demand on dependency courts, including an additional population of children under court protection and oversight. (More than half of the children identified in the Broward data were not already in the dependency system.) And to the extent that there is a reduction in the victim's freedom, early proceedings in any case are likely to – and indeed ought to – call for a higher level of evidence and expert recommendations to support a judge's decision and more intensive oversight of the case as the treatment under restraint continues. Judges also need training in the complexity of these cases. Proposals also contemplate a series of regular reports to the judge on the status of the victim's case; these reports must be weighed by the judge, presumably with the involvement of the lawyers and other stakeholders in the case. Legislators need to take this additional workload and training into account in judicial training, certification and allocate resources appropriately.

The courts have weekend staffing for a variety of matters, including criminal cases. It should be noted that judges with weekend duty are often not judges assigned to dependency and may be either circuit or county judges. Therefore, the judge first determining whether to commit the victim to the residential facility may not be the judge most experienced in these cases.

There is other logistical complexity to be dealt with. If the "first appearance" of the victim in court is timely, the professional assessment presented to the court may be incomplete. If a second review is therefore required, the girl is now

involved in a series of secure transports to the courthouse with still more of the "feel" of being treated as a criminal in a system adverse to her interests rather than as a victim whom the system is trying to help. If treatment is occurring in "regional" facilities rather than in the girl's own community, then either the proceedings may be occurring outside the girl's own community or stakeholders will face their own challenges of travel to be part of the multiple proceedings in court.

Retired Circuit Judge James H. Seals, a respected longtime dependency judge in the Twentieth Circuit and now a member of the Board of Trustees of the PACE Center for Girls Inc., observed during the preparation of this paper, "Courts by their very nature traumatize people. Judges, lawyers, guardians ad litem and even social workers can be unaware that they are causing more harm than good. If stakeholders, particularly judges, are not trauma-trained, the system might become a re-victimizer rather than a savior."

Policymaking in this area also needs to assure that we do not have a narrow view of what victimization is. We hear suggestions that a girl is a trafficking victim until she also is found to be in possession of an illegal drug, at which point she reverts to being a criminal and is susceptible to being coerced into testifying and plea-bargaining, even to remain in treatment. This is surely not the intention of current policy efforts, but it is very desirable for the dependency courts, not the criminal courts, to have clear responsibility for these victims.

An effective and lawful program must achieve a strong and sustainable balance between security, including limitations on victims' activities, and the legal and therapeutic needs for independence and freedom.

4. Referral, investigation and case management

Just as the dependency courts seemed to be the assumed locus of proceedings related to victims of sex trafficking, the child-welfare system under the Department of Children and Families seems likely to be responsible for taking reports about a particular victim, referring the cases appropriately for investigation or services, and finally overseeing the transfer of the cases to the lead agencies that are responsible for services for dependent children.

This means that child-protection investigators take on this additional responsibility with respect to each newly identified victim. Already facing substantial change in their work because of changes to the child-welfare system and pending legislative action in

response to child deaths, the investigators will find themselves even less well equipped to investigate and manage this complex situation.

And what, exactly, would this investigation do? A referral of a trafficking victim is unlike the referral of a child-abuse case in several respects, most significantly in the fact that the "abuser" is often identified and possibly in custody. The investigator's work, then, is more on the order of overseeing the assessment of the victim and finding a suitable place for the victim to live and receive care. And at some point, the case is presumably transferred to the community-based lead agency, which has the responsibility of longer-term case management of the victim.

It cannot be ignored that the Legislature has shown considerable concern about the deaths of infants and toddlers in dependency as a reflection of challenges in both child protection investigations and case management. Very similar challenges are reflected in the failure to identify early indicators of vulnerability to sexual exploitation or trafficking among children already known to DJJ, DCF and its lead agencies.

When it comes to dealing with mental trauma, DCF oversees a very complex system. Community-based mental-health care is under a different statutory chapter and a different assistant secretary from child welfare investigations and case management. Refugee services, which may be an important source of referrals of sex-trafficking victims is yet another section of DCF.

We leave it to others to delve into the specifics of handling these cases once they are referred by the initial professional who identifies a possible victim of trafficking. But it is important to realize the systems challenge ahead.

5. Availability and Quality of Services

The "safe house" concept is simply the wrong place to begin this discussion. It is like building policymaking of health care by focusing on hospitals without consideration of ambulatory medical care. The center of consideration must be the needs of each victim. There is no data justifying "safe house" utilization, even temporarily, as the presumptive approach. Further, recognizing girls as victims and referring them to "safe houses" are short term solutions to a long term process. Girls will emerge with a need for long term systems of support.

The appropriate policy goal is not to create "safe houses" but to provide a system of care with high quality

comprehensive services and support suited to the needs of each survivor.

We are concerned about a "pilot" approach that focuses only on the most intensive confining, legally complex, and constraining environment. If a full continuum of services is not available, the "system," including the dependency courts, may feel little choice but to commit the victim to a restraint on liberty for a period of time unwarranted by an assessment, simply because less restrictive alternatives are not available and are not even being evaluated in the pilot. Further, a "pilot" has a way of becoming the incumbent process a year later when the evaluation occurs; entities and facilities are in place and operational, people are hired, and relationships are established. Alternatives become competitors. This is a practical effect of a pilot that is not comprehensive.

