Model Coordinated Response Protocol & Toolkit To Address The Commercial Sexual Exploitation Of Children In Nevada



Assembly Committee: Health and Human Services
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Submitted by: Ross E. Armstrong

The Nevada Coalition To Prevent The Commercial Sexual Exploitation Of Children

#StopCSECinNV

Attachment A of the Nevada CSEC Strategic Plan

Model Coordinated Response Protocol & Toolkit to Address the Commercial Sexual Exploitation of Children in Nevada (CSEC Model Coordinated Response Protocol & Toolkit)

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Nevada's CSEC Strategic Plan, including Attachment A – the CSEC Model Coordinated Response Protocol and Toolkit and Attachment B – the CSEC Prevention Resource Guide, was developed by Sierra Mountain Behavior Consulting (SMBC) through an agreement with the Nevada Division of Children and Family Services (DCFS). While every effort has been made to provide accurate and complete information, SMBC, DCFS and the State of Nevada assume no responsibility for any errors or omissions in the information. Resources are included for reference purposes only.

The CSEC Strategic Plan's Attachments A and B are filled with electronic hyperlinks to websites and online resources that appear in blue underlined type. As a result, they are intended primarily for online viewing. The CSEC Strategic Plan and Attachments A and B are available at the DCFS CSEC Coalition webpage: http://dcfs.nv.gov/Programs/CWS/CSEC/CSEC/

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I. INTRODUCTION

Commercial Sexual Exploitation of Children (CSEC)[i] in Nevada

Nevada is a major destination for those who seek to sexually exploit children. It is one of the states most affected by human trafficking with Nevada ranked 10th in the nation for the number of human trafficking cases reported to the National Human Trafficking Hotline in 2017, up from 18th in 2012, and 12th in 2016.[1] At least 92% of the 199 cases involved sex trafficking, and 23% of the 199 involved minors.[2] The Federal Bureau of Investigation's (FBI)[ii] Innocence Lost Initiative identified Las Vegas as one of thirteen High Intensity Child Prostitution Areas.[3]

In 2017, Las Vegas Metropolitan Police Department (LVMPD) identified 126 minor sex trafficking victims, with 122 being female and 4 being male. Of the 126, 80 (64%) were reported as prior runaways, and 79 (63%) were local youth. The majority were identified as Black (61.9%), then White (19.8%), Hispanic (15.1%), Asian (2.4%), and Unknown (.8%). Most (124) were 14 - 17 years of age, with two 12 year olds.[4]

That same year, 156 youth came before the specialty juvenile diversion Girls' Court in Clark County for sexual-exploitation-related charges; 155 were girls and one was male. The average age was 15.8 years of age, with 8 being 13, 20 being 14, 18 being 15, 55 being 16 and 55 being 17 years of age. Eighty-two of the 156 were new to the Girls' Court calendar, with the remaining being previous cases. One hundred (64%) were from Nevada, and 91% of these were in Nevada's child protection information system. Similar to LVMPD's statistics, the majority of the 100 local youth were identified as African American (59%), 15% as White, 15% as Hispanic and 11% as Mixed Race.[5]

In 2017, Washoe County Juvenile Probation Services and Awaken, a nonprofit agency in Washoe County, served 37 female CSEC between the ages of 11 and 17. Most (17) were Caucasian, 7 were Black, 6 were multiracial, 4 were Latino, 2 were Hawaiian/Pacific Islander and 1 was American Indian/Alaska Native.[6]

The above numbers do not likely reflect the true picture of CSEC in Nevada. Nevada's Online Commercial Sex Market (NOCSM) found that Nevada is among the top ten states for youth who are prostituted.[7] The NOCSM study, which examined advertising on Backpage.com in 2016, found that Nevada led the nation in the number of sex providers per capita. Based on descriptive language in ads, it estimated that 19% of Nevada's sex providers were likely younger than the 18 years of age required to advertise. These young sex providers were more than twice as likely to have indicators of drug use than older sex providers and at higher risk of having been trafficked. Buyers paid more for young sex providers, suggesting a higher demand by both buyers and traffickers.

There could be as many as 5,687 victims of child sex trafficking in Nevada, based on a formula to estimate prevalence rates.[8]

[i] Commercially Sexually Exploited Child(ren), or Commercial Sexual Exploitation of Children, depending on context.
[ii] See Appendix A for a list of acronyms.

Sex trafficking is a criminal industry based on the market principles of supply and demand.[9] Traffickers exist because sex trafficking is highly lucrative. Demand is fueled, in part, by a culture of tolerance coupled with the glamorization of sex work in the media.

The Coalition and Its Mandate

In response to this need, the Coalition to Prevent the Commercial Sexual Exploitation of Children (Coalition) was established by the Governor's Executive Order 2016-14 on May 31, 2016. The purpose of the Executive Order was to foster collaboration and coordination among agencies to improve the capacity to identify CSEC and provide safety and services for them and their families/caregivers, as appropriate; and to hold traffickers accountable.

> **The commercial sexual exploitation of a child, also referred to as child sex trafficking, is defined by federal law as a form of child sexual abuse, and involves the recruitment, harboring, transporting, provision or obtaining of a person under 18 years of age for a commercial sex act (i.e., when something of value is given to or received by any person). Force, fraud or coercion are not necessary. CSEC includes child prostitution, child pornography, trafficking of children for sexual purposes, child sex tourism, and forced marriage.[10]**

The Coalition's work is guided by the Executive Order and its mission: To combat commercial sexual exploitation of children in Nevada with a trauma-informed and victim-center approach. To meet its mandate, the Coalition's Work Plan consisted of four actions:

Action 1. Build the capacity of the Coalition to effectively address the needs of commercially sexually exploited child victims/survivors statewide and across multiple systems.

Action 2. Improve capacity to identify commercially sexually exploited child victims/survivors and improve safety and services for them and their families by developing a model coordinated response protocol that is grounded in best practice and can be adapted to regional needs.

Action 3. Develop a comprehensive statewide strategic plan that addresses the provision of coordinated services for commercially sexually exploited child victims/survivors and includes recommendations on how to address the sex trafficking provisions of Public Law 113-183.

Action 4. Develop annual reports of the Coalition's work by October 1 of each year.

Development of the CSEC Model Coordinated Response Protocol. This document addresses Action 2 – the creation of a model coordinated response protocol.

This CSEC Model Coordinated Response Protocol and Toolkit (CSEC Protocol) was approved by the Coalition at its October 17, 2018 meeting. It is a synthesis of the recommendations made by the Coalition's working subcommittees and a Coordinating Committee comprised of the co-chairs of the subcommittees, subject matter experts and key stakeholders.

The CSEC Protocol is also enriched by the insight and experiences of CSEC survivors. An advisory group of survivors provided valuable feedback on CSEC Protocol drafts. Additionally, quotes of survivors obtained through a survey are included in the CSEC Protocol to ground key points in real-life experiences.

Coalition Subcommittees

The following subcommittees contributed to the development of the Protocol. Each subcommittee included at least one Coalition member, as required by the Executive Order, and multidisciplinary representatives from across the Nevada. Their objectives and deliverables are listed below. These deliverables were the building blocks of this Protocol.

Prevention Subcommittee. The focus of the Prevention Subcommittee was to expand CSEC awareness and prevention efforts.

Toward that end, the Subcommittee developed the CSEC Prevention Resource Guide (see *Attachment B* of the CSEC Strategic Plan[iii]). It provides a description of a public health approach to CSEC prevention, along with strategies and resources that can be implemented by communities and service providers across Nevada.

Engagement, Identification and Assessment (Engagement) Subcommittee. The purpose of the Engagement Subcommittee was to identify uniform ways to engage and assess CSEC victims, i.e., to identify methods to engage with and assess victims or suspected victims of commercial sexual exploitation in a standardized, culturally-appropriate, trauma-informed manner that improves the short- and long-term health, safety and well-being of child victims.

The Engagement Subcommittee recommended a standardized screening tool, agency considerations when developing and implementing a screening policy, and the assessment process for identifying holistic needs. They also partnered with the Care Coordination Subcommittee in developing the process for assessing and planning CSEC safety.

Care Coordination Subcommittee. The Care Coordination Subcommittee identified existing and needed CSEC services, with the intent to increase service capacity. Its specific objectives were to:

- Recommend a holistic array of services that meet the needs of CSEC victims/survivors.
- Increase capacity to provide safety and services for CSEC victims/survivors, and their families.

This Subcommittee developed a resource list of CSEC services, identified priorities for service development toward creating a holistic array of services for CSEC and identified standards for service providers. As mentioned above, they also partnered with the Engagement Subcommittee to develop the CSEC safety planning process.

Training Subcommittee. The focus of the Training Subcommittee was to ensure all stakeholders have the knowledge and skills to meet the needs of youth who are victims of sex trafficking and understand how a unified response benefits CSEC.

[iii] The CSEC Strategic Plan and Attachments A and B are available at the DCFS CSEC Coalition webpage: http://dcfs.nv.gov/Programs/CWS/CSEC/CSEC/

To meet this objective, the Training Subcommittee identified stakeholders who would benefit from CSEC training, minimum training recommendations for various disciplines, CSEC 101 learning competencies, agency considerations for implementing a training program, and qualifications for trainers.

Data Collection, Analysis and Sharing (Data) Subcommittee. This Subcommittee's task was to develop a plan for collecting statewide CSEC data, including the reporting requirements of PL 113-83. The specific objectives were:

- Develop and implement a plan for collecting statewide data and/or a comprehensive statewide CSEC database.
- Support the reporting requirements for PL 113-83.
- Identify methods in which data can be collected, analyzed, stored and shared that allow for continuous quality improvement of services and supports to victims, while demonstrating prevalence and other key indicators related to commercial sexual exploitation of children.

The data collection and reporting recommendations in the CSEC Protocol are a result of this Subcommittee's efforts. They include the identification of data elements and a data code book. This Subcommittee also partnered with the Training and Care Coordination Subcommittees to develop tools to evaluate whether trainings are effective in meeting objectives and whether services reflect the standards set for CSEC service providers in this Protocol.

This CSEC Protocol incorporates practices that are deemed as promising, however, service providers are encouraged to stay abreast of new research and practices.

Purpose of the Protocol

This CSEC Protocol provides guidance for implementing a coordinated response to identifying and serving CSEC. It describes the:

- Elements and core principles that build an effective foundation for serving CSEC, emphasizing the importance of well-trained responders and service providers, and data-driven services.
- Levels of coordinated response and the service network needed to meet their complex needs.
- Cycle of service delivery that ensures CSEC's safety and holistic needs are assessed and addressed through comprehensive, individualized service planning and ongoing monitoring.

Toolkit. This CSEC Protocol also includes a toolkit of resources that agencies can use to increase their capability to serve CSEC, such as forms, tools and guides.

A Word About Terms

Human trafficking. The term, human trafficking, refers to both labor and sex trafficking. This CSEC Protocol only addresses one type of human trafficking, child sex trafficking, which is also referred to as the sexual exploitation of children.

CSEC. A variety of terms are used to address children who are sexually exploited, including victim, survivor, domestic minor who is sex trafficked (DMST) and CSEC. Victim is commonly used in referring to a child who has been abused and survivor is commonly used to refer to a child who was previously trafficked. However, sex trafficking survivors point out that current victims of exploitation are also survivors; their strength and determination to survive enable them to live another day despite violence and exploitation. DMST refers to those who are U.S. citizens or legal permanent residents. In this CSEC Protocol, the acronym, CSEC, will be used as it addresses all minors in Nevada, whether domestic or foreign-born. Depending on the context, CSEC refers to commercially sexually exploited child(ren) or the commercial sexual exploitation of children.

II. BUILDING A FOUNDATION

Introduction

We begin the presentation of Nevada's CSEC Model Coordinated Response Protocol and Toolkit (CSEC Protocol) with promising practices that are the underpinnings of effective services for commercially sexually exploited children (CSEC).

The principles that must guide responses to and services for CSEC are the focus of Chapter 1, *Approach to CSEC Services,* including:

- Victim-centered.
- CSEC-informed.
- Trauma-informed.
- Survivor-informed.
- Strengths-based.
- Respectful engagement.
- Cultural, linguistic and LGBTQ (Lesbian, Gay, Bisexual, Transgender or Questioning)[11, 12] competence.

While these needed practices are identified and discussed, it should be noted that CSEC responders and service providers must ensure they become fully aware of the meaning and application of the principles through training.

Chapter 2, *Well-Trained Responders and Service Providers,* provides recommendations for CSEC training based on role, including minimum training requirements. Training should be congruent with and highlight CSEC Guiding Principles, as well as information to increase knowledge of the CSEC's experience and relevant services.

The third leg of the underpinnings, is a commitment to *Data-Driven and Outcome-Focused Services,* as outlined in Chapter 3. This allows for an informed continuum of care that is responsive to information. Adjustments to services, when indicated, enables the attainment of desired outcomes at both client and program levels.

Chapter 1

APPROACH TO CSEC SERVICES

The intent of Nevada's CSEC Model Coordinated Response Protocol and Toolkit (CSEC Protocol) is to improve Nevada's capacity to identify commercially sexually exploited children (CSEC) and provide safety and services toward their recovery. The CSEC Protocol will assist local jurisdictions and regions to implement a multisector response that is based on promising practices and grounded in guiding principles approved by the Nevada CSEC Coalition.

Presented below are the fundamental concepts underpinning effective services for CSEC. The following information provides a brief overview and is not a training guide. To fully grasp these concepts and how they are to be implemented, responders and service providers are urged to participate in training as described in the *Training* chapter and/or to educate themselves through research, reading and reflection.

Principles Guiding Services for CSEC

Nevada's Guiding Principles for Serving CSEC (CSEC Guiding Principles) are organized by:

- Our perception of and actions toward CSEC.
- Our approach to the services we provide to CSEC.
- Our approach to the continuum of care for CSEC.

The CSEC Guiding Principles are presented here and in *Resource 1-A*, which also provides a description of each principle. Each chapter in this CSEC Protocol opens by identifying the CSEC Guiding Principles that are reflected in the content of that chapter. Additionally, the following concepts are highlighted in this chapter.

- Victim-centered.
- CSEC-informed.
- Trauma-informed.
- Survivor-informed.
- Strengths-based.
- Respectful engagement.
- Cultural, linguistic and LGBTQ competence.

The Nevada CSEC Coalition's Guiding Principles for Serving CSEC

Our perception of and actions toward CSEC

1. We view the CSEC as a victim and/or survivor of abuse, not a criminal.
2. We extend respect to the CSEC, and act in ways that build trust and do no further harm.
3. We view the CSEC and their well-being holistically, considering the psychological, emotional, spiritual, educational, physical and the social.
4. We honor the individuality of each CSEC and support a sense of self-efficacy.

Our approach to the services we provide to CSEC

5. We affirm and bolster the CSEC's central role in the development and implementation of their strengths-based service plan.

6. We address the physical, emotional and psychological safety needs of the CSEC, taking into consideration their point of view when developing a safety plan.
7. We recognize the signs of trauma, and acknowledge and competently address the impact of trauma on the CSEC.
8. We include family members and/or caregivers when appropriate, making their needs a part of the service plan.
9. With humility, we affirm and respond effectively to the unique cultural, linguistic and LGBTQ identity of the CSEC.

Our approach to the continuum of care for CSEC

10. We view all CSEC as victims and/or survivors who have the right to supportive services, regardless of age or related crimes.
11. We value and incorporate the survivor's role and voice in providing support to individual CSEC, and in the development of policy and practice.
12. We seek to identify and engage the CSEC throughout the continuum of services.
13. We cooperate, coordinate and collaborate across systems to achieve an effective service system for CSEC.
14. We safeguard the physical, psychological and emotional safety of all persons who work with CSEC, and recognize the impact of vicarious trauma.
15. We gather and share information to learn, and to enhance service delivery.
16. We base decisions on experience, data and research; and measure the effectiveness of services by the attainment of desired outcomes, and by benchmarking against progressive national standards.
17. We pursue prosecution of offenders, while taking into consideration the CSEC's safety, circumstances and well-being.

Victim-Centered Services

> ***CSEC Guiding Principles #1, 10 & 17:*** *We view the CSEC as a victim and/or survivor of abuse, not a criminal. We view all CSEC as victims and/or survivors who have the right to supportive services, regardless of age or related crimes. We pursue prosecution of offenders, while taking into consideration the CSEC's safety, circumstances and well-being.*

Child sex trafficking is a form of child sexual abuse. Under the Trafficking Victims Protection Act of 2000, federal law protects minors, defining them as victims of sexual abuse and violence. Despite the commercial aspect of CSEC, the exchange of sex for something of value does not alter this.

"I recall the experience as 'paid rape.'" ~Annie Lobert, Survivor

Referring to a CSEC as a prostitute not only perpetuates harmful stereotypes and assumptions, it lays the foundation for the responses that a child receives. It places the blame on the child and wrongfully suggests the act is one of willing criminal prostitution. Rather, the child is a victim of a sexual exploitation and requires and deserves protection, compassion and services, regardless of age.[13] As the Non-Criminalization of Juvenile Sex Trafficking Victims JuST Response Policy Paper states:

> "Although 16 and 17 year olds may appear less vulnerable than 10 year olds, older minors are also susceptible to victimization through sex trafficking. At first

glance, older commercially sexually exploited teenagers may seem independent and even defiant, but these are often coping mechanisms developed from suffering various types of abuse. When society judges exploited youth for their own abuse, this judgment exacerbates their victimization, attaching an ostracizing stigma to these minor victims."[14]

"Look at a victim as a VICTIM and not someone who is less than because they believe we like this life. Or choose it. That's what will change lives." ~ Anonymous, CSEC Survivor

Victim-centered services places the CSEC at the heart of the planning and implementation of services. Services focus on their needs and concerns and not the roles, expectations or desires of the individual and/or organization(s) intervening. Responders and service providers take care not to re-traumatize the CSEC by inadvertently replicating the trafficker's behavior through a lack of choice.[15]

"The thing that mattered to me the most was those who told me that age old, 'If you need anything let me know,' ...being a support system when they didn't have to be. Letting me make my own decisions but giving me advice as suggestions. It helped me to weigh my options instead of staying stuck in submissive mode to do as I was told all the time."
~Jasmine, CSEC Survivor

CSEC are treated with sensitivity and compassion irrespective of their sexual orientation, socio-economic status, sexual behavior, substance abuse, mental and physical challenges or English fluency, with all involved professionals advocating for the CSEC.

One of the major components to a successful victim-centered response is the availability of and access to services**.** Without access to services, particularly safe placement options, no community can effectively implement a victim-centered response for CSEC. Supporting a CSEC when they are ready and willing to leave their exploiter requires a safe shelter bed or placement option be available.[16]

Prosecution of Offenders. While it is generally held that, in a victim-centered approach, the safety, needs and choices of the victim take precedence over investigation and potential prosecution of traffickers, perspectives vary regarding how a victim-centered approach applies to minors.[17] Focus groups conducted in Washington highlighted the following tensions:

"The focus of the discussions about "victim-centered" responses turned on the question of how the juvenile justice system should respond to CSEC, specifically the pros and cons of prosecuting or detaining CSEC, and whether they should be required to assist in prosecutions of their exploiters. The perspectives of participants varied widely. While everyone agreed that CSEC are victims, the ability to prosecute and detain is viewed by some as the only alternative available in some cases (especially when shelter, housing and services are not available in the community) to ensure the safety of the child and to make sure they get needed services. Others strongly argued that CSEC are further traumatized and their future options are limited if prosecuted; that their safety should take priority

over efforts to convict their exploiters; and that detention may not be an effective tool for introducing needed services."[18]

As the description of CSEC Guiding Principle #17 states:

> Efforts are made to hold offenders accountable. This may include seeking the CSEC's cooperation with the investigation and prosecution of those who pay to exploit them and those who profit from their exploitation. A CSEC's safety, circumstances and well-being are strongly considered when seeking their cooperation in the investigation and prosecution of offenders.

The interests of CSEC are best served when stakeholders assume good will on the part of those with differing perspectives, recognize their differing roles, are open to learning from them, listen to the experiences and opinions of adult CSEC survivors, and base decisions on the proven effectiveness of various service models. Where no research exists to guide decision-makers, efforts are made to formally evaluate the effect of policy and resource decisions on the CSEC's long-term well-being and recovery.

"Putting kids in jail/juvy for 'protection' (i.e., if they are not violent or pose a risk to another person) is harmful and counter-productive. It falls into exactly what our pimps and abusers tell us the police will do, making it much harder for us to accept services, leaves us with a record, and harms our self-image as we now believe we are 'bad.'"
~Kimberly Mull, CSEC Survivor

VS.

In response to being asked what helped them exit the life?[iv]
"Being locked up, being sober, family."
~Anonymous, CSEC Survivor

CSEC-Informed Services

> ***CSEC Guiding Principles #2 & 4:*** We extend respect to the CSEC, and act in ways that build trust and do no further harm. We honor the individuality of each CSEC and support a sense of self-efficacy.

Many CSEC are unidentified or misidentified by first responders, school teachers and other professionals with whom they come into contact. They are more likely to be seen by professionals for other issues, such as substance abuse, domestic violence, delinquency, teenage pregnancy and behavior problems (e.g., chronic runaway and school truancy). CSEC do not easily disclose they are being exploited due to the controlling tactics of the trafficker. They also may not recognize their own exploitation.

[iv] The term, the life, refers to involvement in the subculture of prostitution.

CSEC Survivor of Family Trafficking: ***"In 8th grade a teacher noticed I was 'sad' and told my mom it was normal for girls to have a dip in self-confidence during this time but that it would pass. At one point in 11th grade the school guidance counselor called my mom and told her she needed to take me to a therapist or she would have to call [child protective services]. At the appointment, the therapist told me how lucky I was and how I should be grateful so many people in my life loved me and cared enough about me to bring me there – which only served to reinforce all the things other people were saying and add to my guilt and shame for not being able to be happier with my life." ~Anonymous***

A crucial first step for agencies, organizations, schools and service providers who come into contact with CSEC is to learn about their life and experiences. CSEC are often lured by sophisticated traffickers with the false promise of love, affection and a better life. Traffickers then methodically use violence, threats and manipulation to psychologically and financially control their victims. See *Resource 1-B,* In Their Shoes: Understanding Victim Mindsets and Common Barriers to Victim Identification.

"The allure of the life is insidious. It takes many years to be freed of the mental shackles that are formed during the process of 'breaking a bitch.' Be patient… Please understand that years of mental slavery are very difficult to erase and reprogram. Be open and just listen! These people have survived more than you could ever imagine – that shows strength and resiliency, not weakness."
~Tanya Smith, CSEC Survivor

A CSEC-informed service provider is knowledgeable about recruitment, risk factors, indicators and the impact of exploitation on the CSEC. It essential to dispelling myths and stereotypes, recognizing CSEC victimization, understanding their unique needs and improving outcomes for CSEC. It is also essential to exploring and affirming each CSEC's individual experience.

The *Training* chapter outlines minimum training and competencies required to become CSEC-informed, as well as the stakeholders who may need training. See also *Resource 1-C* for a description of human trafficking terms.

Stages of Change: The Developmental Aspects of Recovery. CSEC-informed responders and service providers also recognize the CSEC's recovery from trafficking as a process in which victims may leave and return to their trafficking situations multiple times before finally exiting a life of exploitation.

The Stages of Change model was developed to help individuals understand the process of behavior change.[19] The model identifies stages that people progress through on their way to successful change (see *Figure 1.1*[20]). While this theory of change was originally developed to assist with recovery from addiction, it has been applied to a variety of concerns to help individuals and service providers understand the process of behavior change. An individual seeking change actively participates by identifying their stage of change, reflects on the tasks of that stage, and determines when they are ready to move to the next. Stages may not be traversed in a neat progression; rather, the individual may move back and forth between stages during their change process.

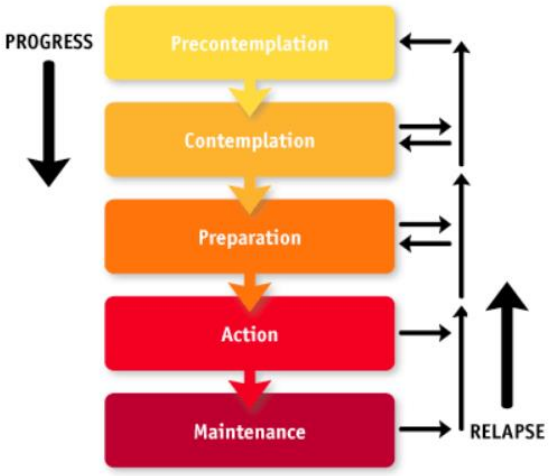


Figure 1.1. Stages of Change.

The CSEC Community Intervention Project and Girls Education and Mentoring Services adapted the model to describe the CSEC's recovery process.[21] *Resource 1-D,* Stages of Change in CSEC Counseling, describes CSEC behaviors at each stage with accompanying guidance for the treatment provider.

Recognizing and responding to the CSEC's stage of change in their path to recovery can be useful in supporting the following.

Positive CSEC-Provider Relationships. The CSEC Stages of Change model assists the CSEC and service provider to recognize the developmental challenge the CSEC faces at any given time. By doing so, it has the potential to increase the CSEC's self-understanding and self-compassion, and nurture acceptance and compassion for the CSEC by the service provider – even if the CSEC is not engaged in recovery or returns to their trafficker. A nonjudgmental, reliable relationship with a caring adult may be the most important contributor to the CSEC's recovery.

Realistic Service Goals and Plans. Attending to a CSEC's stage of change can help the CSEC and service providers clarify and prioritize current CSEC safety and underlying needs.

Matching of Resources to Needs. With realistic service outcomes and plans identified, the CSEC is more likely to seek, be offered and participate in support and services that match their current underlying needs. Services that are individualized in this manner are more likely to move the CSEC forward on their path to recovery.

Trauma-Informed Services

> ***CSEC Guiding Principles #7 & 14:*** *We recognize the signs of trauma, and acknowledge and competently address the impact of trauma on the CSEC. We safeguard the physical, psychological and emotional safety of all persons who work with CSEC, and recognize the impact of vicarious trauma.*

CSEC have often experienced repeated violence and psychological abuse over a prolonged period of time. Many experienced abuse during early childhood which then continued at the hands of their pimp and buyers. Their trauma takes on an added complexity due to the entrapment and loss of autonomy they experience with their traffickers. These experiences and other related losses, such as the loss of a child, lead to post-traumatic stress symptoms such as prolonged feelings of fear, grief, worthlessness, helplessness and loss of sense of self. The trauma experienced by a CSEC impacts their ability to cope, make decisions and trust those trying to help them.

> ***"My trafficker was so physically violent… I just waited for me to die, honestly. My life was in a horrible cycle; going to the strip at night, beating when I got home around 7-9, cleaning until 12, getting my second beating, going to sleep until 1-3…, getting up to get ready until 5-6, getting another beating around 7-9, …repeat. As time went on I got more beatings, less sleep, and less food. I wasn't allowed to have a cell phone, music, TV or drugs. I lived on full adrenaline knowing if I made a wrong move I would die." ~Anonymous, CSEC Survivor***

A trauma-informed approach begins with recognizing the impact, signs and diverse responses to trauma of not only the CSEC, but their family as well as the professionals who help them.[22] It includes affirming the CSEC's individual experience of trauma, securing their physical, psychological and emotional safety and empowering them to rebuild their sense of control. Trauma-informed services prevent CSEC from experiencing additional harm to their safety and well-being while helping them to recover and heal. *Resource 1-E*, The 12 Core Concepts for Understanding Traumatic Stress Responses in Children and Families – Adapted for Youth Who Are Trafficked, provides additional information about the impact of trauma on CSEC.[23]

> ***"After I told my pimp I was done, I moved out and moved into my dad's, but he had a tracker on my car and found me and had guys beat me up, threaten my daughter and my family." ~Anonymous, CSEC Survivor***

A trauma-informed approach is embedded in an agency's policies and procedures. It emphasizes the physical and emotional safety of the CSEC and ensures a CSEC is not re-traumatized or further exploited during the justice and social service system responses.[24] For example, as presented in the Victim-Centered Services section above, providing choice to the CSEC diminishes the likelihood that the CSEC will experience what is intended as support as a replication of the trafficker's coercion.

> **Professionals who work with CSEC youth are at risk of experiencing secondary traumatic stress as they are exposed to the CSEC's traumatic and violent experiences.[25]**

Secondary Trauma. As described by the National Child Traumatic Stress Network, "secondary traumatic stress is the emotional duress that results when an individual hears about the firsthand trauma experiences of another."[26] It is challenging to provide appropriate services for CSEC in their healing process if service providers are experiencing secondary trauma. Attending to service providers' well-being will enable them to address the needs of CSEC with greater clarity and focus. Training in self-care (see the *Training* chapter), readily-accessible supportive resources and opportunities to debrief following difficult exposures to a CSEC's traumatic experiences are protective measures that contribute to service providers' well-being and the quality of services they provide.

> ***"When I really start talking about the things that happened, even the MD/PhD/PsyD trained professionals with 20+ years of experience are shaken. I needed long-term care from someone who had either seen this before or was willing to admit they hadn't but would do everything they could for me and realize that my experiences can't be compared to those of people who have solitary traumatic events or even those of other trafficking victims necessarily."***
>
> ***~Anonymous, CSEC Survivor***

Survivor-Informed Services

> ***CSEC Guiding Principle #11:*** *We value and incorporate the survivor's role and voice in providing support to individual CSEC, and in the development of policy and practice.*

The invaluable feedback received from the CSEC survivor advisors in the development of this CSEC Protocol underscores the importance of collaborating and coordinating with adult survivors when developing policies and practices related to CSEC.

Survivor-informed services are those in which the expertise and wisdom of adult CSEC survivors and parents of CSEC survivors are woven throughout all aspects of service delivery, guiding the development and provision of services, the content of policies and procedures and program evaluations.[27, 28] When seeking survivor input, it is beneficial to gain the participation of multiple survivors that reflect the diverse experiences of survivors.

> **In response to being asked their story and what helped them exit the life: *"I feel like I have a voice."***
>
> ***~ Anonymous, CSEC Survivor***

The purpose of meaningful survivor input is to ensure the experiences of CSEC are understood and their needs met and to prevent inadvertent re-victimization in the process of service delivery. Meaningful survivor input can be obtained through the following avenues:[29]

- Survivors who are employees or service providers to CSEC.
- Survivor membership on multidisciplinary teams whose focus is service planning for individual CSEC.
- Survivor membership on task forces, committees or governing boards responsible for policies and procedures and oversight of services to CSEC.
- Survivor consultants, whether individual or as an advisory group.

> ***"I am a survivor, a fighter, a warrior and a voice. I am proud that I can serve as a role model for other little girls that think the only thing they have to offer is their bodies. I am proud that I survived what would have destroyed the average person." ~Tanya Smith, CSEC Survivor***

Survivors are often seen by their CSEC peers as having a ready understanding of their challenges and needs. Survivors can be mentor-advocates for other CSEC (see the *CSEC Mentor-Advocate* chapter). As mentor-advocates, they can be utilized in a variety of settings and roles, including for emergency response, welcoming CSEC at reception centers, outreach efforts with at-risk youth, CSEC case management and consultation to out-of-home caregivers and service providers.

It is crucial to determine a survivor's readiness to serve as a consultant. A potential survivor consultant considers their readiness through self-reflection and discussion with a point person who describes the requested role and offers ongoing support. As described in the *CSEC Mentor-Advocate* chapter, the following may serve as a guide to a survivor's readiness to take on the role of consultant or service provider:[30]

- Having achieved substantial healing to minimize the possibility that sharing their story or exposure to the CSEC's situation would be detrimental to themselves or the CSEC.
- Having an understanding of the situations that trigger their painful memories and emotions with the objective of avoiding triggers if possible, recognizing and addressing them when triggered, and maintaining healthy boundaries.

Strengths-Based Services

> ***CSEC Guiding Principle #5:*** *We affirm and bolster the CSEC's central role in the development and implementation of their strengths-based service plan.*

An acknowledgement of strengths that are meaningful to a CSEC can help them rebuild a positive sense of self, see possibilities and options, and create a hopeful outlook for the future. While a CSEC's needs may be more conspicuous and must be recognized and addressed, it is a disservice to the CSEC to ignore their strengths, resources and accomplishments. By paying heed to their strengths, the CSEC is recognized as a whole person with assets and characteristics that go beyond their victimization. Yet, to be beneficial, the process of identifying strengths must not diminish the CSEC's experiences of trauma or pain.

> ***"I am a strong independent and resilient woman, who knows that she is a work in progress and that it's ok to not know because life is an ongoing learning experience… I am proud of my ability to overcome circumstances and my ability to create a life I want to live…" ~Jasmine, CSEC Survivor***

A strength-based approach views the CSEC as having the potential for healing and recovery and the ability to identify their needs and goals. It incorporates:[31]

- A view of the CSEC in terms of their "capacities, talents, competencies, possibilities, vision, values and hopes."[32]

- Recognition of the whole person of the CSEC, with characteristics such as cultural, racial and gender identity considered as strengths.
- CSEC-driven services that are responsive to the CSEC's desires and choices.

> ***"I am not always able to see my strengths. I often still see myself as a broken woman. [Telling my story] was a reminder of how far I have come… I am a warrior, a mother, a daughter, a sister, a friend, an advocate, a [college graduate]…"***
> ***~Jessica Kay, CSEC Survivor***

When the CSEC's strengths and resources are nurtured and reinforced through inclusion in their service plan, the strengths and resources can support attainment of service goals and ultimately the CSEC's recovery and desired life.[33] The *Strengths and Resources* section of the *Assessment* chapter describes ways strengths can be identified.

Respectful Engagement

> ***CSEC Guiding Principles #2, 4 & 12****: We extend respect to the CSEC, and act in ways that build trust and do no further harm. We honor the individuality of each CSEC and support a sense of self-efficacy. We seek to identify and engage the CSEC throughout the continuum of services.*

When first encountered and during their journey to recovery, CSEC are often fearful, distrusting and ashamed, or they may not identify as a victim. Abuse, abandonment and betrayal have characterized their relationships with adults and understandably created distrust.[34]

> ***"It is hard to breakthrough to us… We have walls built up so high and everyone we have ever known has lied to us, hurt us, used us and abused us. It takes time and trust."***
> ***~Jessica Kay, CSEC Survivor***

The importance of reliable, trustworthy relationships with caring adults to the recovery of a CSEC cannot be overstated. As Leslie Briner, a national CSEC consultant and trainer, stated: "Relationship is the intervention."[35] While one or two individuals may be the CSEC's mainstay during their journey of recovery, it is the responsibility of all service providers to create a cocoon of safety, respect and caring for the CSEC.

> ***"Please KEEP YOUR WORD AND DO NOT JUDGE. If your soul is not into it, please do not do it, because you can be the last hope for someone." ~ Wilson Shantae, CSEC Survivor***

While the hoped-for outcome of engagement is the CSEC's pursuit of a path of recovery, engagement is a by-product of daily interactions that build trust. It can be viewed as a series of actions on the part of the responder or service provider that contribute to a trusting, reliable, caring relationship with the CSEC. These actions include:[36]

- Treating the CSEC with respect.
- Listening to the details of the CSEC's life compassionately.
- Responding to the CSEC without judgment.

- Being honest about the service provider's role and the goals.
- Attending to a CSEC's physical, emotional and psychological safety.
- Empowering the CSEC throughout the delivery of services.

Engagement begins at first contact by every responder and service provider and continues throughout the service delivery process. Ground Rules for Interaction and Do's and Don'ts of Appropriate Engagement are included in *Resources 1-F and 1-G*. Skillful motivational interviewing, which can be learned through training and supervision, is also an effective way to engage the CSEC.[37]

Effective engagement requires being CSEC-informed – having an understanding of the dynamics and terms used in the trafficking culture. It also takes into consideration the age-related developmental tasks the CSEC faces, e.g., establishing independence and a separate sense of self, and encourages the CSEC to find their own solutions.[38]

> ***"The only difference between me and girls that haven't escaped is support and love. Other people had to believe in me until I could finally believe in myself…"***
> ***~Tanya Smith, CSEC Survivor***

Cultural, Linguistic and LGBTQ Competence

> ***CSEC Guiding Principle #9:*** *With humility, we affirm and respond effectively to the unique cultural, linguistic and LGBTQ identity of the CSEC.*

Cultural competence is defined as "the ability of individuals and systems to respond respectfully and effectively to people of all cultures, classes, races, ethnic backgrounds, sexual orientations, and faiths or religions in a manner that recognizes, affirms, and values the worth of individuals, families, tribes, and communities, and protects and preserves the dignity of each."[39] Cultural competence involves six stages that can be applied at the individual, program and organizational levels:[40]

- *Cultural destructiveness* – attitudes and practices that are harmful to a cultural group.
- *Culture incapacity* – lack of capacity to respond effectively to the needs or interests of cultural groups.
- *Cultural blindness* –viewing and treating all people as if there are no differences, regardless of cultural group.
- *Cultural pre-competence* – growing awareness of strengths and the areas of needed growth in relation to cultural differences.
- *Cultural competence* – attitudes and practices that demonstrate a respect for cultural differences.
- *Cultural proficiency* – cultural competence is highly valued and guides all actions and interactions.

Linguistic competence refers to the ability to "communicate effectively, and convey information in a manner that is easily understood by diverse groups including persons of limited English proficiency, those who have low literacy skills or are not literate, individuals with disabilities, and those who are deaf or hard of hearing."[41]

Cultural humility is an approach to cultural competence that recognizes the need for lifelong learning. It involves a continual self-assessment and the related growth in one's awareness, knowledge, behavior and attitudes in regard to how power and privilege affect relationships.[42]

> ***"I do not know if this is common for other survivors, but I still have a very hard time with eye contact. I have a hard time in all environments both personal and business."***
> ***~Jessica Kay, CSEC Survivor***

Attending to the CSEC's cultural and linguistic identity and experience includes four aspects: The culture of human trafficking, each CSEC's unique experiences within the life, the CSEC's subgroup membership (based on culture and/or personal characteristics), and their family life. Being CSEC-informed provides an initial understanding of the overall culture of human trafficking. This understanding is deepened by learning from cultural consultants (e.g., see *CSEC Mentor-Advocate* chapter) and listening to and learning from the CSEC's unique experiences within the life. Additionally, CSEC have unique experiences, strengths and needs based on subgroup and family memberships. The CSEC and subgroup consultants can provide needed information about the impact of these group memberships on the CSEC's life.

> ***"The generational aspect also needs to be addressed. Prostitution, trafficking and pimping are often a generational endeavor. They do it because their parents did it and their parents before them." ~Kimberly Mull, CSEC Survivor***

Competently and proficiently exploring the unique cultural and linguistic experiences of individual CSEC elicits an enhanced understanding of the CSEC's perspective, strengths and challenges. It allows for a better understanding of perceptions, the meaning of behavior, and how individual development is influenced by culture; a recognition of cultural strengths that may be beneficial in moving the CSEC toward recovery; and an improved ability to match services to needs.[43] It increases the likelihood that services are individualized, targeted and responsive to the CSEC's goals, desires and needs and supports the CSEC's engagement in their recovery.

Chapter 10, *Holistic Assessment of CSEC Needs,* provides information on the following CSEC subgroups:

- Boys.
- LGBTQ.
- Those with intellectual, mental and physical disabilities.
- African American.
- Youth in foster care.
- American Indian/Alaska Native.
- Foreign nationals.
- CSEC who are parents.

Chapter 2

WELL-TRAINED RESPONDERS AND SERVICE PROVIDERS

CSEC Guiding Principles # 1 - 17: *See Resource 1-A.*

A well-trained workforce is essential to improved outcomes for CSEC by ensuring they have the knowledge and skills to identify and meet the needs of CSEC, and an understanding of how a unified response benefits CSEC.

Stakeholders who may be in need of CSEC training are identified below. In addition to those providing direct services to CSEC, targeted training is also needed for those in indirect service roles, e.g., supervisors, managers, planners and trainers.

- Advocates.
- Attorneys.
- Behavioral/mental health clinicians, treatment/rehab providers.
- Child welfare/social workers (investigators, case managers, licensing workers).
- Child-serving social service agencies, community service providers (domestic violence, addiction rehabilitation services).
- Educators/school districts (administrators, teachers, counselors).
- Healthcare/medical providers (primary care, public health clinics, pharmacies, school nurses).
- Judiciary.
- Juvenile justice (probation, detention, parole).
- Law enforcement (frontline patrol officers).
- Other first responders (fire departments/emergency medical response).
- Out-of-home placement providers (resource/foster parents, caregivers).
- Tribes.

To provide quality services to CSEC that reflect promising practices, the competencies workers must have include:[44]

1. A basic understanding of:
   - The factors that place children at risk of commercial sexual exploitation, warning signs and individual and interpersonal dynamics that contribute to CSE.
   - Child abuse and neglect and how it applies to CSEC.
   - Complex trauma and the impact of multiple forms of victimization on CSEC.

2. The ability to apply the requisite skills to provide services to traumatized children who have been victims of CSE.

3. A basic understanding of the continuum of care for children in Nevada, including the crossover of services among agencies.

4. A basic understanding of secondary traumatic stress and its impact on those providing services to CSEC.

CSEC Courses

The following CSEC trainings provide an avenue for meeting the above competencies. To encourage collaboration and a shared understanding, when possible, agencies are encouraged to provide interdisciplinary trainings, with break-outs to address discipline-specific information and skills, and agency-specific policies and procedures. *Resource 2-A*, CSEC Training: Policy & Implementation Considerations for Agencies, provides a checklist to assist agencies in developing a successful implementation plan. Additionally, trainings should always be evaluated for their effectiveness in meeting objectives (see *Resource 2-B*).

All training must be congruent with the CSEC Guiding Principles (see the *Approach* chapter).

CSEC Introductory Awareness. To address the three basic understandings identified in Competency #1 above, one or both of the following training options are recommended. They address the Training Competencies and Learning Objectives outlined in *Resource 2-C.*

CSEC 101A – Online CSEC Awareness Overview.
An on-demand, online awareness course for the workforce in all CSEC stakeholder agencies (see list of stakeholders above). It provides a brief overview of the topic.

CSEC 101B – In-Person CSEC Introductory Awareness Training.
An in-person introductory awareness course for all individuals who provide or oversee direct services to CSEC. Its focus is knowledge acquisition through a more in-depth review of the topic.

> ***"I hope that the training includes at least a little about familial trafficking. That is so often left out and when people talk about risk factors/vulnerabilities, they forget that for some of us, simply being born was the risk factor."***
> ***~Anonymous, CSEC Survivor***

Skill Development in Serving CSEC. To address the skill development identified in Competency #2 above, the following trainings are recommended as companion courses to CSEC 101. For examples of training topics and resources by discipline and course, see *Resource 2-D*.

CSEC 102 series – Discipline-Specific CSEC Skill-Development Training.
A skill-development course for individuals who provide direct services to CSEC. Its focus is knowledge acquisition and the development of skills needed to effectively engage with and serve CSEC based upon the individual's role.

CSEC 200 Series – Promising Practices in the Treatment of CSEC.
Advanced training in promising approaches to treatment of CSEC for those who provide therapeutic services to CSEC.

Multidisciplinary Teams. To address Competency #3 above, the following training is recommended to clarify how partners will collaborate to access services for CSEC. For examples of resources, see *Resource 2-D*.

CSEC 103 – The Multidisciplinary Team.
A training addressing the role of the multidisciplinary team (MDT – see the *MDT* chapter) for all individuals who participate in MDTs for the purpose of developing service plans and identifying services for CSEC. The focus of the training is knowledge and implementation of the MDT locally.

Secondary Traumatic Stress. To address Competency #4, the following training is recommended to support the well-being of first responders and service providers, along with ongoing refreshers. For examples of training topics and resources, see *Resource 2-D*.

CSEC 104 – Resiliency and Self-Care for the Professional Serving CSEC.
A training addressing secondary traumatic stress, resiliency and self-care for all individuals who interact with and provide services to CSEC. Its focus is both knowledge acquisition and skill development.

CSEC Continuing Education. A minimum of three hours of annual CSEC education is recommended for all individuals who provide services to CSEC. To update and enhance knowledge and skills needed to effectively engage and serve CSEC, based on the role of the individual. For examples of training topics and resources, see *Resource 2-D*.

CSEC 300 Series – CSEC Continuing Education.
Trainings to keep abreast of promising practices, new emerging practices and studies to determine the effectiveness of services for CSEC.

Training of Trainers (TOT). Developing trainers to teach CSEC introductory awareness and skill-building courses through an approved TOT CSEC course enables an agency to provide training for new staff on an ongoing basis, despite trainer turnover.