As the HHS study identifies, a residential program must be "situated along a continuum of care that began with prevention education and outreach to at-risk populations" as well as professionals and is "connected to existing community-based programs, including youth drop-in centers and emergency shelters, and finally "long-term aftercare services," such as support groups, mentoring and continued individual counseling as well as education. This is a critical element of good therapeutic practice, and it is likely to be an important consideration in the evaluation of the legal acceptability of this program.

With respect to a residential program, the fundamental characteristic is that they be "safe, trauma-informed, population specific, and adequately funded." (9b). Other characteristics:

- Residential facilities should be designed to serve homogeneous populations. Most victims are minor females, and that is the natural public focus, but facilities are also needed for males and transgender youth. These groups cannot be commingled if the victims are to feel secure. Further, the need for homogeneity in residential facilities needs to focus not simply on gender but on age groups and the intensity and duration of the victimization. Victims often have difficulty in personal relationships, so smaller, more intimate settings are needed.
- The system must provide for immediately and effectively pairing the victim with a skillful and trustworthy counselor who, among other things, can demonstrate to the victim that they are now in control of their own destiny and is not subordinate to a new captor.
- It is not clear what a single "pilot" program of 15 victims (presumably girls, so that the facility may be

appropriate homogeneous) accomplishes, other than to defer seriously coping with the financial demands of providing the needed services to all victims. More significantly, it means that only one specific model of treatment is piloted, and the "default" to the most restrictive means of dealing with these victims becomes the presumed model. It would be preferable if DCF could develop and manage several pilot approaches, but these have start-up costs that make a one-year "pilot" impractical. A multi-year commitment to multiple models with sufficient funding is the only realistic way to develop an effective system of care that does not default to confinement.

In the survey for HHS, providers and law enforcement said a "minimum" length of stay "at an appropriate facility" is 18 months. One program reported a stay of 3-6 months, but allowed for longer stays if needed. The time is needed to "build trust with the girls, provide the necessary therapy to address their trauma, and to begin . . . rebuilding their lives." (4a)

We have identified specific services that need to be provided in the continuum of care, again relying on the survey sponsored by HHS (8b):

- Basic needs: clothes that fit properly, food, shelter with showers, a safe place to sleep.
- Intensive case management – pairing with case managers with an emphasis on relational development, even 24-hour access to the case manager, who supports them through "the complexity of their life situations," such as legal and medical services. Case plans need to focus on "general mental and physical health-related goals of building self-worth, self-respect, and self-efficacy." Services must be delivered "within the context of 'understanding the developmental hindrances of having been under the control of someone (the trafficker) for so long.' " (6b)
- Mental health counseling and treatment, including crisis management around the clock.
- Prompt medical screening is critical, including screens for pregnancy and STDs.
- Life skills and job training.
- Youth development that builds confidence and engages the girls and ensures that they remain busy.
- Education, in programs suitable to the girls, which may include mainstream schools, vocational schools or other programs.

6. A Final Word on Services

Services for at-risk populations in our state suddenly have become the

subject of headlines in multiple categories of policy – prevention and diversion in the delinquency system, services to parents whose substance abuse and mental illness put their children at risk, and children in danger in the dependency system, services to victims of trafficking and sexual exploitation.

The *Miami Herald*, in its recent investigative series on DCF, found that 68% of child deaths over the past six years involved substance abuse, and of those, 38% were prescription drugs and the rest were other drugs and alcohol. We know that substance abuse is ne of the ways pimps and traffickers control their victims. We know that dependency and drugs are risk factors in juvenile delinquency and in victimization by traffickers and sexual predators. We see mental illness in the growing costs of forensic mental health facilities, including millions of dollars spent on inadequate and temporary treatment of mental ill adults in the criminal justice system. And we see substance abuse and mental illness, often together, as factors in so many others public challenges:

- Homelessness
- Domestic violence
- Rehabilitation efforts in prisons and juvenile detention centers
- Diversion, probation and parole in adult corrections
- Untreated people in crisis showing up at emergency rooms
- The proliferation of pill mills to feed substance addiction.

Policymaking should put less focus on the services needed in each silo of need and each government agency and instead raise its sights to the larger challenge of providing great capacity and greater quality in services across the full range of human services. The state has a division of Substance Abuse and Mental Health within DCF, and there has been significant effort to create managing entities to manage these services at the local level. But efforts across these many social issues remain fragmented.

If we are going to truly attack these problems in our communities – problems faced by law enforcement as well as social services – we need a comprehensive vision for a unified effort, embracing substance abuse and mental health and behavioral health, and without the bureaucratic walls between criminal justice and child welfare and local shelters and centers. Florida lacks a comprehensive system offering a full continuum of effective services to those who need it, whatever part of government may encounter them. We think that is the vision that should guide our policymaking in the years ahead. ♥

Conclusion

We at the PACE Center for Girls Inc. hope that we have contributed to sound policymaking through this overview and analysis of the needs of victims of sex trafficking and sexual exploitation. We welcome inquiries from legislators, legislative staff, policy advocates, media and others with a professional interest in this important area of policy.

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About PACE

With 19 centers across Florida from Pensacola to Miami, PACE Center for Girls, Inc. is a nationally recognized and research based model that features a balanced emphasis on academics and social services with a focus on the future for middle and high-school aged girls and young women. The foundation of PACE is the gender-responsive culture, providing a safe environment that celebrates girls, services that take into account how girls learn and develop, and staff that understand the lives of girls and can respond to their strengths and challenges.

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