CSEC 401 – Training of Trainers for CSEC 101/102.
The GEMS/OJJDP CSEC Community Intervention Program Training of Trainers is recommended as the foundation for the CSEC 101 and 102 courses identified above. Agencies are encouraged to adapt the material to Nevada and agency needs. See *Resource 2-D* for information on this course.

Minimum Training Recommendations. See *Table 2.1* for a summary of minimum training recommendations based on the role of the responder/service provider.

Table 2.1: Recommended Minimum Training

	All CSEC stakeholders	*Primary MDT partners*	*Mental health, treatment providers*
CSEC 101: Introductory awareness	✓	✓	✓
CSEC 102: Skill development		✓	✓
CSEC 103: Multidisciplinary Team		✓	✓
CSEC 104: Resiliency & Self-Care		✓	✓
CSEC 200: Promising Treatments			✓
CSEC 300: Continuing Education		✓	✓

Trainers of CSEC Courses

Each agency should carefully evaluate the qualifications of the trainers selected to teach their CSEC courses. Trainers should have demonstrable expertise in the topic, knowledge and experience in serving CSEC and quality presentation skills that include effective strategies for engaging adult learners – or have the potential to develop the needed knowledge and skills.

External trainers. It is recommended that an agency evaluate the qualifications of trainers in the following areas:

- Experience working with CSEC.
- Expertise in a relevant subject area and role.
- Experience and reputation as a provider of CSEC trainings.
- Professionalism reflected in organizational and facilitation skills.
- Communication skills, including the ability to build rapport with learners.

Internal (TOT) trainers. It is recommended that an agency develop its own trainers to ensure a ready availability of training for new employees and that TOT trainees be selected based on their:

- Experience responding to/serving CSEC.
- Professional maturity demonstrated by positive relationships with and the respect of colleagues.
- Potential for competence in both content and delivery of content.
- Prior participation in CSEC trainings.
- Commitment to participate in the CSEC TOT training and ongoing TOT trainings, and serve as an internal expert consultant.

Survivors as guest speakers or co-trainers. To provide the perspective and expertise of CSEC survivors, it is recommended that survivors be invited to participate in trainings as guest speakers or co-trainers when doing so would benefit both the survivor and training participants. Guided by selection criteria for survivor-mentors,[45] it is recommended that a survivor's readiness to take on a guest speaker or co-trainer role be assessed, and survivors be selected based on their having:

- Achieved substantial healing to minimize the possibility that sharing their story or training information would be personally detrimental or detract from training objectives.
- An understanding of the situations that trigger painful memories and emotions.

When survivors serve as guest speakers, their task is to share a real-life story and feedback about their experience. Their participation is often limited to a particular time slot.

> ***"I'm better at [sharing my story] now than when I was fresh out. I feel all the pain and anger and sadness associated with my story, but fortunately today I only have to go back there when I choose and I only choose to when I feel it will be beneficial in my efforts to pay it forward. Thank you for asking me to share." ~ Jasmine, CSEC Survivor***

When survivors serve as co-trainers, in addition to sharing their story, they present information on topics related to the training curriculum and learning objectives. The topics are selected based upon the survivor's expertise and comfort level. Thus, for survivors to serve as co-trainers, it is recommended that the selection of survivor co-trainers also include:

- Personal and professional maturity demonstrated by positive relationships with and the respect of other survivors and professionals.
- Current or potential competence in the selected content area and delivery of this content.
- Ability to build rapport with training participants.

A recent California survey of over fifty agencies indicated that barriers to hiring and retaining survivors as employees include the lack of internal supports, survivors' lack of preparedness for the position, and the lack of opportunities for development.[46] To address these needs in the context of survivors as guest speakers or co-trainers, see *Resource 2-E* for guidance on:

- Selecting the survivor guest speaker or co-trainer.
- Meeting with the survivor guest speaker or co-trainer.
- Tips for training day.
- Following up with feedback and support.

Chapter 3

DATA-DRIVEN AND OUTCOME-FOCUSED SERVICES

> ***CSEC Guiding Principles #15 & 16****: We gather and share information to learn, and to enhance service delivery. We base decisions on experience, data and research; and measure the effectiveness of services by the attainment of desired outcomes, and by benchmarking against progressive national standards.*

Data collection is essential as it provides information that can reduce the incidence of trafficking, provide insight for prevention efforts and improve service delivery to CSEC.[47] Collecting, analyzing, and sharing data allows for continuous quality improvement of services and supports to victims, while demonstrating prevalence and other key indicators related to CSEC. Data can be used to inform CSEC policy and practices, as well as support budget enhancements and grant applications to fund improvements to services for CSEC.

The following actions contribute to these efforts.

Data Collection

To date, CSEC-related data has not been collected by all agencies that serve CSEC. To counter this deficiency, it is recommended that all agencies in Nevada, both public and private, that provide services to CSEC collect data on the variables identified in *Resource 3-A*. A CSEC Data Collection Code Book is provided in *Resource 3-B*. These variables address CSEC demographics, confirmed and high-risk variables from the Nevada Rapid Indicator Tool (NRIT – see the *Prevention and Screening* chapter), as well as services provided. Agencies can track this data in their respective databases (e.g., Child Welfare UNITY, Juvenile Justice Caseload Pro) and/or in information systems that capture responses to all items included in the NRIT screening tool.

Data Aggregation and Storage

To generate a statewide picture of CSEC served, by January 31 of each year, agencies serving CSEC are encouraged to provide aggregate reports of the data identified in *Resource 3-A* to Nevada's Statistical Analysis Center (SAC).[48] The SAC is housed in the Nevada System for Higher Education at the University of Nevada at Las Vegas. Data can be shared in any output report form. Data shared with the SAC will be securely stored for aggregation and annual reporting.

Each agency is encouraged to undertake a Data-Sharing Agreement with the SAC to ensure the confidentiality and integrity of the data (see *Resource 3-C for sample agreement*). See endnote for contact information for the SAC.[49]

Data Analysis, Sharing and Reporting

Annual statewide reports will be generated by the SAC for use by all agencies. The SAC will aggregate between agencies, analyze and summarize the findings in a brief statewide and regional reports each year, with no external funding required. Brief agency-specific reports can

also be requested from the SAC at no cost. With external funding, the SAC can generate additional reports that offer more detailed analyses.

Data sharing and data use will be subject to the data-sharing agreements between the data-sharing agencies and the SAC. Researchers wanting to use the congregate data must seek permission from the data-sharing agencies.

Child welfare CSEC investigations annual reports. As a means of gathering a more in-depth understanding of the CSEC served, by January 31 of each year, it is recommended that child welfare agencies also provide information on the number of CSEC investigations opened and the number closed each year, including the date of incident, jurisdiction, report to law enforcement, screening tool completed, service referrals made and crossover status.

Data-Driven Service Delivery

Agencies can use statewide and agency-specific data to plan and modify service delivery. As mentioned above, the collection of data is useful for the purposes of:

- Knowing who is being served and their needs.
- Determining whether services are available to meet these needs.
- Identifying the services provided.
- Making adjustments to improve services, policies and practices.
- Requesting funding for needed services.

Statewide, regional and agency-specific reports. The SAC statewide reports can provide a comprehensive understanding of the nature and extent of CSEC in Nevada. It can provide the geographic distribution and demography of CSEC across the State. Identification of patterns in CSEC will contribute to identifying where resources and prevention efforts should be directed. The same applies for agency-specific reports when applied to a smaller locale.

Standards for CSEC service providers. In addition to using data to plan and modify service delivery, a framework is offered for agencies to assess if their services and supportive structures (e.g., data collection, task forces) reflect practice recommendations identified in this CSEC Protocol (see *Resource 3-D)*. It is recommended that agencies conduct self-evaluations at least once a year.

> **What helped you when you exited the life?** ***"Support from mentors and eventually being connected to a counselor who ONLY works with trafficking victims. It was a night and day experience from other counselors. It literally saved my life."***
>
> ***~Kimberly Mull, CSEC Survivor***

Training evaluation. Additionally, to ensure training provided is effective in meeting training objectives, a training evaluation form (see *Resource 2-B* for sample) and/or training pre- and post-tests should be regularly employed by agencies.

Internal agency program evaluation should be guided by agency self-assessments and agency-specific reports (generated internally and/or by the SAC) in conjunction with statewide reports. This ensures that throughout Nevada CSEC are provided with services closely aligned with promising practices.

Outcome-Focused Services

CSEC services should be outcome-focused at the individual, program and statewide levels. In addition to outputs (e.g. number of services provided, number of CSEC served), attainment of identified outcomes should be tracked to ensure services are effective in supporting a CSEC's well-being and recovery.

At the individual level, outcome-focused services define desired goals for each CSEC. These are reflected in the CSEC's Comprehensive Individualized Service Plan (CISP). It is the responsibility of the CSEC's multidisciplinary team to ensure the identified individual outcomes are met or make adjustments in the CISP to meet them (see the *Service Planning and Monitoring* chapters).

> ***"I'm not too far along in my journey but so far this month I've got my very 1st job, I'm in school and I have new friends."***
> ***~Anonymous, CSEC Survivor***

Specific CSEC outcomes should also be identified at the program and statewide levels. These could include outcomes that reflect CSEC well-being and recovery (e.g., the reduction in police contacts/diversion from court variable identified in *Resources 3-A and 3-B*) and outcomes that reflect the quality and network of services provided.

Internal or external program evaluators or researchers can assist agencies in assessing whether targeted outcomes for CSEC are achieved and determining the factors that are most effective in achieving them. When outcomes are not achieved, adjustments are made based on promising practices, with the assessment of outcomes continuing.

III. SUPPORTING A COORDINATED RESPONSE

Introduction

CSEC's exposure to multiple traumas and adversities results in short-term and long-term needs in critical domains of development and functioning. Additionally, the complexities of CSEC's lives bring them into contact with multiple systems, e.g., law enforcement, juvenile justice, child welfare, health care, and education. Thus, cooperation, coordination and collaboration across systems is essential to achieve an effective service system.

> **"The power of a successful anti-human trafficking collaborative effort can transform the limitations of a singular agency or organization into a strong, strategic multidisciplinary team with substantially improved capacity to impact the problem."**[50]

The infrastructure that supports coordination and collaboration is needed at multiple levels (see *Figure IV.1*):

Nevada CSEC Coalition – providing statewide coordination, guidance and advocacy for resources.

Regional CSEC Task Forces – adapting, coordinating and overseeing implementation of the CSEC Protocol to meet regional needs.

CSEC Multidisciplinary Teams (MDT) – coordinating individualized services for each CSEC.

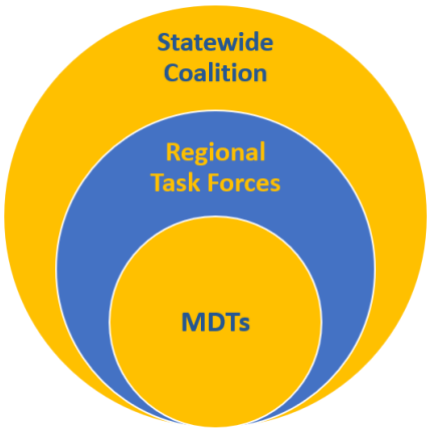


Figure IV.1. Levels of Coordinated Response

CSEC collaboratives across the country have found that the strong partnerships among law enforcement, juvenile justice, child welfare, medical professionals and victim advocates is key to successfully implementing a response protocol.[51] Working cooperatively increases opportunities for enhancing and expanding services as partnering organizations can fill gaps and address identified needs.

As mentioned above, the role and activities of the Nevada CSEC Coalition provide statewide coordination, guidance and advocacy for resources. These are described in greater detail in the CSEC Strategic Plan. The roles and responsibilities of the regional/tribal task forces and MDTs are outlined in this section.

Additionally, to meet CSEC's complex needs effectively requires a responsive and holistic service network, with specialized services and specialized providers of services, such as CSEC mentor-advocates (CMA). The role of CMAs and the holistic service network are described in Chapters 6 and 7, respectively, in this section.

Chapter 4

REGIONAL AND TRIBAL CSEC TASK FORCES[v]

CSEC Guiding Principles #10, 11, 13, 15 & 16: *We view all CSEC as victims and/or survivors who have the right to supportive services, regardless of age or related crimes. We value and incorporate the survivor's role and voice in providing support to individual CSEC, and in the development of policy and practice. We cooperate, coordinate and collaborate across systems to achieve an effective service system for CSEC. We gather and share information to learn, and to enhance service delivery. We base decisions on experience, data and research; and measure the effectiveness of services by the attainment of desired outcomes, and by benchmarking against progressive national standards.*

Regional CSEC task forces are responsible for adapting the CSEC Protocol to the needs of the local or regional area. They oversee a coordinated community response to CSEC by implementing, monitoring and revising the adapted CSEC Protocol, as needed. They also advocate for and facilitate CSEC prevention efforts.

Through partnership, limited resources can be leveraged by eliminating duplicative processes, and services can be enhanced by dispersing resources in a creative, efficient and targeted manner. Task forces enable partners to learn about their respective roles, capacities and limitations.[52] They also provide a ready avenue to jointly advocate for funding and apply for grants for needed services.

A regional CSEC task force is comprised of partner agencies that respond to, serve or have oversight of programs for CSEC. It may be aligned with an existing task force with the specific agenda of overseeing CSEC services, or a newly-formed entity.

Regional CSEC Task Force Members

Task Force members include local representatives from the following agencies and disciplines that serve and interact with CSEC:

- Law enforcement.
- FBI/Homeland Security.
- Juvenile probation.
- Child welfare.
- Mental/behavioral health.
- Public health.
- Attorney general.
- District Attorney.
- Dependency/Juvenile Court.
- School District.
- CSEC mentor-advocates.
- Service providers.
- CSEC survivors and/or parents of CSEC survivors.

[v] The term, regional CSEC task forces, refers to both geographic regions of Nevada and tribal task forces.

Adult CSEC survivors and parents of CSEC survivors participate as equal members on the regional task forces or, at minimum, provide meaningful input to task force activities.

> ***"I am beyond honored to be a part of [providing feedback]. I never thought I would find a tribe of so many passionate people wanting to help others like myself! I cannot say thank you enough for allowing my voice to be heard through this process." ~Jessica Kay, CSEC Survivor***

Depending on the geographic scope of regional CSEC task forces, membership may be limited to local stakeholders or expanded to include representatives from multiple cities or counties.[53]

It is essential that members of the task force have the authority to make decisions and speak on behalf of their agency/organization.[54] This ensures decisions can be made in a timely manner and promotes efficient systemic and client progress. It is also crucial that members are committed to the collaborative process and have an understanding of the CSEC's holistic needs and the requisite continuum of care.[55]

Roles and Responsibilities of Regional CSEC Task Forces

The roles and responsibilities of regional CSEC task forces include the following:

- Adapting the CSEC Protocol to local or regional needs.
- Overseeing the implementation of the adapted CSEC Protocol.
- Developing a task force structure, e.g., membership, roles, leader, and identifying or seeking out funding and other support for the operation of the regional CSEC task force.
- Setting clear, meaningful and achievable goals.
- Ensuring that CSEC training is available to agency and community service providers (see *Training* chapter).
- Overseeing and providing support and guidance to MDT.
- Identifying and addressing systemic challenges and removing barriers.
- Assessing gaps in resources and advocating for funding to improve service array.
- Leading local public education campaigns and CSEC prevention efforts.
- Reporting annually to local, regional and state stakeholders the region's progress and needs in implementing prevention, intervention and restorative services for CSEC.
- Facilitating the collection and sharing of regional CSEC data and reviewing data to monitor CSEC prevalence and service outcomes.
- Conducting case reviews and/or reviewing aggregate data to evaluate progress in implementing the adapted CSEC Protocol and making needed adjustments.

Each regional CSEC task force is also responsible for developing a memorandum of understanding (MOU) outlining the roles and responsibilities of the task force and MDT members in implementing the adapted CSEC Protocol. Each task force would also monitor and make any needed changes to the MOU. (See *Resource 4-A* for MOU guidance).

The following actions will assist regional CSEC task forces to successfully adapt and implement the CSEC Protocol:[56]

- Adapt the CSEC Protocol to local needs, ensuring supports are in place for successful implementation.

- Provide training for partner agencies regarding CSEC, the adapted CSEC Protocol and related policies and procedures.
- Pilot the adapted CSEC Protocol. (Initial implementation.)
- Evaluate the implementation of the pilot and refine the adapted CSEC Protocol.
- Implement the adapted CSEC Protocol across the region. (Full implementation.)
- Continue to monitor and review implementation and make changes, as needed.

Task Force Relationship to the Statewide CSEC Coalition

The CSEC Coalition provides statewide coordination and guidance for CSEC services, and advocates for resources. Regional CSEC task forces provide the Nevada CSEC Coalition with the following information on an annual basis:

- The region's progress in implementing the adapted CSEC Protocol, and regional CSEC data.
- Service needs, development of new services and gaps in services.
- Recommendations for improving prevention, intervention and restorative services for CSEC.

Task Force Relationship to Multidisciplinary Teams

The MDT coordinates individualized services for each CSEC. As indicated under Roles & Responsibilities above, Regional CSEC task forces oversee and provide the following support and guidance to multidisciplinary teams:

- Identify the roles and responsibilities of MDT members.
- Remove barriers to service provision.
- Identify resources to meet individual client needs.
- Obtain feedback from MDTs on the implementation of the adapted CSEC Protocol.

Chapter 5

CSEC MULTIDISCIPLINARY TEAMS

> ***CSEC Guiding Principles #2, 3, 4 & 13:*** *We extend respect to the CSEC, and act in ways that build trust and do no further harm. We view the CSEC and their well-being holistically, considering the psychological, emotional, spiritual, educational, physical and the social. We honor the individuality of each CSEC and support a sense of self-efficacy. We cooperate, coordinate and collaborate across systems to achieve an effective service system for CSEC.*

Multidisciplinary teams (MDT) provide a coordinated interagency approach to the assessment, service planning and case management for individual CSEC. They are responsible for immediate response and ongoing problem-solving. Essential aspects of the MDT are information exchange and collective decision-making, while improving understanding of each discipline's respective roles. MDTs ensure each CSEC has access to needed supports and services. They also reduce the need for the CSEC to repeat their story and the likelihood agencies are working at cross-purposes.

Some communities have Child Advocacy Centers (CAC) which provide a similar coordination of services. CACs are child-friendly facilities in which law enforcement, child protection, prosecution, mental health, medical and victim advocacy professionals work together to investigate sexual abuse and hold offenders accountable.[57] CACs have trained professionals who provide forensic interviews, medical evaluations, mental health services and advocacy through a collaborative and coordinated approach. While it is recommended that communities consider building on the efforts of existing CACs as they implement a coordinated response to CSEC, CACs must ensure services provided meet the special needs of CSEC. CSEC's needs may exceed or pose divergent challenges to the other youth served by CACs.[58] One alternative for addressing these different needs is a CSEC-specific MDT.

The Nevada Children's Justice Act Task Force provides assistance and training to assist jurisdictions in forming and strengthening MDTs and CACs.[vi]

CSEC MDT Members

The CSEC MDT is comprised of a small group of individuals who have a thorough knowledge of CSEC needs (see *Approach* chapter) as well as experience working with CSEC.[59] They support the collaborative process as they believe in its benefit to CSEC and the service delivery process.

[vi] The Children's Justice Act Task Force can be reached through the Nevada Division of Child and Family Services.

CSEC MDTs have core members who participate in all MDTs, and as-needed members who attend when their services are required or reviewed. Core members are primary local partners in identifying and serving CSEC toward the goal of restoration. They include:

- CSEC, as appropriate.
- CSEC mentor-advocate.
- Law enforcement.
- Child welfare.
- Juvenile services.
- Mental health.

As-needed members are determined by the CSEC's situation and holistic needs, and may include:

- Legal advocate.
- Mobile crisis services.
- Community service providers.
- Placement provider.
- Public health.
- Substance abuse.

MDT members determine which of their members will lead the MDT.

CSEC MDT Responsibilities

The CSEC MDT can be implemented as an individual child and family team where MDT members are specific to the child; or as a standing MDT that serves multiple CSEC. Each regional CSEC task force determines the structure of the MDT and outlines the roles of core members, and responsibilities of the MDT and core members through a formal Memorandum of Understanding.

The MDT, whether an individual child and family team or a standing MDT, has responsibility for meeting the immediate and ongoing needs of CSEC.

There are two types of MDT responses when a CSEC is identified.

- *Urgent Response*. When a CSEC is identified by law enforcement, a rapid response is needed due to the risk to and immediate needs of the CSEC. This is referred to below as the Rapid Response MDT.
- *Non-Urgent Response.* If a CSEC is identified while in a safe environment, e.g., a therapy session or a safe placement, a non-urgent response is appropriate when there are no immediate safety concerns. This is referred to below as the 72-Hour MDT.

Immediate CSEC MDT Responses and Convenings[60]

The recommended practice is for the CMA to respond immediately to the child's location when a CSEC is identified. (However, consideration should be given to any protections needed as discussed in the *CSEC Mentor-Advocate* chapter.) The CMA comforts, supports and engages the CSEC, provides for basic needs such as clothing and food, and ensures their voice is heard.

Convening a Rapid Response MDT – within 2 hours. In instances when the CSEC is identified by law enforcement, the response is considered urgent and in need of a Rapid Response MDT. The CMA is met on-scene by one other MDT core member. This responding MDT core member convenes an on-scene MDT (i.e., at the child's location) to address the CSEC's immediate needs, conduct an initial needs assessment, develop an immediate CSEC safety plan, identify a placement resource, and coordinate services and supportive actions until the initial meeting of the full MDT. Participants of this Rapid Response MDT include the CSEC, the CMA, the responding MDT core member, and the family/caregiver, if appropriate.

Convening a 72-Hour MDT. Following an urgent response and for all non-urgent responses to the identification of a CSEC, the full MDT assembles within 72 hours to review and address the CSEC's immediate needs. Depending upon the originating circumstance, these include initiating or following-up on immediate needs for clothing, food, placement and medical services, refining and implementing the CSEC safety plan, and coordinating services and supportive actions.

> ***"I also wish I had a support system of people who understood my mentality, my trauma and my junk. Someone I could talk to about all the junk I was carrying with me. My fear, …my guilt, embarrassment, my sadness and so many other emotions. I wish I had someone who understood me. Someone that could help me make sense of my thoughts, feelings and emotions. ~Jessica Kay, CSEC Survivor***

Ongoing CSEC MDT Convenings[61]

Convening an MDT to develop a Comprehensive Individualized Service Plan. The full MDT convenes once the holistic needs assessment is available (see *Assessment* chapter). This allows a comprehensive individualized service plan (CISP) to be created based on the CSEC's immediate and long-term needs. It also enables MDT members to coordinate in implementing the plan (see *Service Planning* chapter).

Efforts are made to meaningfully involve CSEC in the development of their CISP, recognizing that their participation may vary depending on their stage of recovery (see *Stages of Change* section in the *Approach* chapter).[62]

Convening at scheduled intervals. MDTs meet at regularly-scheduled times to review the implementation of the CISP. They monitor the services provided, address barriers, ensure services are coordinated and revise the service plan, as needed.

Reconvening when circumstances change. MDTs reconvene immediately when significant events occur in order to address the CSEC's changing service needs in a timely manner. Examples of such events include when the CSEC returns from a runaway, disrupts from placement or is arrested. These circumstances may also call for a Rapid Response MDT.

"Never give up on them no matter what day or time. You might be all they have." ~Anonymous, CSEC Survivor

Relationship to the Regional CSEC Task Force

The regional CSEC task force is the avenue through which the CSEC MDT can request assistance in resolving service needs for individual CSEC, as well as make recommendations for improvements to the continuum of care for CSEC. Specific requests and recommendations from the MDT may include:

- Requests for assistance in accessing existing services for individual CSEC.
- Requests for assistance in creating needed services for individual CSEC.
- Recommendations related to systemic barriers impeding the effectiveness of the MDT.
- Recommendations for improving the MDT process, including adjustments to roles and responsibilities.
- Requests to improve the continuum of care for CSEC by filling MDT-identified service gaps and providing MDT-requested training for service providers and stakeholders.

Chapter 6

CSEC MENTOR-ADVOCATES

> ***CSEC Guiding Principles #10, 11 &12:*** *We view all CSEC as victims and/or survivors who have the right to supportive services, regardless of age or related crimes. We value and incorporate the survivor's role and voice in providing support to individual CSEC, and in the development of policy and practice. We seek to identify and engage the CSEC throughout the continuum of services.*

"Relationship is the intervention."[63] When responding to a newly-identified victim, an immediate response that emphasizes relationship-building is vital to engaging and encouraging the CSEC to step onto a path of healing. CSEC survivors are often seen by their CSEC peers as having a ready understanding of their challenges and needs. CSEC survivors are the preferred option to fulfill this role when their restoration enables them to serve as role models without placing themselves at risk of harm.[64, 65] This role can also be assumed by trained victim advocates, case managers or mental health clinicians given additional training.

> ***"[I had] broken ribs, nose, fractured various other bones, dislocated shoulder, black eye blood traumas, breathing problems – blood in lungs from being stomped on repeatedly. [I felt] cheated, used, raped, taken advantage of, sorrowful, guilty, ignorant, ashamed… Today things are much different – because of my experience, I am able to guide others to freedom from these difficult issues into a life of happiness, strength and successful recovery!" ~Annie Lobert, Survivor***

The CSEC Mentor-Advocate

Sustained, high-quality, adult-youth relationships are at the core of effective mentoring, and a springboard for meaningful life skills and youth leadership activities that provide opportunities to give back to the community. These characteristics of effective youth development programs lead to key indicators of positive youth development: Competence, connection, confidence, character and caring.[66]

Current funding for mentoring research through the Office of Juvenile Justice and Delinquency Prevention (OJJDP) is focused on identifying evidence-informed mentoring models for CSEC.[67] While research on CSEC mentors specifically is limited, it is identified as a promising practice when:[68]

- Provided by survivors or trained professionals/paraprofessionals.
- Mentors are adequately trained and supported.
- Mentoring is coordinated with other services.
- The focus of mentoring promotes both positive growth and connection to supportive resources.

Additionally, research suggests that advocacy-based mentoring is effective for improving outcomes for at-risk youth. Outcomes include improved academic engagement and a decline in misconduct measured up to 12-months post-discharge.[69] OJJDP-funded research is examining the benefit of advocacy versus teaching as embedded aspects of the mentoring role. The

advocacy aspect is described as one that "seeks to facilitate the youth's relationships with peers and/or other supportive adults and to support engagement with appropriate activities and resources" and the teaching aspect is described as one that "offers active guidance to the youth."[70]

> ***"I wish I had more role models that had escaped the life and lived to tell the tale. I wish there were more voices speaking on behalf of the voiceless masses of domestic survivors who think the life is the only way they can escape their circumstances."***
> ***~Tanya Smith, CSEC Survivor***

A CSEC mentor-advocate (CMA) approach merges:

- High-quality, sustained relationships that begin immediately upon identification of a CSEC and follow the CSEC throughout the course of care.
- Active skill-building with positive role models.
- Facilitation of care that respects the youth's voice and prioritizes the youth's needs.

The CMA is a member of the MDT, provides consultation to case workers, caregivers, service providers and the system of care, participates on MDTs and is represented on regional CSEC task forces.

While a structured mentor-advocate approach is beneficial, flexibility is needed. CSEC have the commonality of being exploited, yet their experiences vary. A mentor-advocate must assess and be responsive to the CSEC's circumstances, deftly shifting the emphasis on each of the aspects of the mentor-advocate approach, as needed.

As research on CSEC mentoring models and mentor-advocacy models progresses, agencies are encouraged to integrate the latest related research into practice.[71, 72]

When survivors serve as CSEC mentor-advocates. A recent California survey of over 50 nonprofit and government agencies indicated that among the barriers to hiring and retaining survivors as employees were:[73]

- Insufficient hiring pool of survivors.
- Survivors' lack of preparedness (e.g., training, education) for the position.
- Background checks or licensing concerns.
- Lack of developmental opportunities.
- Lack of internal supports, including therapeutic resources.
- Lack of funding.

The following sections provide recommendations that address these.

Qualifications and Responsibilities of CSEC Mentor-Advocates

CMAs can be utilized in a variety of settings and roles, including for emergency response, welcoming CSEC at reception centers, outreach efforts with at-risk youth, CSEC case management, and consultation to out-of-home caregivers and service providers.
Training and experience of CSEC mentor-advocates. The minimum qualifications required for CMAs is dependent, in part, on their job description as a professional or paraprofessional. Some agencies merge the advocacy role with case management and require a Master's degree

in the social sciences with two years of experience (see endnote for link to job description).[74] Others require an Associate's degree or two years of related field experience along with victim assistance training and related field experience to provide crisis intervention and support, and educational services (see endnote for link to job description).[75] Still others, as mentioned in the Preparedness Through Training section below, require the Peer Recovery and Support Certification.

Personal characteristics and readiness. A CMA candidate's personal history and characteristics, whether survivor or non-survivor, must also be considered against the requirements of the CMA position, i.e., whether the CMA applicant has the emotional grounding, perceptiveness, confidence and flexibility needed to work as a CMA.

All CMAs must meet local requirements for background checks if they are to have individual contact with youth. Survivors may require assistance in expunging a trafficking-related criminal history that would prevent them from passing employee background screening.

Readiness for the CMA role. The ability to identity, understand and manage one's emotions are a primary determinant of both survivor and non-survivor readiness for the CMA role. While it is assumed that survivors have experienced trauma, the possible trauma experienced by non-survivors must not be overlooked.

Determining a survivor's readiness to take on the CMA role can be guided by whether they have:[76]

- Achieved substantial healing to minimize the possibility that sharing their story or exposure to the CSEC's situation would be detrimental to themselves or the CSEC.
- An understanding of the situations that trigger their painful memories and emotions with the objective of avoiding triggers if possible, recognizing and addressing them when triggered, and maintaining healthy boundaries.

Agencies employing survivors have differing minimum requirements for how long a survivor must be out of the life to be considered ready to take on an advocacy role, ranging from two to five years. Some agencies use benchmarks, such as the survivor's last contact with law enforcement or last involvement with trafficking-related court proceedings.

It should be noted that some survivors recommend more stringent standards for survivor CMAs. This is to ensure sufficient healing and a reduction in the risk of triggering, and that they do no harm to newly-identified CSEC. They recommend survivor CMA candidates be out of the life for 5 - 10 years; be screened for stability in their personal lives, e.g., a steady job, a place to live and healthy relationships; and be evaluated for readiness by a trained clinician using a standard screening and interview process, and re-evaluated every six months.

While the length of time the survivor has been out of the life may be considered in determining readiness to serve as a CMA, individual assessments of recovery should be the primary determinant or readiness.

"I am not sure two years out is long enough. I might move that to five years for a few reasons. One, people who are two years out still might be pretty raw and not know it. Two, too often survivors respond to the trauma by deciding they need to become 'professional survivors' which means they continue to wrap their lives around trafficking. It's a way of staying close to what they know without continuing to be trafficked… I think a survivor-mentor needs their own life before they can help someone else… They should have a steady job, a place to live, healthy relationships, etc." ~Anonymous, CSEC Survivor

Responsibilities of CSEC mentor-advocates. The CMA is as a member of a first responder team who responds immediately to the scene when a CSEC is identified, with the exception noted below. The CMA addresses safety, builds rapport with the CSEC and provides for the CSEC's immediate needs (e.g., Hope Bags[77] that contain a fresh change of clothes and shoes, toiletries, snacks, etc.), while building trust and hope through a reliable relationship that will follow the CSEC through the recovery and service delivery process. In summary, core responsibilities of CMAs include:

- Linking with the newly-identified CSEC to establish rapport.
- Crisis intervention and assistance to CSEC 24/7.
- Advocating for and linking CSEC to services across systems, including participation on MDTs.
- Support of and skill-building for CSEC.
- Support of out-of-home caregivers and service providers working with CSEC to improve effectiveness of services.

Protection of Survivor CMAs. While it is the recommended practice for CMAs to respond to the scene when a CSEC is identified, consideration should be given to whether exposure to on-scene circumstances may increase the likelihood that a survivor CMA will be triggered by painful memories. Some CMA programs recommend that an alternate non-survivor CMA or MDT member respond to the scene, with the survivor CMA connecting with the CSEC after they are removed from the scene.[78] This eliminates exposure to potentially triggering situations, while preserving the survivor's position as a mentor-advocate and role model. Alternately, some protection may be provided by having paraprofessional CMAs partner with CSEC-informed clinicians, or non-survivor CMAs paired with survivor CMAs. CMA programs can choose to institute an overall practice or make determinations on an individual basis.

Preparedness Through Training

A CMA's preparation, whether professional or paraprofessional, should address the various aspects of their role and the varied experiences of CSEC. Competencies for CMAs along with training resources are outlined in *Table 6.1*. These competencies can be addressed through a series of individual trainings or integrated into a single comprehensive training.

Certification option for CSEC survivor mentor-advocates. Some states require that CMAs be certified as Peer Recovery Supporters.[79] This certification focuses on peer support of those recovering from mental health and/or substance abuse issues, which are challenges faced by many CSEC survivors. Such certification is available in Nevada and could be considered as either a minimum or enhanced qualification. The Nevada Behavioral Health Association offers

the International Certification & Reciprocity Consortium (IC & RC) Peer Recovery & Support Specialist Certification.[80] Both the Center for the Application of Substance Abuse Technologies (CASAT)[81] and the Foundation for Recovery[82] provide training for the Peer Recovery Support Specialist.

Support for Personal and Professional Development

CMA programs are encouraged to provide the means for all CMAs to participate in ongoing development through annual continuing education, with priority given to emerging promising practices. Topics may include knowledge and skill development for their mentor-advocate role, skill-development and youth-development activities for CSEC, and resiliency and self-care for the CMA.

Further, internal resources must be in place to support the well-being of all CMAs who may encounter secondary trauma on a daily basis through their work. This might include weekly supervision, one week of leave per quarter, quarterly team-building events, regular celebrations, and an annual supportive rejuvenation week which combines team building and training.[83] Survivors may also be encouraged to continue in supportive, counseling services while serving in the CMA role.[14]

In 2018, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) awarded $1.8 million as part of the Specialized Services and Mentoring for Child and Youth Victims of Sex Trafficking program to three mentoring project sites and one training and technical assistance provider. The goal of this initiative is for program sites to identify and provide direct support services and to develop or enhance mentoring service models based on best practices to focus on the needs of youth who are at risk for or are victims of commercial sexual exploitation/sex trafficking. These mentoring sites will contribute to the list of available practices and strategies that can be evaluated and reviewed by the OJJDP National Mentoring Resource Center (NMRC) Research Board.

Table 6.1: CSEC Mentor-Advocates: Competencies and Training Resources

Competencies	*Resources*
A broad view of the CSEC experience; for survivor mentor-advocates, beyond their individual experience.	See CSEC 101 and 102 (CSEC Introductory Awareness and Discipline-Specific CSEC Skill-Development Training).*
Knowledge and skills in relationship-building and crisis intervention.	See endnote for link to Victim Assistance Training (VAT) Online;[84] and CSEC 102 (Discipline-Specific CSEC Skill-Development Training).*
An understanding of traumatic stress responses in CSEC, and the need for self-care for mentor-advocates.	See endnotes for links to the National Child Traumatic Stress Network[85] and VAT Online;[86] and CSEC 104 (Resiliency and Self-Care for the Professional Serving CSEC).*
Considerations for special populations and needs, e.g., LGBTQ, boys, homeless, American Indian/Alaska Native, and substance abuse.	See endnotes for links to MANY[87] and VAT Online;[17] and the *Assessment* chapter.
Knowledge, skills and ethical considerations for the advocate role.	See endnotes for links to the Nevada Attorney General's Office,[88] Victim Assistance Academy of NV,[89] National Center for Victims of Crime[90] and VAT Online.[17]
Knowledge, skills and ethical considerations for the mentor role.	See endnote for link to the National Mentoring Resource Center.[91]
Knowledge of the court system, the continuum of care, and the roles of partner agencies.	See endnote for link to VAT Online;[17] and CSEC 103 (The Multidisciplinary Team).*

**See the Training chapter.*

Leadership development for survivor CMAs. By participating in programs and conferences that support leadership development, the influence of survivor CMAs is strengthened through their role as a positive role model to CSEC and as a consultant to service providers. The GEMS Survivor Leadership Institute and Emerging Leaders Conferences provide avenues for survivors to learn to become leaders in their own lives and places of employment.[92]

"Growing" survivor CMAs. Survivors who are interested in taking on a CMA role may need their expertise and qualifications "grown" through involvement in survivor-leadership programs. Youth leadership opportunities that address both recovery and pursuit of personal goals can be offered as a part of the service array available to CSEC.[93] Consideration should also be given to providing further developmental opportunities for adult survivors through the creation of programs that emphasize life skills, job skills, education and career mentoring. These could be provided through a holistic center with a home-like environment that addresses education for life skills and academic/career skills, while also offering therapeutic opportunities. Examples of programs include:

- Children of the Night's *With Out Walls* (WOW),[94] which provides free, online tutoring to complete equivalency tests and pursue college enrollment.

- The Dreamcatcher Foundation's (TDF) *Economic Empowerment Program,*[95] which offers GED courses, college placement services and employment opportunities.
- With Two Wings' *Qualified Academy,*[96] which provides life skills and career development courses, and one-on-one career coaching.
- *Breaking Free,* which provides a 14-week intensive education group that examines the impact of sex trafficking, a life skills program, and career development through education/job skills mentoring.[97]
- *Lotus Pathway to Prosperity,*[98] offered through Wichita State University's Center for Combating Human Trafficking, which provides paid internships (including tuition and fees) while enrolled in coursework, legal advocacy, housing support, life skills courses, and participation in anti-trafficking efforts.
- *AnnieCannons,* a not-for-profit social enterprise, that provides software and technology services while training survivors to be software professionals and shepherding them though contract work, from basic educational skills to employment as software developers and teachers; and on-site child care, counseling and opportunities for remote work.[99]
- *Academic scholarships* for survivors which are provided through a number of organizations, including Sabre,[100] Sun Gate Foundation,[101] Point Loma Nazarene University,[102] the National Council of Jewish Women San Francisco Section[103] and the ICE Foundation's Granting Courage Scholarship Program[104] (see endnotes for links).
- *Elevate Academy,* an online member site by the Rebecca Bender Initiative,[105] which offers professional development and education, one-on-one coaching, peer mentors and a support network of survivors; free for survivors; includes 10 courses (some faith-based), 50+ video lessons and workbook activities that are designed to help the survivor answer, "What's next?"

Of note is the embedding of stipend-based peer-mentor and peer-advocate programs in the TDF's 12-month curriculum, as well as training for survivors interested in TDF employment. As mentioned above, the Lotus Pathway to Prosperity program includes paid internships for survivors. Also, Annie Cannons hires teachers from among its students and passes along most of the income earned from software projects to the survivors who create the products.

CMA Program Structure

Community-based agencies*.* CMA programs are typically housed in community-based nonprofit agencies. Community agencies have less restrictive "red tape"; and distancing the CMA from "the system" (i.e., government agencies) CSEC have grown to distrust assists in building trusting CMA-CSEC relationships.

The CMA programs in community-based agencies are structured programs that employ CMAs who participate as members of a local coordinated CSEC response, with their role and responsibilities defined through memoranda of agreement. The Los Angeles County Law Enforcement First Responder Protocol for CSEC provides an example of the responsibilities of the advocate and community agency, Saving Innocence[106] (see endnote for link).[107]

As discussed in the *Approach* chapter, the practices and policies in organizations and programs that serve CSEC are most effective when they are survivor-informed. Resources, self-assessment tools, and practical strategies and tips for creating a survivor-informed organization

and working with survivors as professionals are available in a Toolkit for Building Survivor-Informed Organizations (see endnote for link).[108]

Caseload size. The size of CMA caseloads is dependent upon the defined responsibilities of the position. Given the immediate needs of newly-identified CSEC and 24/7 crisis response, it is beneficial to limit caseload size, e.g., to 7 - 12 CSEC.[14] Flexibility in caseload size allows for an agency to respond to the CSEC's changing needs and the phase of service provision. Additionally, as mentioned previously, CMAs who are paraprofessionals may partner with CSEC-informed clinicians, or a non-survivor CMA could be paired with a survivor CMA.

Supervision. Due to the demanding nature of the CMA work, it is essential the CMA program provide a supportive environment through regularly-scheduled individual and group supervision. This allows debriefing, a review of the status of cases and joint problem-solving.

Supervision of survivors. The distinctive supervisory needs of survivor CMAs must also be recognized, taking into consideration potential triggers. As mentioned previously, triggers may result from painful reminders of the life. They may also result from the power dynamics of the supervisor-survivor relationship, so attention must be given to supervisory style. One-on-one coaching may be helpful in the development of life and work skills, e.g., personal boundaries and computer literacy.[109] Self-care could be encouraged by allowing work time (e.g., one hour/week) to be utilized for counseling. Additionally, programs should consider a transition plan should a survivor CMA be unable to continue to fulfill their duties.

> ***"Survivors have to get healing for the rest of their lives – that is just the reality. When a survivor doesn't seem to have it altogether, service providers/allies are quick to say they aren't ready to work in the movement. Personally, if I see a survivor who seems to have their life completely together that is a telltale sign that they're hiding the hard things they are dealing with – and nothing good comes out of hiding pain. We should encourage survivors to continuously heal and not belittle them or their strengths when life happens."***
>
> ***~Anonymous, CSEC Survivor***

Funding. A stable (non-grant) funding source must be secured if a community-based CMA program is to reach maturity and provide the anticipated benefits. Ideally, funding will be provided that allows the CMA to easily follow the CSEC across systems, e.g., child welfare, juvenile justice, mental health, nonprofit, etc.[14]

Funding should address salaries and benefits, CMA training, support for CMAs, and resources for CSEC support (e.g., Hope Bags, Survivor's Guide to Leaving[110]). As noted above, consideration should also be given to providing stable funding for opportunities to develop the knowledge and skills of survivors who have the potential and interest in becoming CMAs.

Data- and outcome-driven services. To identify service outcomes and improve service delivery, the CMA agency is encouraged to participate in agency and statewide CSEC data collection efforts, as well as program evaluation partnerships.

Chapter 7

CSEC HOLISTIC SERVICE NETWORK

> ***CSEC Guiding Principle #3:*** *We view the CSEC and their well-being holistically, considering the psychological, emotional, spiritual, educational, physical and the social.*

For a service network for a given client population to be effective, it must include a range of services that is reflective of their needs. For CSEC, these have been described in both tangible and intangible terms.[111] CSEC's intangible needs, as outlined by the CSEC Community Intervention Project[112] define both the desired outcomes for the CESC related to their recovery and well-being (e.g., safety, respect and healthy adult relationships), and the process by which these are achieved (e.g., nonjudgmental environment, affirmation of skills and strengths, and options). These needs are met through interactions and relationships with service providers, caregivers and their support network.

A holistic continuum of care addresses the tangible needs of CSEC through a range of services, such as education, medical care and a place to live. These services must be flexible to ensure they can be individualized to meet the CSEC's complex immediate and underlying needs.

The individualized matching of services to needs is the outcome of the assessment and service planning processes described in this CSEC Protocol.

Characteristics of the Network

Effective services and supports for CSEC are CSEC- and trauma-informed, strengths-based, culturally and linguistically responsive and developmentally appropriate (see *Approach* chapter). A holistic service network for CSEC is also characterized by:[113]

- Evidence-based or promising practices.
- Flexibility of services enabling individualization.
- Funds that are flexible and easily accessible.
- Security and safety of service locations.

Standards for CSEC Service Providers

Service providers must be effective in addressing the CSEC's needs, they must do no further harm to the CSEC, and they must not undermine the CSEC's trust. Toward this end, services must be congruent with the characteristics described above and the practices outlined in this CSEC Protocol. Providers can determine their conformity in meeting these standards by completing the Standards for CSEC Service Providers Checklist (Standards – see *Resource 3-D*). By conducting a self-assessment, service providers have an opportunity to further refine, remediate or expand their services.

While intended as a self-reflection exercise, the Standards can also be used as a basis for the credentialing of providers.[114]

Holistic Service Network

Listed below are services, grouped by area, that are often needed by and beneficial to CSEC in their recovery process. When knit together, they provide both a safety net and a springboard to recovery. This information is adapted from California's Holistic Needs of Commercially Sexually Exploited Children with the permission of California Child Welfare Council CSEC Action Team.[115]

While this list primarily focuses on services for CSEC (i.e., minors), transitional services may also be needed when they reach the age of majority.

Crisis response

- Support and advocacy (see *CSEC Mentor-Advocate* chapter).
- Basic needs, e.g., food, clothing.
- Safe, emergency housing (see *Placement* section below).
- Treatment for acute physical health needs.
- Treatment for acute dental health needs.
- Treatment for acute mental health needs.
- Treatment for acute substance use.
- Forensic medical evaluations.

> ***"I was homeless for almost two years after leaving the life. I had no credit, no job history and so, without a safe place to go, I went back to an abusive relationship in order to leave the life. I have a lot of dental issues to this day because I would grind my teeth when I was having nightmares and I still do. My back teeth are completely broken out and will take thousands of dollars to fix. [I needed] medical care because I had some STDs that went untreated for a long period of time.***
>
> ***~Jessica Kay, CSEC Survivor***

Physical, sexual and reproductive health

Physical health

- Comprehensive medical evaluation.
- Treatment of chronic conditions, such as asthma, diabetes, etc.
- Dental care focused on care and restoration of dental health.
- Vision screening.
- Transgender-related health care.
- Nutritional health, including screening/intervention for eating disorders.
- Tattoo removal.
- Reconstructive medical treatment (e.g., gynecological, burn and facial disfiguration treatment).
- Physical/occupational therapy.
- Transgender-related health care (e.g., hormone therapy).
- Screening for eating disorders.
- Screening for self-harming behaviors.
- Preventive health activities and health management.

Reproductive and sexual health

- Comprehensive reproductive and gynecological evaluation.
- Screening and treatment for pelvic inflammatory disease and STI exposure.
- Contraceptive options counseling.
- Pregnancy testing and services.
- Sexual health and relationship education.
- Impartial pregnancy options counseling.
- Abortion services.
- Prenatal care and education.
- HIV prevention, testing and treatment.
- Reproductive health education that is culturally competent, medically accurate and LGBTQ sensitive.

Mental health and substance use

Mental health

- Mental health status examination and comprehensive assessment.
- Counseling – individual, group and family.
- Clinical case management.
- Psychotropic medication assessment/management.
- In-home family counseling and/or rehabilitative/wraparound services.
- Residential treatment program.
- Sexual assault advocacy/support.
- CSEC caregiver support and psychoeducation.
- Crisis intervention and safety planning.
- Alternative healing, e.g., yoga, meditation, art and equine therapy.

Substance use

- Substance use assessment for alcohol and drug addiction.
- Drug testing.
- Inpatient detox.
- Residential/flexible housing to support recovery.
- Outpatient intervention/treatment.
- Coordinated case management with mental health services.

Legal advocacy

Juvenile delinquency

- Protection of due process rights at pre-trial and adjudication.[116]
- Dispositional advocacy.
- Post-disposition representation; legal options available.
- Accessing ancillary services related to education, mental health treatment needs, housing, immigration.
- Coordination of legal services when the CSEC has cases that cross multiple systems, including delinquency and dependency, e.g., CSEC may be in the custody of a juvenile service agency but have a child in the custody of a child welfare agency, or they may be dually adjudicated.

Crime victims

- Witness protection, including responding to subpoenas.
- 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 compensation enrollment to ensure ongoing access to medical and mental health care, relocation, etc.

Juvenile dependency

- Case plan development and monitoring including safety, permanency and well-being needs.
- CSEC safety plan development and monitoring.
- Education advocacy.
- Support of sibling and extended family relationships.
- Access to appropriate services.
- Coordination of legal representation (See *Resource 7-A*, Legal Representation for CSEC Involved in Child Welfare).

Reentry issues

- Outstanding tickets.
- Fines, restitution.
- Debt.
- Sealing delinquency records/expungement.

Education

- General education advocacy, e.g., variances, non-traditional options.
- Special education assessment and advocacy.
- Truancy, school attendance, school discipline.

Other

- Parental visitation and custody.
- Gender identity.
- Immigration services (see *Assessment* chapter).

Placement and residential treatment

- Drop-in shelters for runaway/homeless/CSEC, including LGBTQ-affirming.
- Safe houses for victims of intimate partner violence and their children.
- Emergency shelters for children and youth.
- Emergency shelters for pregnant/parenting teens and their children.
- Specialized treatment foster care.
- Specialized group homes.
- Specialized residential treatment centers.
- Inpatient mental health services.
- Inpatient/residential drug and alcohol treatment programs.
- Housing and treatment programs for pregnant/parenting CSEC and their children.
- Stepdown and community transition programs.

- Respite care.
- Temporary witness protection housing.
- Out-of-county or out-of-state placements based on safety or needed services.

Education, vocational and skill development needs

Education

- Special education services or education as a second language (ESL), if needed.
- Non-traditional school options, such as charter or online school.
- Tutoring services.
- Credit recovery to obtain a high school diploma.
- Alternative high school graduation options/GED.
- College preparation and classes.
- School counseling and advocacy services.

> ***"After my mother's death, my teachers and later my professors became a surrogate family to me. Their words of encouragement and their belief that I was more than a stripper that could only make money by tricks 'paying for her time' eventually led me to believe in the positive image they had of me, instead of the fractured image I had of myself…"***
>
> ***~Tanya Smith, CSEC Survivor***

Vocational and life skills

- Independent living skill training, e.g., financial literacy.
- Physical safety training.
- Career exploration and vocational training.
- Job seeking skills, e.g., writing a resume.

Supportive relationships and networks

- CSEC mentor-advocates.
- Victim assistance (see *Victim Assistance* section below)
- Family reunification to rebuild family connections, as appropriate.
- Independent living/transition programs.
- Racial/ethnic and linguistic communities and organizations, including tribal communities.
- Recreation programs.
- Faith communities and faith-based organizations.
- Immigrant communities and organizations.
- LGBTQ-affirming communities and organizations.
- Parent or partner support networks and programs, including child care and parenting classes.
- Teen pregnancy support programs.

Victim assistance

Federal resources. A variety of federal resources are available for victims of crime who meet eligibility criteria, including:

- Nutrition.
- Medical.
- Mental health.
- Job Corps.
- Monetary assistance via Victims of Crime Act Compensation (VOCA).
- Witness protection and services during investigation.

For a description of these services, see Services Available to Victims of Trafficking on the website of the Office on Trafficking in Persons, U.S. Department of Health and Human Services (see endnote for link).[117]

VOCA. VOCA funds can be used to support services that:[118]

- Provide for the emotional and physical needs of crime victims.
- Stabilize the lives of primary and secondary victims of crime.
- Help victims understand and participate in the criminal justice system.
- Address the safety and security of victims of crime.

Benefits and expenses covered, eligibility criteria and application instructions are available on the Nevada Department of Administration Victims of Crime website.[119] Additionally, some agencies have received VOCA grants to provide victim assistance.[120] (See endnotes for links.)

Nevada Contingency Account for Victims of Human Trafficking. This fund can be used for emergency services for victims of human trafficking through nonprofits or agencies/political subdivisions of the State of Nevada. Funds cannot be distributed directly to victims. For information and application, see the Nevada Department of Health and Human Services Office of Community Partnerships and Grants' Contingency Account for Victims of Human Trafficking website.[121] Or email: GMU@dhhs.nv.gov

Victim Information and Notification Everyday (VINE). VINE (also referred to as VINELink) is a free service that provides information on an offender's custody status through a toll-free number, online, mobile app and TYY for the hearing impaired. Automated notifications are available through app, text, email or phone. Available in multiple languages.[122] Includes a Service Provider Directory. See *Appendix B* for additional information. Nevada's online access: https://vinelink.vineapps.com/login/NV

IV. SERVICE DELIVERY PROCESS

Introduction

This section of the CSEC Protocol describes the service delivery process while providing services to CSEC. As *Figure IV.1* illustrates, it includes the following phases:

Prevention and screening – to provide primary, secondary and tertiary prevention and screening to identify whether a child is a confirmed victim of CSEC or at high risk.

CSEC safety assessment and planning – to ensure emotional and physical safety.

Holistic assessment – to determine immediate (acute and basic) and ongoing (underlying) needs.

Service planning and linkage – to identify immediate and ongoing (comprehensive, individualized) services that match the CSEC's needs; and to provide a warm handoff to identified resources.

Monitoring for effectiveness – to monitor service and safety plans and revise, as needed, to ensure effectiveness.

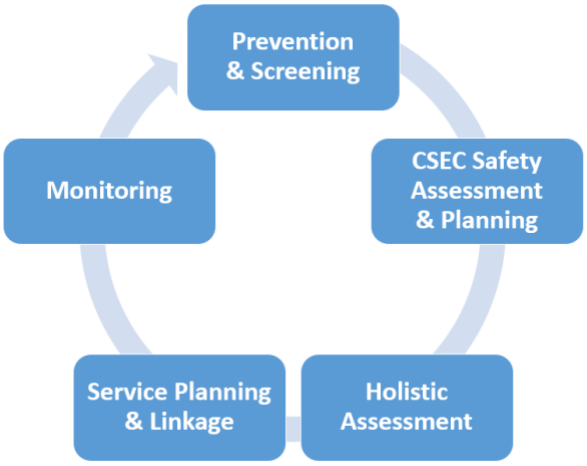


Figure IV.1. Nevada CSEC Model Coordinated Response Protocol: Service Delivery Process.

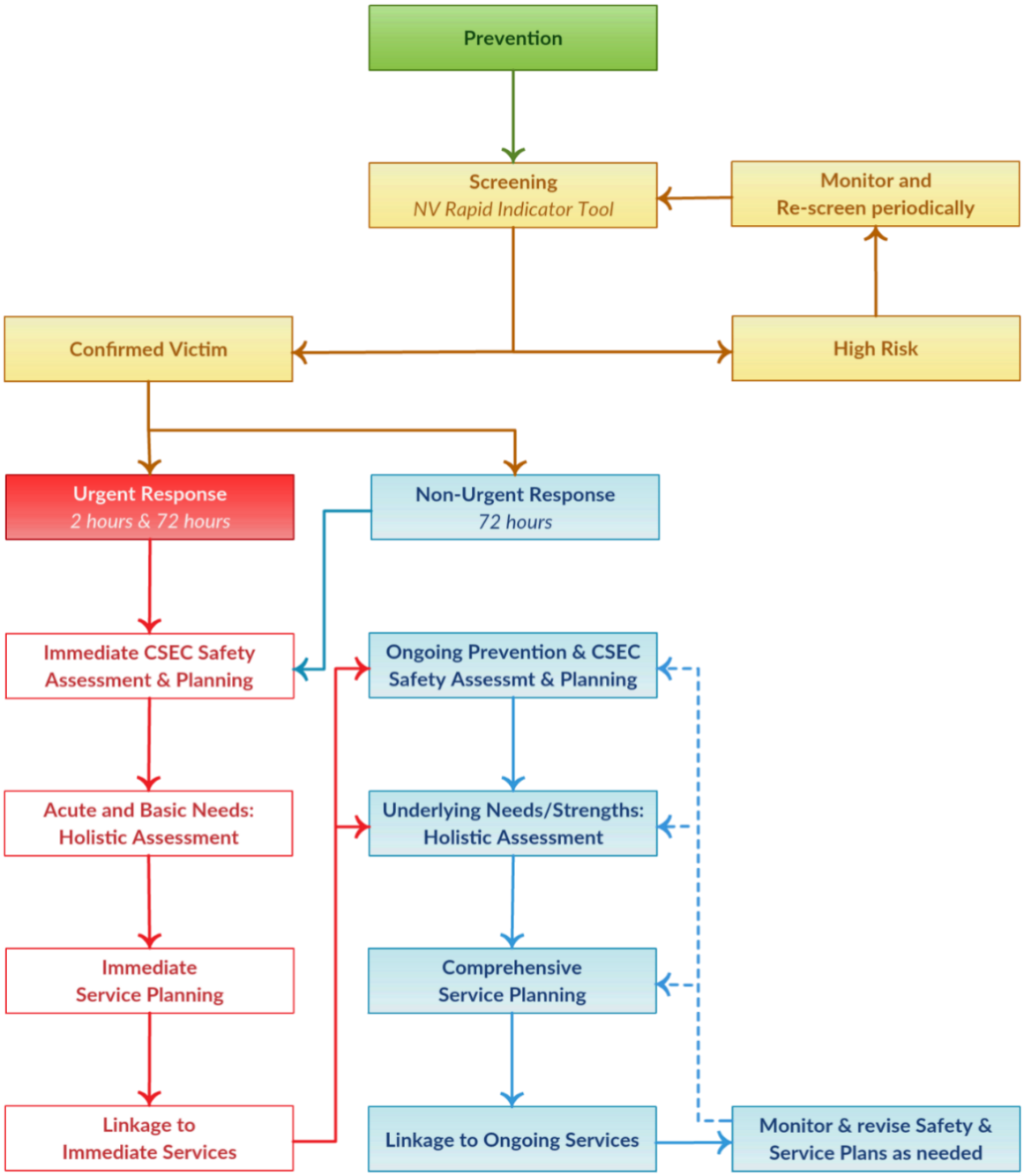
The service delivery process moves through this cycle multiple times. It can be conceptualized as an upward spiral based on the healing and learning that occurs for the CSEC during each cycle.

Immediate Response Cycle. Upon identification of a CSEC, the service delivery focuses on immediate safety planning, an assessment of immediate needs, and immediate service planning and linkage to crisis services. These occur essentially simultaneously.

Ongoing Service Cycle. Once the CSEC is stabilized, the service delivery cycle begins again to address ongoing safety planning, a holistic assessment of underlying needs, comprehensive service planning and linkage to ongoing services.

Monitoring and Crisis Cycles. The service delivery process can cycle repeatedly as the CSEC's multidisciplinary team reviews progress and adjusts the service and safety plans, as needed, to achieve the desired outcomes. As noted above, learning and healing integrated during each cycle create an upward spiral.

Figure IV.2 provides a more detailed diagram of this service delivery process.



Note: Referral to Child Protective Services is made when sex trafficking is suspected or known.

Figure IV.2. Nevada CSEC Model Coordinated Response Protocol: Detailed Service Delivery Process

Chapter 8

CSEC PREVENTION, SCREENING AND IDENTIFICATION

CSEC Guiding Principle #12: *We seek to identify and engage the CSEC throughout the continuum of services.*

CSEC Prevention

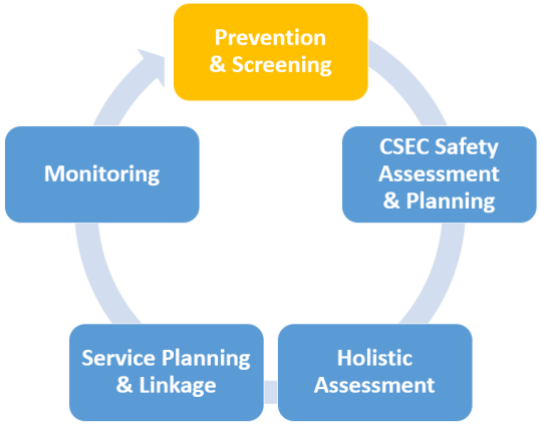
Most responses to child sex trafficking to date have focused on intervening *after* significant harm has occurred. Approaches to prevention that are proactive in nature, that attempt to protect children *before* any or further harm occurs are receiving increased attention.[123]

The prevention of commercial sexual exploitation of children can and must be addressed at each of the three stages of prevention.

"The ***Primary*** stage of prevention seeks to *avert injury* before it has occurred…

The ***Secondary*** stage of prevention seeks to *minimize the impact* of injury that has already occurred and *inhibit further injury…*

The ***Tertiary*** stage of prevention seeks long term solutions to *help restore or comfort* those that have been severely injured. This is a stage of last resort…"[124]



This CSEC Protocol focuses on identifying CSEC and providing services that support their recovery, as diagrammed in the service delivery cycle. Prevention – at all its stages, along with screening, is the jumping off point in this service delivery cycle. It is anticipated that a CSEC may cycle through these service delivery phases multiple times on their journey of recovery, with prevention being a primary aspect of services in each cycle.

Primary prevention for at-risk youth. Some personal experiences and characteristics or environmental conditions contribute to a youth's vulnerability to being at greater risk of being enticed into sex trafficking, thus increasing the likelihood. Among the *risk factors* that increase the chance of being victimized are being:[125]

- A runaway or homeless.
- A foster child – a victim of sexual or physical abuse or maltreatment.
- Lesbian, gay, bisexual or transgender.

Additionally, the chances of CSEC victimization increase for youth who have low self-esteem, family discord and involvement in the juvenile justice system; are substance abusers; and live in communities that have high truancy rates from school, as well as high drop-out rates, housing instability, low socioeconomic status and lack of viable employment opportunities.

Just as risk factors increase the chances of CSEC victimization, some characteristics decrease the likelihood as they strengthen a youth's protective behaviors and skills.[126] For youth, these *protective factors* are seen in biological and psychological dispositions, attitudes, values, knowledge and skills. Examples of these include:

- Social competencies and problem-solving/resiliency skills.
- Healthy intimate relationships.
- Commitment to community and school.
- Positive family relationships.
- Positive relationships with caring supportive adults.

In addition to the above protective factors, the chances of CSEC victimization are decreased by involvement in organized religious activities, involvement in peer activities, holding a high expectation of oneself and sustaining a positive temperament.

Screen at-risk youth to determine whether they are victims of sexual exploitation.[127]

The Nevada CSEC Prevention Resource Guide provides strategies and resources to support the development of protective factors and reduce risk factors for at-risk youth (see the *At-Risk Youth Toolkit*).

All system-involved (e.g., child welfare and juvenile justice), at-risk youth should receive preventive education to reduce the likelihood of being recruited into sex trafficking.

"I needed to understand it wasn't my fault. I also believe basic sex education would have been extremely helpful to understand what was happening to me and what was/was not appropriate." ~Kimberly Mull, CSEC Survivor

Secondary prevention for CSEC. Once a CSEC is identified, the intent of ongoing services is to minimize the impact of the victimization. This includes the recognition that recovery from trafficking is a process and CSEC may return to the trafficking situation several times before successfully leaving.[128] To reduce the risk of future harm and re-victimization, an individualized CSEC safety plan must be developed that includes practical information about staying safe while in a relationship, planning to leave a trafficking situation or after leaving a trafficking situation.[129] (See *CSEC Safety* chapter.)

Preventing runaways. CSEC typically return to their trafficker by running away from their current placement. Thus, identifying coping strategies to help prevent a CSEC from running away is an important aspect of secondary prevention. The *CSEC Safety* chapter identifies strategies and resources that can be used to engage the CSEC in identifying triggers that might prompt a runaway episode and coping strategies to prevent one.

For CSEC who have a history of repeatedly running away, it is important to provide information on locations of youth shelters and community-based agencies that provide support to CSEC, as well as national hotlines and local helplines (See *Resources 9-D* and *9-E*). This approach communicates caring and supports the development of a trusting relationship.

Tertiary prevention for CSEC. To restore and comfort those who have been victimized, CSEC are provided holistic care that is CSEC- and trauma-informed and victim-centered. This CSEC Protocol addresses tertiary prevention for CSEC.

Screening and Identification of CSEC

The successful implementation of the CSEC Protocol is dependent upon an agency and community's ability to recognize the signs of sex trafficking and engage meaningfully with potential CSEC to assess their victimization.[130] While a list of CSEC stakeholders who may come into contact with CSEC is provided in the *Training* chapter, the following disciplines are likely to have first contact with CSEC:

- Schools.
- Emergency medical services and healthcare providers.
- Law enforcement.
- Juvenile justice services.
- Child protective services, including foster care providers.
- Community service providers.
- Drop-in and emergency shelters.
- Mental health providers.

> ***"I wish that my social services [worker]… could have seen the signs. I wish the hospital workers saw the signs. I wish the people who literally turned their heads when I was getting smacked SAW ME. Saw me without judgment. Saw me as a human being and not just some prostitute."***
>
> ***~Anonymous, CSEC Survivor***

CSEC often have multiple encounters with first responders and organizations before they are correctly identified as child trafficking victims. There are a number of factors that contribute to the challenge of identifying victims of sex trafficking, including:

- A general lack of public awareness.
- The concerted efforts of exploiters to keep their crimes hidden.[131]
- The dynamics of sexual exploitation, resulting in CSEC's reluctance or inability to self-identify as victims.
- Lack of reliable data regarding the scope and nature of the sex trafficking of minors.
- Lack of trained responders to identify and recognize CSEC.[132]

Risk factors and warning signs of CSEC. To increase the identification of CSEC, first responders and professionals who are likely to come into contact with CSEC must be educated on the factors that place a young person at an increased risk for commercial sexual exploitation, and the warning signs that a young person is being or has been victimized.

Risk factors for sexual exploitation. The following factors increase the risk that a youth may become a victim of commercial sexual exploitation.[133]

<u>Environmental and individual vulnerabilities</u>

- Addiction to substances.
- Childhood sexual abuse/sexual assault (most common among CSE girls).
- Unstable home life.
- Chronic running away with increased frequency and duration.
- Parental/guardian alcohol and substance abuse.
- Poor or disjointed family connections.
- Family homelessness.

- Financially impoverished.
- Lesbian, gay, bisexual, transgender and questioning (LGBTQ)

System involvement
- Encounters with the juvenile justice system.
- Encounters with child protective services or residing in foster care.

Intangible needs
- Low self-esteem/self-worth.
- Poor self-concept.
- Lack of understanding of or experience with healthy relationships.
- Need for belonging, love and affection.
- Desire for family or community support.
- Need for protection.
- Desire for material possessions.

Warning signs of sexual exploitation. Sexually exploited youth are more likely to be arrested for curfew violations, abuse of street drugs and survival crimes (e.g., shoplifting food and clothing or not paying public transit fares) rather than sexual solicitation.[134]

Agencies and organizations that come in contact with children and adolescents should be able to recognize the "red flags" of exploitation so they can identify youth who have been recruited into a life of sexual exploitation.[135]
- Unexplained bruises, black eyes, broken bones or other physical injuries (that they are reluctant to explain).
- Hypervigilance or paranoid behavior.
- Chronic runaway/homeless youth.
- Repeated phone calls from a "boyfriend" and/or excessive concern about displeasing a partner.
- Relationship with an older person.
- Gifts or unexplained possession of expensive clothing, jewelry or a cell phone.
- Secrecy or vagueness about whereabouts, unaccounted for time or defensiveness in response to questions or concern.
- Unexplained tattoo(s).
- Gang affiliation – disclosed, reported or suspected.
- Not enrolled in school or reduced performance or repeated absence from school.
- Personal information regarding age contradicts behavior or appearance.
- Hotel keys and key cards.
- Prepaid cell phone.
- Unable or unwilling to give local address or information about parent/guardian.
- Not in control of his or her identification.
- Sexually explicit profiles on social networking sites.
- Reports multiple sexual partners, repeated sexually transmitted infections or pregnancies/abortions.
- Use of lingo or slang from the life, such as referring to a boyfriend as "daddy." (See *Resource 1C*)
- Wearing new clothes and/or getting hair or nails done with no financial means to do.
- Excess amounts of cash on hand.

While the above information provides a broad overview, some risk factors and warning signs may be more evident than others, based on the role of a given discipline. For example, while CSEC may come to attention of law enforcement indirectly through domestic violence crimes, shoplifting and cases of assault,[136] hotel key cards, branding tattoos, excess amounts of cash on hand and chronic runaway or homeless status are among the indicators that could suggest sex trafficking.[137] For schools, indicators include a change in behavior related to school attendance or performance, older boyfriends and signs of abuse or inattentive caregivers.[138, 139] Additionally, emergency responders and healthcare professionals may be privy to more extensive physical and sexual health-related indicators of sex trafficking than are listed above.[140, 141, 142]

> ***Familial Trafficking:*** **Identifying CSEC who are victims of familial sexual abuse and exploitation from a young age is one of more difficult types of child sex trafficking to detect. Beginning at a very young age, sexual abuse (sometimes including violence and rape) become a part of the child's life. The child grows up believing having sex with adults is normal. As a result, the child will not recognize their victimization. Familial traffickers work hard to appear normal to the outside world. The child will continue in school and even attend extra-curricular activities. The power dynamic associated with familial trafficking includes threats of violence and abandonment and separation from the family, resulting in the child maintaining the secret.[143]**

It is imperative that professionals who have the potential to identify and assist a CSEC during the course of their work are equipped with the proper training and knowledge to identify and screen potential CSEC. For minimum training recommendations and standards for service providers, see the *Training* and *Service Network* chapters, respectively.

> ***"I was 5 when the first activities I think would fall under the [family] trafficking umbrella took place. My family had been abusing me before that, but the first time there were clients I was 5ish. It lasted until I was 17 and got away. I had some pretty severe eating disorders for many years which no one helped with – they started when I was 8 and came to a head after my child was killed in front of me right after he was born when I was almost 16. I was literally dying in front of people and no one did anything. Most of my hair fell out, my skin turned yellow and peeled off, all my cuts and bruises would take months to heal – I walked around for weeks with open, bleeding, weeping sores and literally no one did ANYTHING. They all just ignored it. I was also obviously severely depressed, angry, and suicidal from elementary school on but still, no one really did anything."***
>
> ***~Anonymous, CSEC Survivor***

Screening. The purpose of screening is to identify victims of sex trafficking so targeted services may be provided at the earliest possible date. A *standardized* screening tool provides a consistent method both within and across agencies of identifying CSEC. It also increases the likelihood of identification as it is based on warning signs determined through research. It is recommended that agencies and first responders that are likely to encounter CSEC during the course of their services use a standardized CSEC screening tool. While a universal standardized screening tool is preferred and recommended below, it is recognized that the role of some disciplines is unique and may require a discipline-specific tool and response, e.g., health care.[144, 145, 146, 147]

When a youth is identified as a victim of sexual exploitation, a report of the sexual abuse must be made to the local child welfare agency.

The Nevada Rapid Indicator Tool (NRIT) is recommended as the standardized screening tool to identify children who either may be or at high risk of being sex trafficking victims. The one-page tool identifies a youth as a Confirmed Victim, at High Risk of being a victim or having no indicators of being a victim at the time the tool was completed. To better identify CSEC, it should be used by trained service providers throughout the State of Nevada.

The NRIT does not rely on self-disclosure of sex trafficking by a minor as CSEC rarely self-identify as a victim or disclose abuse. Rather, it includes indicators to consider in determining whether there is reasonable cause to believe the child is a victim or at risk of being a victim.

CSEC prevention continues for all children, whether they are identified as confirmed victims, at high risk of being victims or have no risk indicators.

Use of the screening tool may lead to the need for additional information-gathering for High Risk determinations to confirm whether or not a youth is a CSEC. The confirmation of a CSEC should prompt the initiation of an MDT meeting as described in the *MDT* chapter.

For a copy of the NRIT and policy and implementation considerations for using the tool, see *Resources 8-A and 8-B.*[148]

Engagement. The purpose of identification is to assist a CSEC in exiting the life and supporting their recovery and the rebuilding of their life. Thus, identifying a CSEC as a potential or confirmed victim is of little benefit *to the CSEC* unless it begins the process of rebuilding trust with an adult they experience as reliable, caring and nonjudgmental. This creates the potential for exiting the life and acceptance of services.

In addition to recognizing the warning signs of sexual exploitation and identifying confirmed or high-risk victims, it is essential that service providers who encounter these youth have the skills to engage a CSEC. Please refer to the Respectful Engagement section of the *Approach* chapter and *Resources 1-F and 1-G,* Ground Rules for Interaction and Do's and Don'ts of Appropriate Engagement.

Data tracking and reporting. The limited amount of aggregate data currently collected on the prevalence of CSEC in Nevada points to the critical need for better screening and identification.

To counter this deficiency, as indicated in the *Data* chapter, the Nevada's Statistical Analysis Center (SAC) will collect and analyze data variables from the NRIT, as well as over data points, so that an accurate statewide picture of CSEC is generated. It is recommended and requested that agencies, providers and community organizations provide data gathered on the NRIT to SAC.

Chapter 9

CSEC SAFETY ASSESSMENT AND PLANNING

CSEC Guiding Principle #6*: We address the physical, emotional and psychological safety needs of the CSEC, taking into consideration their point of view when developing a safety plan.*

Once a CSEC has been identified, their physical, psychological and emotional safety must be prioritized. The risk of future harm and re-victimization is reduced by assessing their safety needs and developing a plan with the CSEC to address them.[149] It involves assessments, preparations and contingency plans that address practical information about staying safe while in a relationship, planning to leave a trafficking situation, or after leaving a trafficking situation.[150]

Professionals must recognize that CSEC may return to the trafficking situation several times before successfully leaving.[151] This is due to the trauma bond young victims form with their exploiters. This unhealthy attachment is formed when the exploiter showers a dependent, vulnerable victim with loving care, alternated with violence, threats and physical assault.[152] This powerful mix normalizes isolation and leads to a distrust of others who are not participants in the relationship, such as law enforcement, parents and community service providers.[153]

Due to their emotional attachment to the trafficker, early in a CSEC's recovery, they may not see themselves as a victim. This may result in continued attempts to communicate with their trafficker, repeated runaways and, in some instances, recruitment of other youth into sex trafficking. Even when a CSEC is further along in recovery, they may find it difficult to leave the life due to the trauma bond and their perception that they are able to care for themselves.[154]

Recovery from trafficking is a process. During the process, a CSEC-informed and trauma-informed individual must design a plan with the CSEC to increase their safety, as well as the safety of any individual assisting them.[155] Presented below are steps and tips for assessing and planning for safety.

> ***"It's SO hard to be ready to leave, and we so often miss our traffickers and people don't understand that. It's critical though that people at least try to understand it intellectually and behave accordingly [i.e., be nonjudgmental and compassionate], even if they can't connect to it emotionally."***
>
> ***~Anonymous, CSEC Survivor***

Engaging the CSEC in Safety Planning

Engaging a youth in safety planning requires patience and skill. Helpful tips on engaging and building rapport with CSEC are provided in *Resource 1-F*.

It should be noted that language plays a significant role in interactions and interventions with CSEC. "Safety planning" is language familiar to professionals and may seem innocuous. However, many CSEC do not see themselves as "unsafe" and asking or implying that they are unsafe may be a deterrent to their accepting information to better care for themselves. Care

should also be taken to not legitimatize a CSEC's exploitation by referring to it as "work" or the trafficker as an "employer." See *Resource 1-G* Do's and Don'ts of Appropriate Engagement.

> ***"Never tell someone they are 'safe'… you don't have any idea what they consider safe and you cannot guarantee to meet that expectation. Broken promises last forever with this population." ~Kimberly Mull, CSEC Survivor***

Assessing CSEC Safety

Assessing CSEC safety is an ongoing process that must be considered at various points of involvement including:

- At initial contact to address immediate safety needs.
- During comprehensive, individualized service planning to address ongoing safety needs.
- At regularly scheduled MDT to address any new safety needs.
- In response to crisis events or upon return from runaway to address immediate/new safety needs.

In addition to addressing CSEC's physical safety, it is also important to consider their emotional safety.[156] The trauma and isolation experienced by CSEC can make it difficult to process information and build relationships. They need supportive caregivers, treatment providers and a CSEC mentor-advocate who can provide emotional safety through unconditional acceptance and support throughout the course of care. Key aspects of emotional safety include providing:

- Validation, as many people CSEC encounter do not recognize they are hurt.
- A calm and welcoming environment.
- Choices.
- Opportunities for small successes.

The CSEC safety assessment.[157] A safety assessment should be conducted to assess current risk of harm to the CSEC or their family members. The standard CSEC safety assessment should, at minimum, include:

- Traffickers location and affiliation with organized crime.
- History of threats or violence made by the trafficker against the CSEC or others.
- Fears about potential safety issues, including risk of lethality.
- Other connections to the trafficker or associates.
- CSEC's participation in prosecution of the trafficker, risk of retaliation and whether the trafficker is in custody.

> ***"My pimp instilled so much fear in me about taking everything, harming my daughter and being able to find me no matter what. So I needed a plan I could see, a step by step of exactly what was going to happen, to try and combat the fear. I needed someone to just listen to me without judgment. I needed love and support." ~Anonymous, CSEC Survivor***

Other CSEC safety considerations include:[158, 159]

- Risk of harm to a CSEC's family from the trafficker or associates, including members of an organized crime network or gang.
- Increased risk from complacent family members or friends.
- Potential risks by linking the youth to his/her community and the potential connections to the trafficker or associates.
- Potential risks to service providers from the trafficker or associates.

A CSEC Safety Assessment is provided in *Resource 9-A.*

Supplemental safety assessments. The following assessments should supplement the standard CSEC Safety Assessment when circumstances suggest doing so will provide a fuller understanding of safety concerns.

Gang-related assessment. Communities with strong gang presence may want to determine if a youth is or has been in a gang-related trafficking situation. In gang-controlled trafficking, youth may be required to engage in commercial sexual exploitation as an initiation and/or to bring in revenue for the gang.[160] Prostitution is a major revenue source for some gangs and is considered less risky compared to arms and drug trafficking. Information, red flags and assessment questions to determine if a youth is or has been in a gang-related trafficking situation are presented in the fact sheet entitled, Domestic Minor Sex Trafficking and Gang Control (see endnote for link).[161]

Lethality assessment. As a result of a standard safety assessment, concerns may be raised that warrant a lethality assessment. A lethality assessment helps identify CSEC who are at the highest risk of serious injury or death due to violence by their trafficker. Additional details about the trafficker's access to weapons, forced sex, drug and alcohol history, jealousy, and employment status are assessed.[162] There are several lethality assessments available. One example available online is the Campbell Danger Assessment (see endnote for link).[163]

Goals of Successful Safety Planning[164]

While a primary goal of CSEC safety planning is to communicate unconditional, genuine care and concern in an effort to build a trusting relationship with the CSEC, other goals are to:

- Remove barriers to receiving support and safety.[165]
- Create an individualized, practical plan to avoid or reduce harm.
- Build rapport and develop sources of support.
- Identify coping strategies.

An immediate CSEC safety plan is established upon first contact through the Rapid Response MDT and/or the 72-Hour MDT (see *MDT* chapter). Once the CSEC is safe and stabilized, an ongoing CSEC safety plan is created. The success of the ongoing CSEC safety plan is monitored and refined, as needed. This can occur during regularly scheduled MDTs or be initiated by crises or events, such as a return from runaway or a suicide attempt.

While a *written* CSEC safety plan may be required by an agency or program to document their efforts to conduct safety planning with a CSEC, it is often unsafe for CSEC to have a copy of their safety plan. If a CSEC returns to a trafficking situation, it is likely their belongings will be searched. Taking a photo of the plan with a cell phone is also unrealistic as traffickers monitor CSEC's cell phones. CSEC should be provided easily-remembered phone numbers and information about supportive community resources.

Safety strategies before leaving the trafficker. When brainstorming safety strategies with a CSEC who is contemplating leaving a trafficking situation, have the CSEC consider the following:[166] [167]

- If in immediate danger, call 911.
- Plan an escape route and think about a safe person or place you can go.
- Keep any important documents close by in preparation for an immediate departure.
- Pack a bag with any important things you need.
- Contact a trusted community agency, or friends and relatives, if appropriate, to notify them or ask for assistance.
- Call the National Human Trafficking Resource Center Hotline to obtain local referrals for shelter or other social services.

Safety strategies after leaving the trafficker. When brainstorming safety strategies with a CSEC after they have left a trafficking situation, have the CSEC consider the following:[168] [169]

- Alter travel habits and the timing of daily routines.
- Seek assistance in securing a protective order against the trafficker so he or she is legally prohibited from making contact. Keep court orders with you.
- Avoid the geographical area or cultural community the trafficker is known to frequent.
- Consider changing phone numbers to a number unknown to the trafficker.
- Keep an emergency cell phone and emergency numbers with you at all times.
- Avoid use of social media and the internet.

It is important to educate CSEC on how traffickers can track cell phones and IP addresses on computers they use, as well as locating youth through Facebook or other social media platforms. Safety considerations for technology include helping the CSEC change passwords and user names, limit personal information on social media, and change location and privacy settings on social media to prevent the trafficker from locating the CSEC.[170]

Use of the Nevada Confidential Address Program (CAP) can be another long-term strategy to ensure personal security for CSEC. The CAP program helps victims of domestic violence, sexual assault, human trafficking and/or stalking from being physically located by the perpetrator through public records. The program provides a fictitious address and confidential mail forwarding services to individuals and families across Nevada. Participants enrolled in the program use the fictitious address instead of their home, work or school address. CAP accepts all first class, registered, certified and election mail for the participants and forwards to their real address at no cost.[171] A Safety Planning Checklist is provided in *Resource 9-B.*

Preventing & Responding to Runaways

As mentioned above, a CSEC may return multiple times to the trafficking situation due to a trauma bond with their trafficker, not yet identifying as a victim and a desire to maintain a perceived independence. CSEC typically return to their trafficker by running away from their current placement.

Preventing runaways. CSEC safety is enhanced by preventing runaways. Thus, identifying coping strategies to help prevent a CSEC from running away is an important aspect of safety planning.

The following questions [172] and the checklist entitled Runaway Prevention Interventions Guide[173] (see *Resource 9-C),* can be used to engage the CSEC in identifying triggers that might prompt a runaway episode. They also help identify coping strategies to prevent one.

- What are your strengths? What are you good at?
- What are some triggers or behaviors that you have noticed occur when you start to feel like running?
- What has helped prevent you from running in the past?
- Who is a good support to you when you feel like running?

For CSEC who have a history of repeatedly running away, it is important to provide information on locations of youth shelters and community-based agencies that provide support to CSEC, as well as national hotlines and local helplines. This communicates caring and supports the development of a trusting relationship.

When a CSEC runs away. When a CSEC is missing, a report must be made to local law enforcement for entry into the National Crime Information Center (NCIC) and to the National Center for Missing and Exploited Children (NCMEC). See *Resource 9-D* for a list of hotlines and description of services offered, and *Resource 9-E* for emergency shelters and drop-in centers.

> **The NCIC is a nationwide, online computer and telecommunications system maintained by the FBI. It is an electronic clearinghouse of crime data available to criminal justice agencies nationwide, 24 hours a day, 365 days a year. The system makes millions of records, including files on wanted, missing, and unidentified persons, instantly available to local, state, and federal criminal justice agencies throughout the United States and Canada.[174]**

It is critical that agencies have policies and procedures in place on reporting and locating a missing CSEC. Procedures should include:[175]

- The time frame for reporting the missing CSEC (child welfare).
- The individuals or entities entitled to be notified that the CSEC is missing.
- Any required initial and ongoing efforts to locate the CSEC.
- Plans to return the CSEC to family/caregiver or placement.
- Notifications required upon a CSEC's return.

A sample reporting form which includes questions asked by NCMEC is included in *Resource 9-F.*

When a CSEC returns from runaway. Warmly welcoming and engaging a CSEC upon return from a runaway episode is critical to relationship building. Ensuring their immediate safety and basic physical and emotional needs are addressed strengthens their connection to caring service providers.

Debriefing. Once immediate needs have been met, the CSEC should be debriefed by a trusted CSEC-informed adult of the youth's choosing, using the Returning Child Debriefing (see *Resource 9-G*). The purpose of the debriefing is to clarify why the CSEC went missing and what happened while they were gone – including whether the youth was a victim of sex trafficking or other trauma. It is recommended that this debriefing tool be used each time a CSEC returns from a runaway episode.

Preventing and Responding to Peer Recruitment

Youth who are being trafficked may be intentionally used by a trafficker to recruit other youth into sex trafficking. Depending upon their stage of recovery, the CSEC may engage in recruitment efforts in the same program through which they are receiving services, on the internet or in school.[176] Residential programs are especially vulnerable to peer recruitment. A trafficker may use a CSEC to convince other youth of the benefits of leaving a structured residential program with the enticement of living a life with fewer rules and the opportunity to have materials things to which they would not otherwise have access.[177] To assist programs in addressing peer recruitment the following safety and preventive measures are provided.

Limiting opportunities for peer recruitment. General safety measures to limit recruitment include:[178, 179]

- Locating the program away from areas known for street prostitution.
- Addressing current or future safety concerns by building relationships with local law enforcement.
- Maintaining confidential locations with unpublished addresses and unmarked buildings.
- Gating or enclosing the property.
- Maintaining 24-hour staff.
- Installing security monitoring systems.
- Allowing only limited internet access for CSEC.
- Restricting cell phone use and screening phone calls.
- Locking entrance doors to the facility and screening all visitors.

As indicated in a fact sheet by the International Organization for Adolescents and Courtney's House, "These safety measures should be implemented in a way that makes a youth feel supported and safe, not controlled or punished."[180]

Preventing peer recruitment.[181] Preventive measures to avoid recruitment in service programs include:

- Separating CSEC based on stage of recovery in order to prevent those who are most vulnerable to recruitment from being victimized by youth who are not yet engaged in services or ready to leave their trafficking situation.[182]
- Educating all youth about sex trafficking and recruitment tactics.

- Educating parents and other caregivers on how to prevent the sex trafficking of youth and what steps to take if they suspect a youth is being exploited.[183]
- Monitoring for covert communications, such as passing notes or writing on hands.
- Monitoring youth relationships and contact as much as possible.

> ***"I would have needed very few other victims around too, because there would have been a huge risk. I would have taken cues from them instead of the professionals. I really would have needed mostly staff and maybe one or two other victims who had similar upbringings."***
>
> ***~Anonymous, CSEC Survivor***

Responding to peer recruitment.[184] When efforts to redirect a CSEC from peer recruitment are unsuccessful, agencies may wish to consider the following strategies.

- When a CSEC is suspected of attempting to recruit another client, staff members should not allow the CSEC to be alone with others in the program.
- When a CSEC is suspected of recruitment, phone and internet usage should be restricted.
- When a CSEC engages in peer recruitment repeatedly, their treatment needs should be reassessed to determine if they can be better served in another, more intensive program.

Safety Considerations for Service Providers and Organizations

Agencies and service providers who serve CSEC must be aware of the potential risks and establish safety procedures within their organizations.

When safety planning for an agency or staff member, consider the following measures:[185, 186]

- Be aware of potential risks by screening potential clients carefully.
- Meet with the client in a geographical area away from the trafficker.
- Determine how accessible information about your organization is, including staff names, phone numbers and addresses.
- Block office and cell phone numbers from being displayed when making outgoing calls.
- Keep a residential program's address confidential and do not list the address on a website.
- Assess safety risks when visiting a location or neighborhood where trafficking in persons is known to occur. Tell a colleague where you are going and when you expect to be back. When necessary, work in pairs.
- Utilize rental cars for transporting clients so that vehicles cannot be traced to the agency or service provider.
- Protect client confidentiality and avoid publicity and media. This could compromise staff and client safety, and potentially hinder ongoing law enforcement investigations.

Chapter 10

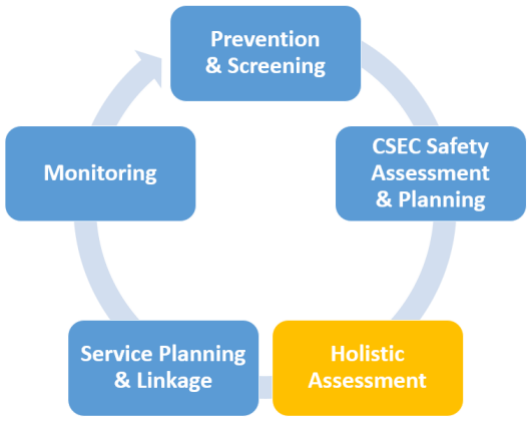
HOLISTIC ASSESSMENT OF CSEC NEEDS

> ***CSEC Guiding Principles #3, 4, 5 & 8:*** *We view the CSEC and their well-being holistically, considering the psychological, emotional, spiritual, educational, physical and the social. We honor the individuality of each CSEC and support a sense of self-efficacy. We affirm and bolster the CSEC's central role in the development and implementation of their strengths-based service plan. We include family members and/or caregivers when appropriate, making their needs a part of the service plan.*

Initial and ongoing assessments of a CSEC's needs, strengths and resources are critical to developing initial and updated service plans and supporting the CSEC's forward movement to healing and recovery. Although CSEC suffer some of the same long-term developmental, psychological, emotional, social and physical consequences as victims of sexual abuse and intimate partner violence, they have additional needs that warrant a holistic assessment and response. A holistic assessment not only identifies concerns and needs, but also the CSEC's strengths and resources that can be utilized in meeting these needs and attaining the CSEC's life goals.

At minimum, there are two stages of holistic assessment:

- An assessment of immediate needs in response to a crisis – part of an Urgent Response (as defined in the *MDT* chapter).
- An assessment of underlying needs for ongoing concerns – once a CSEC has stabilized following an Urgent Response and part of a Non-Urgent Response (see *MDT* chapter).



Assessing the CSEC's immediate and underlying needs and strengths have the potential to be relationship-building and healing processes when they involve the CSEC in a meaningful way and are respectful of and responsive to their point of view. Additionally, by using the CSEC's own language to describe their needs and strengths, their experiences and understanding are validated and their participation honored.

The information presented below serves as the framework for assessments from a holistic perspective and is adapted from California's Holistic Needs of Commercially Sexually Exploited Children and used with permission of the California Child Welfare Council CSEC Action Team.[187] Following the *Immediate* and *Ongoing Assessment* sections, suggestions are made for identifying functional strengths and resources, and the needs of and supports for CSEC special populations are reviewed. The discussion and identification of strengths and resources and the influence of subgroup membership (see the *Approach* chapter) should be woven throughout the assessment process.

Assessing Immediate Concerns and Needs

A CSEC may initially be identified when removed from an active trafficking situation, such as through a law enforcement recovery operation, involvement with a community mobile crisis response due to a suicide attempt or domestic violence, or a foster youth identified upon return from a runaway.

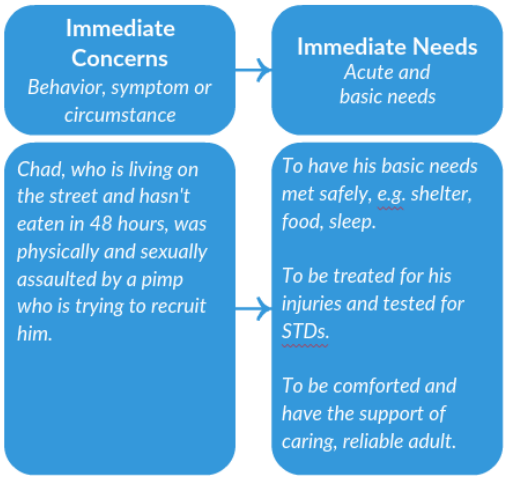


Figure 10.1. An example of immediate concerns & related immediate needs.

Through a Rapid Response MDT and/or a 72-Hour MDT – depending upon whether it is an Urgent Response or Non-Urgent Response, the immediate concerns and immediate needs of the CSEC are identified. (*Figure IV.2* in the Introduction to the Service Delivery Process section provides a more detailed diagram of the service delivery cycle.) Immediate concerns are those which require immediate intervention given the presenting crisis. Immediate needs related to the crisis situation include acute needs, such as emergency medical and dental care, and basic needs, such as food, shelter and clothing. *Figure 10.1* provides an example of immediate concerns and related immediate needs that warrant a rapid service response.

A CSEC's immediate needs may fall into the areas described below.[188]

Individual support and advocacy. Arguably, the most important immediate need of a CSEC is to know they are valued; to be reassured that they matter, that they are seen and that their voice is heard.

It is advantageous to the building of rapport and engagement if this comfort and reassurance is provided by a CMA. The CMA can be the trusting, reliable relationship that supports, advocates for and follows the CSEC throughout the recovery process. For additional information, see the *CSEC Mentor-Advocates* chapter.

Identification of safety issues and an immediate CSEC safety plan. The CSEC should be encouraged to participate in identifying safety concerns and developing an immediate CSEC safety plan. See the *CSEC Safety* chapter.

Basic needs. These immediate needs may include food, clothing, emergency housing and sleep.

Acute health needs. Immediate and/or emergency medical care may be needed to address physical health and dental issues resulting from physical violence, malnourishment, sexually transmitted infections and/or pregnancy.

Acute mental health needs. Immediate mental health care may be needed for post-traumatic stress disorder (PTSD) or other conditions, such as psychosis, depression, suicidal ideation or other behaviors presenting risk of harm to self or others that may require hospitalization. Targeted screenings may be useful in identifying these acute needs.

Forensic medical evaluation. If evidence of sexual assault is needed for purposes of prosecution of the trafficker or buyer, an evaluation and documentation of injuries related to sexual violence may be required.

Acute substance use needs. A urine and/or serum screening for alcohol and drug use, may be needed if clinically indicated, i.e., if the CSEC is acting confused or sleepy or in extreme emotional distress.

Assessing Ongoing Concerns and Underlying Needs

A CSEC's ongoing concerns and underlying needs are identified through a clinical assessment following:

- An Urgent Response, after the crisis is over and the CSEC is stabilized.
- A Non-Urgent Response.

This assessment forms the basis of comprehensive, individualized service planning through the MDT. It should be noted that one of the benefits of the MDT is to eliminate unnecessary and duplicative assessments and potential re-traumatization of the CSEC. Service partners who participate in the MDT have access to the assessment report which is used to jointly identify needed services.

As indicated above, the purpose of this holistic assessment is to clarify the CSEC's ongoing concerns (i.e., the CSEC's ongoing behavior or circumstance) and to identify related underlying needs (i.e., the causes of a CSEC's behavior or circumstance). This ensures that ongoing services are relevant and effective.

"[Underlying] needs describe the condition or state causing the behaviors (or symptoms) to occur."[189]

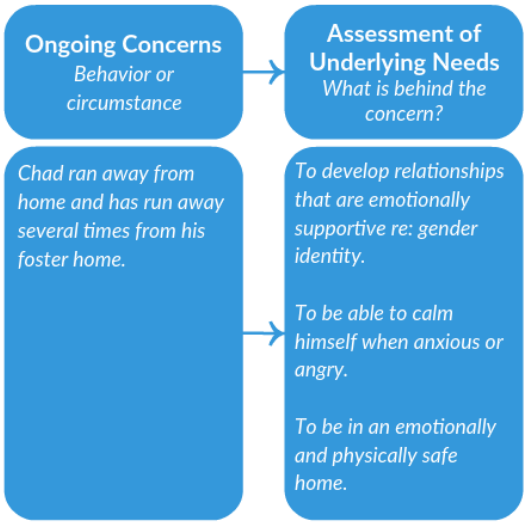


Figure 10.2. An example of an ongoing concern and related underlying needs.

Each concern presents the question: "What is the need behind this behavior [or circumstance]?"[190] Underlying needs are specific and reflective of each CSEC's individual life experience and presenting concerns, though they often fall under the umbrella of a global CSEC intangible need.[191] See *Figure 10.2* for an example of an ongoing concern and related underlying needs that provide the foundation for individualizing services.

Paul Vincent offers the following tips for remaining focused on underlying needs:[192]

> "A service is not a need. A program is not need. A placement is not a need; it is a setting or living arrangement. A symptom is not a need; the need is what causes the symptom. When you can't get beyond thinking of a service, ask yourself, the [CSEC] needs

(the service) to accomplish what? The answer will help identify the need. When you start with needs, the possible solutions are multiplied."

The CSEC's underlying needs may fall within the following areas.

Safety. Assessing the CSEC's physical and emotional safety is an ongoing process and must be reviewed at various points during service provision, including during assessment and case planning. The immediate CSEC safety plan developed in the midst of crisis is revised to address ongoing safety concerns. See the *CSEC Safety* chapter for additional information.

Physical, sexual and reproductive health needs. CSEC have a myriad of acute and chronic physical health needs due to the complex traumatic experiences they endure. Many experience malnourishment, sleep deprivation, prolonged drug use and forced sexual activity. Most CSEC do not have access to health care unless a health issue becomes critical and interferes with their exploitation.[193]

> ***"My [first] trafficker gave me gangrene from a beating. He let me walk around with it for two weeks. I still had to make him money. My body was dying. I was dying. He sold me [to another trafficker] because he wanted one last payout. This trafficker paid for me with a car. He didn't know I was dying. When at his house, I took baths to clean the infection out of my now open wounds… He called my [first] trafficker to pick me up and he said that he didn't pay for a dead body and that I needed to be picked up. My [first] trafficker came and got me. When we got alone in the car, he asked me why he should take me to the hospital instead of the desert. I knew I was losing my last chance and then I convinced him I was still working with that other trafficker. He dropped me off in a neighborhood near UMC and I walked 3/4 of a mile to get to the emergency room. I was hospitalized for a month. I was transferred for my safety to [another state] two weeks into my hospitalization." ~Anonymous, CSEC Survivor***

A comprehensive medical evaluation is essential to determining the need for preventive, primary and ongoing health care. Preventive care could include immunizations which may have been delayed (Hepatitis B/C, HPV), while primary care may be needed to treat chronic physical ailments ranging from injuries due to assaults and sexually transmitted infections to unwanted pregnancies and complications from unsafe abortions.[194] Reproductive and sexual health is a critical component of the comprehensive medical evaluation as CSEC have contact with multiple sexual partners with varying degrees of protection.

Mental health and substance use needs. CSEC experience multiple traumatic events including exposure to repetitive and prolonged violence, isolation, personal invalidation and coercion, which lead to serious mental and emotional health consequences.[195] These experiences contribute to a high incidence of depression and other affective disorders, suicidality, PTSD and substance use.

CSEC's often have co-occurring mental health and substance use concerns. Substance use/abuse and sex trafficking often go hand in hand. Pimps may lure sex trafficking victims through drugs and use drugs to control, punish and reward victims.[196] Also, the abuse of substances by CSEC frequently represents an attempt to numb the physical and emotional pain related to traumatic events and resulting mental health issues. These experiences also impact their development, learning, behavior, identity development, self-worth and relationships.

> ***"I disconnected. While I was out there I had to become someone else. Often times it felt as though I was on autopilot. No feelings… numbness. I tried to not look anyone in the face, I tried to not give the men I was sleeping with a face. I shut everything off. I also drank a lot." ~Jessica Kay, CSEC Survivor***

Mental health, substance use and trauma assessment and treatment by trauma-informed mental health and substance abuse professionals is critical to CSEC's healing and recovery.[197]

Mental health assessment tool. Mental health clinicians are encouraged to use the Nevada Child and Adolescent Needs and Strengths (CANS) as the tool to assess a CSEC's strengths and behavioral/emotional and substance use needs. The CANS tool is an open domain tool addressing ages 0 - 21 years. Users may take online classes and an online examination certifying them in the use of the CANS.

Nevada began statewide implementation of the CANS for state-operated or affiliated children's mental health and specialized foster care providers in February 2016. As the CANS implementation grows across Nevada, sharing of information and collaboration across providers will be enhanced, resulting in fewer evaluations for youth and greater ability on the part of youth and families to participate in their care.

The Nevada CANS assesses youth and family strengths and needs in the following areas:[198]

- Potentially traumatic/adverse childhood experiences.
- Behavioral/emotional needs domain.
- Life functioning domain.
- Strengths domain.
- Cultural factors domain.
- Risk behaviors domain.
- Caregiver resources & needs domain.
- Early childhood domain (birth - 6 years).
- Transition to adulthood domain (14 - 21 years).

The Nevada CANS Individualized Assessment Modules provide an opportunity for additional information-gathering in specific areas, as needed:

- Commercially sexually exploited module.
- Substance use disorder module.
- Sexual identity module.
- School module.
- Educational attributes.
- Student strengths.
- Developmental needs module.

- Dangerousness module.
- Sexually aggressive behaviors.
- Problematic sexual behavior module.
- Runaway module.
- Juvenile justice module.

Legal advocacy needs. There are a number of circumstances a CSEC may experience that present the need for a legal advocate. For example, some CSEC may not be able to pass background checks required for employment due to arrests for crimes committed while being trafficked. They are in need of legal assistance to expunge and/or reverse past delinquency adjudications or findings of guilt. Other examples may include:

Juvenile delinquency – when CSEC has been arrested or detained for crimes related to their exploitation.

Crime victim status – when CSEC is involved in the prosecution of their trafficker.

Juvenile dependency – when CSEC is in the child welfare system.

Re-entry issues – when CSEC has outstanding issues related to their juvenile or criminal cases, e.g., identity theft.

Educational status – when CSEC needs special education, non-traditional school options, or has school attendance or discipline issues.

Immigration status – when CSEC is undocumented and in need of protections.

Debt – when CSEC has medical bills related to their victimization.

Parental visitation and custody – when CSEC is a parent.

"I wish there was a way to get my daughter back."
~Jasmine, CSEC Survivor.

Gender identity – when CSEC is transgender and in need of identity/gender changes on identity documents.

Placement and residential treatment needs. A continuum of housing and placement options may be needed over the course of the CSEC's recovery – from an immediate safe placement during a crisis or attempt to exit exploitation to a placement that supports long-term recovery.

Programs that offer housing must have CSEC-informed programming and an understanding of stages of changes. They must also have appropriate safety measures in place that protect:
- The CSEC from their trafficker.
- The CSEC from other residents who may attempt to recruit them back into the life.
- Other residents from any recruitment activity on the part of the CSEC.

For additional information, see the *Approach* and *CSEC Safety* chapters.

In determining a placement that is appropriately matched to the CSEC's needs, major considerations include the type and level of support and supervision needed, and the CSEC's stage of change.

If the placement under consideration is with the CSEC's family or a friend or relative of the trafficker, it should be determined whether they were complicit in any way in the CSEC's exploitation. If the family, friend or relative caregiver is deemed to be appropriate, the type of education and ongoing support needed to parent the sexually exploited youth must be clarified.

Educational, vocational and skill development needs. Attaining educational goals and/or developing vocational skills provide the foundation for employment, self-care and a stable home life outside of the life.

> ***"My teachers believed that I could do it and I wanted to finally make my mother proud in death in a way that I failed to do when she was alive. School saved my life and my soul."***
> ***~Tanya Smith, CSEC Survivor***

Education. Many CSEC may not have attended school or completed their education. They may require screening/assessment to determine grade level attainment and educational needs. A CSEC's safety and remedial needs, whether addressed through traditional or non-traditional educational options, must be clarified.[199]

Vocational and life skills. As part of their exploitation, many CSEC do not learn basic living and self-care skills, such as, cooking, doing laundry, job interview skills and making change. The lack of these daily living skills provides obstacles to re-entering mainstream society and obtaining employment.

> ***"I've learned that I like to paint, read, bake, sew, be creative, go on adventures and the ocean. All things I would never let myself try or enjoy before in fear of it being taken."***
> ***~Anonymous, CSEC Survivor***

Supportive relationships and networks. Building and sustaining a healthy support system is critical to CSEC successfully leaving exploitative relationships and establishing a sense of community. As CSEC have been isolated from friends and family support and had abusive adults in their lives, they often have difficulty trusting others and forming healthy relationships. Thus, CSEC are often more comfortable with peers and advocates (e.g., CMA) who understand and/or have experienced similar pain and exploitation. For many, having a mentor or someone who is willing and available to provide guidance over the long-term is often essential to ensure that the CSEC is able to pursue a life away from trafficking. Support may also be found through caring communities, e.g., groups that reflect the CSEC's religious beliefs, identity or interests.

Assessing the Influence of Exploitation on Development

The developmental tasks for adolescence (puberty to adulthood) center around becoming more self-sufficient, developing a personal sense of identity, learning how to manage sexuality and sexual identify, adopting a personal value system, as well as developing greater impulse control and behavioral maturity.[200]

Child maltreatment during infancy, early childhood and adolescence can have enduring physical, intellectual and psychological repercussions on a child's development. These developmental tasks are physical, psychological and social skills that need to be acquired throughout a child's development, as successful mastery of tasks at each stage of development provides a foundation that allows a child to accomplish the developmental tasks of later stages.[201]

Many CSEC were victims of abuse during childhood. Additionally, studies suggest it is the extent and persistence of the psychological and physical abuse and the coercive, deceitful and exploitative relationship with the traffickers that distinguish trafficking from other types of child abuse.[202]

Whether caused by cumulative abuse and neglect which began in childhood or sexual exploitation introduced in adolescence,[203] CSEC's development may have had many disruptions in their childhood (e.g., innocence, playfulness, creativity) and adolescence (e.g., autonomy, intimacy, self-definition). These disruptions may have interfered in the mastery of developmental tasks and healthy development.[204]

While the effects of sexual exploitation influence a child's development into adolescence and adulthood, many CSEC demonstrate remarkable resilience and capacity to heal when provided support from positive adults and mentors, strong social connections, opportunities to improve self-esteem and coping skills.[205]

Assessing Needs and Strengths of Parents and Caregivers

It is critically important to identify and assess the role parents and caregivers (e.g., relative caregivers) had in the sexual exploitation of the CSEC, i.e., whether they were overtly involved or complicit in the trafficking of the CSEC. This guides the determination of whether the parents' or caregivers' involvement in case planning and services will aid in or be a detriment to the CSEC's recovery.[206]

For non-offending parents and/or caregivers, a comprehensive assessment of strengths, needs and capacities steers the selection of interventions and services. Evaluations of parenting skills and competencies, protective capacities, family functioning, parental mental health and substance use, as well as their understanding of the impact of sexual exploitation on the CSEC, are used to inform referral for appropriate services and/or referral for further assessment.[207]

Identifying Strengths & Resources

While it is essential to understand a CSEC's needs, it is equally vital to help them identify their strengths and resources in service of rebuilding a positive sense of self, recognizing their potential, seeing possibilities and options, and creating a hopeful outlook for the future.
It is most beneficial to the CSEC to identify their "functional" strengths and resources – strengths and resources that support movement toward goals. In the context of assessment, functional strengths and resources are those that support attainment of service goals and ultimately the CSEC's recovery and desired life.[208] As such, strengths should be identified, then nurtured and reinforced through inclusion in the CSEC's service plan.

Also, of particular importance, the strengths and resources must be meaningful to the CSEC. When they ring true to the CSEC, they provide hope and inspire action.

> ***"I hope people can be nuanced enough when talking with the child about their strengths – that they don't try to use the strengths to minimize the trauma. Sometimes it's really hard to hear those types of things because it feels like the trauma is being minimized, and sometimes it makes the child blame themselves more. If someone tells a child how strong they are, superficially the child might accept the compliment but internally they may start to think, 'Well, if I am strong, how did I let this happen? And why do I feel so much pain? If I'm so strong, why does this all hurt so much?'"***
>
> ***~Anonymous CSEC Survivor***

Strengths can be skills and abilities, helpful personal attributes, strategies that worked well in the past, formal and informal supports, as well as interests and aspirations.[209] The Nevada CANS, discussed previously, identifies the following areas of possible personal, social and environmental strengths in a youth's life – in this instance, a CSEC.[210] These strengths can serve to protect the CSEC from further risk and abuse, and be a springboard for addressing underlying needs and reaching the CSEC's goals.

- Family strengths and support – a sense of identity, love and communication.
- Interpersonal/social connectedness – ability to make/maintain relationships.
- Educational setting – strengths of school/training setting that CSEC attends.
- Optimism – positive orientation to the future.
- Talents and interests – hobbies, skills, artistic interests/talents that give enjoyment and lead to a positive self-image.
- Spiritual/religious – beliefs and practices that provide comfort and support.
- CSEC involvement in care – understands their needs; participates in service planning.
- Natural supports – unpaid individuals who provide positive support to CSEC.
- Peer influences – peer social network has positive influence and behaviors.
- Vocational – strengths of CSEC's school/vocational setting.
- Resilience – CSEC's ability to use internal strengths and bounce back from stressful events.
- Community life – CSEC's positive connections to people, places and institutions in their community.
- Cultural identity – CSEC has a cultural identity that is supported by others.

> ***"I am me. I feel for the first time in my life being me is enough. I am strong and independent and often told I am brave. I am impatient and have high expectations of myself."***
>
> ***~Anonymous, CSEC Survivor***

Approaches to identifying strengths & resources

While strengths and resources can be identified through the Nevada CANS, additional approaches to identifying a CSEC's strengths are described below.

Meeting basic and intangible needs. One avenue for identifying strengths and resources is to help the CSEC consider any personal characteristics, skills, behaviors or interpersonal supports that have led, in the past or present, to meeting their basic and/or intangible needs in ways that support their recovery.

Basic needs are described above. Intangible needs of a CSEC are listed below.[211]

- Safety.
- Protection.
- Nonjudgmental environment.
- Respect.
- Acceptance.
- Engagement in positive community.
- Healthy adult relationships.
- Mentors and/or positive role models.
- Supportive peers.
- Understanding of the recovery process.
- Affirmation of skills and strengths.
- Recognition of abuse and trauma.
- An opportunity to not be defined solely by abuse and trauma.
- Options.
- A sense of empowerment in one's own healing and restoration process.
- Political education to understand the issue of CSEC.
- Youth leadership opportunities.
- Love.
- Holistic care.

While basic and intangible needs are global concepts, the CSEC can be encouraged to provide specific examples or actions related to these global concepts. Care must be taken that the exploration encourages the CSEC as it also has the potential to highlight what is missing in their lives.

Strengths arising from challenges. Some strengths are honed through crisis. CSEC have faced many challenges yet, if they are participating in an assessment of their needs and strengths, they survived the abuse and trauma and have before them the prospect of a new life. How was that possible? What underlying functional strengths or skills enabled the CSEC to survive? Listening closely as the CSEC tells their story while gently asking questions can elicit answers to these questions. They may include the qualities of perseverance, empathy or courage or the skills of assertiveness or independence.[212]

These qualities and skills that contributed to the CSEC surviving abuse and trauma may also be functional when redirected toward their recovery and building a life the CSEC values and desires.

Reframing. Another avenue for identifying a CSEC's strengths is to explore with the CSEC a broader or alternative understanding of a behavior or situation. This involves reviewing a

situation, event or interaction that the individual views negatively and developing a new or different perspective about it. While the content is not changed, the individual's interpretation of the content is changed. When the outcome of this exploration results in a re-interpretation, it is referred to as a cognitive reframe. This reframe assists the individual to cope and/or supports their healing.

> ***"My mother was murdered when I was 14 years old. Her memory kept me going, her hopes that she had for her only child acted as an anchor to prevent me from losing myself in the sea of exploitation and hopelessness. I knew she wanted better for me, even if I didn't know how to do better. The trauma from my mother's murder caused me to disassociate in a way that still causes me to compartmentalize pain, stress and trauma in order for me to continue on and survive. While disassociating can be viewed as unhealthy, my ability to mentally leave a situation is what saved me from completely being broken." ~ Tanya Smith, CSEC survivor***

Table 10.1 below is adapted from the Transition to Independence Modules and provides examples of how perceived deficits may be indicative of strengths.[213]

Perceived deficits	Could reflect these strengths
Argumentative	Advocates for himself/herself
Rebellious	Courageous
Thrill-seeker	Tries new approaches
Runs away from home	Takes action
Skips school to be with friends	Is sociable
Has tantrums and outbursts	Expressive
Manipulative	Good at controlling environment
Attention seeking	Looks to attach to someone
Close-mouthed	Cautious, protective
Disabled	Learns detours around roadblocks

Table 10.1. Examples of the strengths reflected in perceived deficits.

It should be noted that reframing is a tool that requires careful application and the gentle and respectful guidance of a trained professional. A reframe is most useful when it emerges from the CSEC's own reconsideration of their interpretation of a behavior or event. It must be plausible to the CSEC. When it does, the newly-recognized strengths may be channeled to support the CSEC's road to recovery. When it does not, the CSEC may experience the exploration and cognitive reframe as a minimization of their painful and traumatic experiences, and thus be counter-productive to the relationship-building process and the CSEC's recovery.

Supportive relationships and communities. A fourth avenue for identifying positive resources available to the CSEC is to consider the supportive individuals and communities in the CSEC's life. For examples of supportive relationships and communities, see the *Service Network* chapter.

Interests and abilities. The fifth avenue for identifying functional strengths is to attend to the CSEC's interests and abilities. They often provide an inherent impetus for action. When nurtured, they can contribute to a positive and more holistic self-concept. They can also provide a springboard to healthy relationships with those of similar interests, or attainment of vocational or recreational goals.

Assessing the Needs of Special Populations

In any general population, there are members who have unique experiences and needs based on subgroup membership related to one's culture or personal characteristics. This applies to the CSEC population as well. Group membership can provide a supportive network and strengths as discussed above; it can also highlight potential needs. While the CSEC population overall may experience similar challenges, membership in one or more subgroups individualizes the CSEC's challenges and needs. These subgroups are referred to as special populations. The challenges and needs faced by CSEC special populations are described below, along with potential supports and services.

CSEC who are boys

Recent studies suggest that the number of boys and girls involved in child sex trafficking is likely similar in number.[214] Contributing factors as to why CSEC boys are not identified or served include:[215]

- The unwillingness of boys to identify as sexually exploited due to shame and stigma.
- Lack of appropriate screening and intake by first responders based on the belief that boys are not victims.
- Limited outreach by anti-trafficking organizations.

Many CSEC boys share the same risk factors for involvement in sex trafficking as do girls, such as child maltreatment and family violence. They also suffer the same types of abuse and trauma as a result of their exploitation.

Suggested service supports include male survivor outreach workers, school-based prevention and gender-specific housing and programming.

CSEC who are LGBTQ

LGBTQ youth are at increased risk of sex trafficking because of:[216]

- Family rejection.
- School bullying.
- Discrimination.

Studies have shown that LGBTQ youth are overrepresented among runaway and homeless youth. Nearly 40% of homeless youth identify as LGBTQ in comparison to 7% of the general

population. Many are thrown out of their house for being gay, bi-sexual or transgender and find themselves on the street at high risk for sexual exploitation as they attempt to meet their basic needs.[217]

Many trafficked LGBTQ youth go underserved or unserved. The Polaris Project offers the following ten strategies for providing support and services to LQBTQ youth in their publication, Breaking Barriers: Improving Services for LGBTQ Human Trafficking Victims.[218]

Build partnerships in your community. Ensure service responses and practices are equitable and appropriate by building partnerships with LGBTQ providers and LGBTQ survivors.

Train staff to create a welcoming space. Provide training opportunities that help staff learn about LGBTQ experiences (including survivors' perspectives), recognize any internal bias and strengthen empathetic responses.

Improve ability to identify human trafficking. First responders should not make assumptions about a youth's identity or orientation based on the circumstances of their trafficking situation. LGBTQ youth who are victims of sex trafficking may not fit a traditional understanding of pimp-controlled or gang-controlled sex trafficking.

Revisit the intake process. Ensure there is a clear policy that allows for services and treatment to be based on one's self-identification. The intake process may cause fear or hesitance if it necessitates disclosure (or coming out).

Revisit practices on confidentiality. LGBTQ youth have differing levels of comfort in disclosing their sexual orientation or identity. Talk through confidentiality and documented information that is shared with other agencies to determine what feels safe and comfortable to the youth.

Adapt services to be inclusive. Hire staff and volunteers who also identify as LGBTQ. Place LGBTQ-friendly signage or visual cues in outreach materials and websites. Housing placements in sex-segregated facilities for LGBTQ youth should be determined by the youth's self-identified gender identity and in conjunction with a collaborative safety planning process.

Adjust the safety planning process. LGBTQ youth may require external safety plans to address safety threats from traffickers and internal safety plans to lay out contingency actions if a youth experiences discrimination or assault by other program participants or staff.

Allow flexibility in treatment or case planning. Flexible service planning recognizes that LGBTQ youth have specific needs that may require services tailored to the youth's gender identity.

Host LGBTQ inclusive events and activities. Increase cultural competence by participating or hosting local LGBTQ events, including discussion groups or artistic events, to enhance awareness, respect and inclusivity.

Advocate for the rights of LGBTQ youth. Identify persistent gaps and offer creative and practical solutions to challenges of CSEC who are LGBTQ.

CSEC with intellectual, mental and physical disabilities

Individuals with physical, cognitive or emotional disabilities are at increased risk for commercial sexual exploitation. There are several factors that make individuals with disabilities vulnerable:[219]

- They are dependent on caregivers and might become submissive to their wishes.
- They are isolated.
- They may have limited formal sex education.
- Sometimes their level of care requires close intimate physical contact and they might become desensitized to touch or be unaware of appropriate boundaries.
- They might not be believed if they report abuse and violence.

CSEC with disabilities may need special protections and accommodations. It is crucial that interactions and efforts to support CSEC with disabilities include consultation and coordination with organizations and professionals experienced in serving individuals with disabilities.

CSEC who are African American

African American youth are overrepresented in child sex trafficking cases. According to the FBI, 52% of all juvenile prostitution arrests are African-American children.[220] Their age when first prostituted is younger and they are arrested at higher rates than their white counterparts.

Studies have firmly linked African Americans involvement in sex trafficking to sociocultural issues, including:

- Pervasiveness of poverty.
- Homelessness.
- Limited education and job skills.

African Americans are overrepresented in poverty and the child welfare system, two known factors for a youth being at greater risk of sexual exploitation.[221]

There is evidence that service providers tend to make assumptions about minority ethnic parents on the basis of the service provider's background, and these assumptions tend to be unfairly judgmental.[222] A strengths-based approach to meeting the needs of CSEC who are African American counters longstanding deficit-based views and leverages strengths and life coping skills that are evident in African American families. As outlined by Maxie Rockymore in A Practice Guide for Working with African American Families in the Child Welfare System, these include:[223]

> "Strong achievement orientation.
> Flexible family roles.
> Strong work orientation.
> Strong kinship bonds.
> Strong religious orientation."

Additionally, low-income African American single mothers exhibit the following parenting strengths:[224]

> "Substantial parental involvement.
> Support for parenting from external caregivers.
> Parenting skills that emphasize and enhance achievement.
> Respect for others, self-respect and racial pride with their children."

Referrals to service providers who are African American or culturally competent and who can identify and leverage these strengths is crucial to the recovery of CSEC who are African American.

Youth in foster care and runaways

Children in foster care are at particularly high risk of being trafficked. A 2013 report by the HHS Administration on Children, Youth and Families cited several studies showing that 50 to more than 90 percent of children who were victims of child sex trafficking had been involved with child welfare services.[225] In 2017, an estimated 1 out of 7 endangered runaways reported to the National Center for Missing and Exploited Children were likely sex trafficking victims; eighty-eight percent of these were in the care of social services or foster care when they went missing.[226]

Many foster children experience:

- Separation and isolation from family and friends.
- Abusive and/or neglectful caregivers.
- Multiple foster homes and/or caregivers.
- Repeated school changes.

The instability experienced by foster youth and their lack of a consistent relationship with a reliable, caring adult makes foster children particularly vulnerable to sexual exploitation. Traffickers target children in foster care because of this increased vulnerability, seemingly offering them the stability and love they seek.

Training for foster parents and social workers is critical so youth who are at high risk of sex trafficking can be protected and/or identified. Child welfare agencies and their partners can employ prevention strategies outlined in the Youth Toolkit in the *CSEC Prevention Resource Guide* and the Preventing Runaways section of the *CSEC Safety* chapter in this CSEC Protocol.

CSEC who are American Indian

Youth who are American Indian/Alaska Native (AI/AN)[vii] are one of the most vulnerable groups for commercial sexual exploitation. The following risk factors for CSEC converge to create the "perfect storm" of vulnerability and risk for these youth. While data for AI/AN youth is limited, the statistics presented are derived from one or more studies.[227, 228, 229, 230, 231, 232]

- Historical, generational trauma of AI/AN communities related to government-sponsored involuntary relocations, sterilizations and boarding school attendance.

[vii] The formal legal designation of American Indian/American Native is used in this CSEC Protocol to represent Native communities in this country with the recognition there are numerous terms used to describe Native communities and differing comfort levels with various terms.

- A poverty rate of 28 - 32.4% (one in three AI/AN children) and unemployment rate of twice the national average, contributing to homelessness and financial need.
- Child sexual abuse and child physical abuse for AI/AN girls at twice the rate of the general population, with 79% of women in one study being sexually abused as children.
- Runaway, thrown-away and/or homeless AI/AN youth representing 20 - 40% of youth served.
- Overrepresentation of AI/AN youth in foster care by nearly 2.5 times the general population.
- Emotional vulnerability of AI/AN youth related to exposure to an average of 4.1 traumas, with threat or witnessing of injury being the most common; and a PTSD rate of 22% – equivalent to war veterans.
- Physical/sexual abuse of AI/AN teens/adults, with one in three AI/AN women raped and 6 in 10 physically assaulted in their lifetime.
- Normalization of violence through exposure at home and in the community, with crime and sexual assault rates 2.5 times the national rate, and 39% of AI/AN women being victims of domestic violence.
- Family alcohol and drug use that cause family, health, job or legal problems for 27 to 43% of 12th grade AI/AN youth, respectively; and reported by over half of AI/AN youth as a reason for running away.
- Personal substance abuse by up to 35 - 55% of AI/AN youth/adults prior to entering the sex trade.
- Fetal alcohol spectrum disorders, at rates 30 times the rate for whites, cause impaired judgment and impulsiveness and vulnerability to threats by traffickers.

AI/AN girls may also be targeted because of their perceived marketability as “exotic” and because of the barriers to effective law enforcement on tribal lands.

Collaborating with tribes and tribal services on prevention, training and culturally competent treatment for CSEC, including developing victim’s assistance programs is key to effectively serving CSEC who are AI/AN.[233]

CSEC who are foreign nationals

A foreign national is a foreign-born individual who is a non-citizen and residing in the United States, regardless of their immigration status. CSEC who are foreign nationals are particularly vulnerable and may pose unique challenges including: [234]

- Lack of legal identification.
- Language barriers.
- Social isolation.
- Fear of deportation.

Most CSEC who are foreign-born are unaware that there are immigration laws and assistance for victims of sex trafficking. The following forms of protections are available to these CSEC:[235]

- Continued Presence.
- T-Nonimmigrant Status (T-Visa).
- U-Nonimmigrant Status (U-Visa).
- Violence Against Women Act (VAWA) self-petitioning and cancellation of removal.
- Special Immigrant Juvenile Status (SIJS).

See *Table 10.2* for a description of immigration terms.

Promptly securing the services of an immigration attorney with expertise in trafficking is critical to determining the protections for which the CSEC is eligible, as well as the best options to pursue.[236] This is particularly important for victims charged with a criminal offense and/or for those submitting applications for social services and other benefits. These applications must be filed correctly so as not to irreparably harm the CSEC's chances for future immigration relief.

CSEC who are parents

There is limited data on CSEC who are parents, with most information obtained from surveys related to the health of sex trafficking victims. For many CSEC who become pregnant, intolerant traffickers force abortions due to the loss of revenue from a pregnancy. One study found that at least 55% of trafficked women indicated they had one abortion and 55% had multiple abortions.[237] Other CSEC who give birth may be forced to abandon the child to family or social services. In instances when a CSEC is able to parent, they suffer problems associated with teen parenting, such as:[238]

- Maternal and infant health problems.
- Poverty.
- Lack of educational opportunities.
- Inadequate family support.
- Increased risk for domestic violence.
- Child abuse and neglect.

> ***"The biggest, most shocking, worst thing that happened to me was losing a child [to murder] and that people should be aware that might have happened to someone and that the care needed for that might be very different than the care needed for other aspects of being trafficked."***
>
> ***~Anonymous, CSEC Survivor***

Children are also used by the trafficker to coerce CSEC into staying with the trafficker and following the trafficker's wishes. CSEC must remain with the trafficker to protect their relationship with their children, as well as protect their children from threats of physical harm.

> ***"Today I am a mom! And that is also what I am most proud of. I am able to be a mom to my sweet babies and not have to live in fear of not coming home or someone hurting them to get to me." ~Anonymous CSEC Survivor***

Effective programs to support pregnant or parenting teens are:

- Customized to the CSEC parent's unique needs.
- Target healthcare and child development needs.
- Connect teens to a comprehensive array of services, including safe and supportive housing.

When appropriate, programs should also promote intergenerational relationships by involving extended family members.

Table 10.2: Immigration Terms and Definitions[239]

Term/Acronym	Definition
Continued Presence	Conveys short-term immigration status and provides temporary permission to remain in the United States for victims of human trafficking who are *potential* witnesses in a trafficking investigation or prosecution. It provides temporary work authorization and access to public benefits via a certification letter issued by the Office for Refugee Resettlement.
Federal Certification	Available through the U.S. Department of Health and Human Services to determine whether foreign victims of trafficking are eligible to receive federal and state benefits. These benefits are generally the same as those available to refugees.
Special Immigrant Juvenile Status (SIJS)	An immigration classification available to certain undocumented immigrants under the age of 21 who have been abused, neglected or abandoned by one or both parents. SIJS is a way for immigrants under 21 to apply for and obtain legal permanent residence in the United States.
T-Nonimmigrant Status	An immigration status created by the federal Trafficking Victims Protection Act of 2000 to protect men, women and youth who are the victims of human trafficking. Known as a "T-visa," this status allows victims of severe forms of trafficking to remain in the United States and receive work authorization and access to temporary public benefits.
U-Nonimmigrant Status	An immigration status created by the federal Trafficking Victims Protection Act of 2000 to protect men, women and youth who are the victims of certain crimes (including human trafficking, sexual exploitation, and other crimes) who have suffered mental or physical abuse from human trafficking. Known as a "U-visa," this status allows victims who assist law enforcement or government officials in the investigation or prosecution of criminal activity to remain in the United States for four years, receive work authorization and access temporary public benefits.
Unaccompanied Refugee Minor (URM) Program	These programs are federally funded and locally administered to meet the needs of youth under 18 years of age who entered the United States without legal documentation and without a parent or other qualified guardian.
Violence Against Women Act (VAWA) Cancellation of Removal	Designed to keep victims of abusive U.S. citizens or lawful permanent resident spouses or parents from being deported. A successful cancellation of removal will result in lawful permanent resident status (green card) for the victim. VAWA provisions apply equally to all victims, regardless of gender.

Chapter 11

SERVICE PLANNING & LINKAGE FOR CSEC

> ***CSEC Guiding Principles #3, 4, 5 & 8:*** *We view the CSEC and their well-being holistically, considering the psychological, emotional, spiritual, educational, physical and the social. We honor the individuality of each CSEC and support a sense of self-efficacy. We affirm and bolster the CSEC's central role in the development and implementation of their strengths-based service plan. We include family members and/or caregivers when appropriate, making their needs a part of the service plan.*

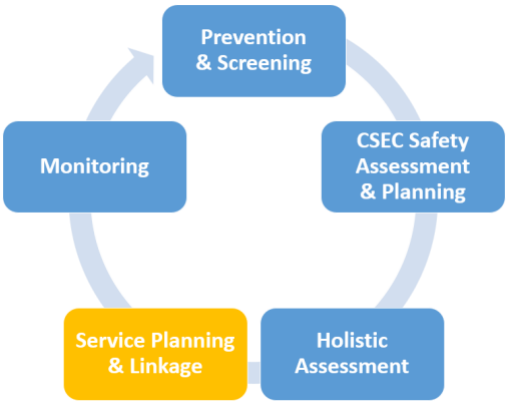
Ultimately, the purpose for identifying CSEC is to protect them from abuse and provide a path to recovery so they can create a life that heals and benefits them. The process for doing so entails a holistic assessment of needs and strengths and, subsequent to this, services that are reflected in a plan that is tailored to the individualized needs of the CSEC.

Immediate Service Planning for Immediate Needs

The goal of service planning for immediate needs is to secure the safety of the CSEC and resolve immediate, crisis-related needs. When addressing a CSEC's immediate needs, the assessment of immediate needs and service planning and linkage are often done simultaneously, guided by immediate service goals (i.e., desired outcomes). A one- or two-step service planning process may occur, depending upon whether a Non-Urgent Response or Urgent Response is indicated, as described in the *MDT* chapter.

Urgent response. An Urgent Response (within 2 hours) calls for a two-step immediate service planning process to address a CSEC's immediate safety and service needs.

Rapid Response MDT. First, through a Rapid Response MDT, a CSEC's immediate concerns and needs are identified and the CSEC is promptly connected to services that are focused on resolving the immediate crisis (see *Figure 11.1* for an example). The on-scene MDT members consist of a CSEC mentor-advocate who provides comfort and engages the CSEC and another core MDT member. They partner with the CSEC to develop an immediate CSEC safety plan; identify immediate concerns, related immediate needs and immediate goals (i.e., immediate desired outcomes); and link to appropriate crisis services. For a listing of crisis services, see the *Service Network* chapter.



72-Hour MDT. Second, through the 72-Hour MDT, the safety and service responses to the CSEC's immediate concerns and needs are reviewed and refined to ensure that adequate services and supports are in place that will meet immediate service goals. The 72-Hour MDT consists of all MDT members.

Non-urgent response. A Non-Urgent Response calls for a single-step immediate service planning process through the 72-Hour MDT.

72-Hour MDT. At the 72-Hour MDT, a CSEC's immediate concerns and related needs are assessed, and plans and linkage addressing the CSEC's immediate safety and services are concurrently implemented to achieve desired immediate outcomes.

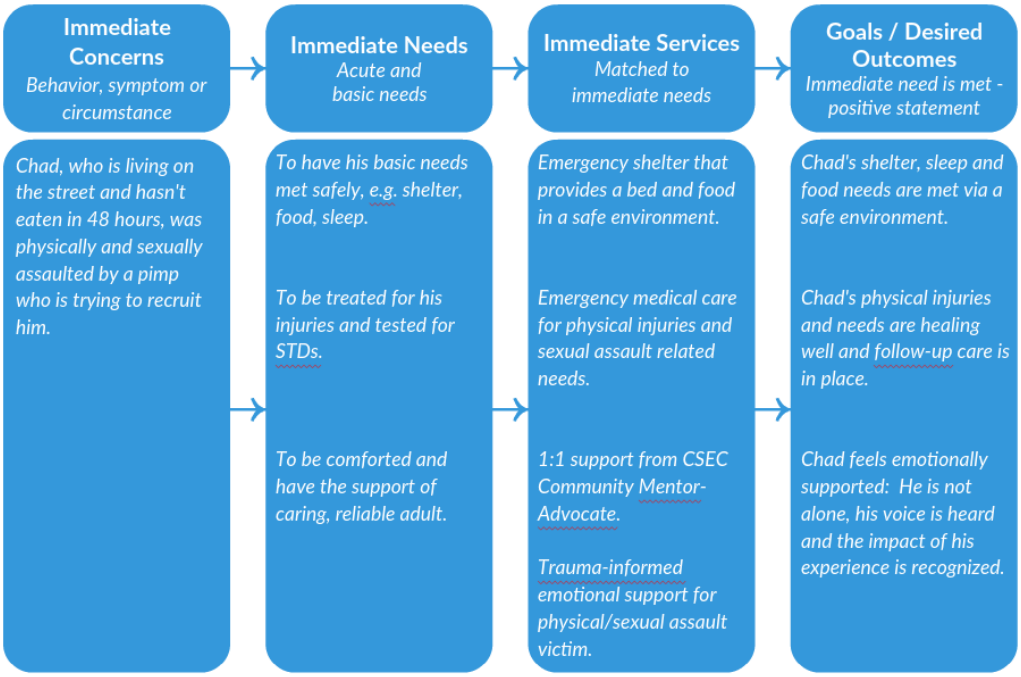


Figure 11.1. An example of matching immediate needs to immediate services.

Comprehensive, Individualized Service Planning for Underlying Needs

The Comprehensive Individualized Service Plan (CISP) is built on the information garnered during the holistic assessment of the CSEC's ongoing concerns and underlying needs, and identifies the ongoing services that will be used to achieve the desired outcomes. At its best, the CISP is a written, personalized therapeutic tool that supports and spurs the CSEC's progress toward recovery and creating the life they desire. As such, what is included and prioritized requires careful consideration, as do the conversations with the CSEC surrounding the development and implementation of the CISP.

> ***"I've been out of the life 3 years now, and to say it has been easy would be lying. To say it has been hard would be an understatement. I've spent years in weekly therapy working on my anxiety attacks that come on. We spent 2 years working on the paralyzing flashbacks I got that would leave me in a ball in the corner. We've worked on nightmares, the kind of nightmares that you wake up from sweating and gasping for air, but they are still frequent and I don't know if they'll ever go away. We have worked on my fear of relationships, both romantic and friendships. All of this affects me daily in one***

way or another. Over the years, it had gotten drastically better, but I don't think I'll ever be 100% healed."
~Anonymous, CSEC Survivor

The CISP consists of the following areas, which along with the CSEC safety plan (see *CSEC Safety* chapter), provide a path to recovery.

Outcomes for underlying needs. A CISP defines service goals, i.e., the desired outcomes. The identification of desired service outcomes is guided by the underlying needs that are clarified through the holistic assessment process. When underlying needs are successfully met, the desired outcome is attained. An example is presented in *Figure 11.2*.

Outcomes are desired behaviors or conditions that improve functioning and well-being.

More specifically, service outcomes are desired behaviors or conditions that reflect or support improved functioning and well-being.[240] Achieving desired outcomes is the culmination of effectively meeting the CSEC's underlying and holistic needs, and bolstering, amplifying and augmenting their strengths. Both contribute to the CSEC's sense of self-efficacy and a positive self-concept, and support a path to restoration.

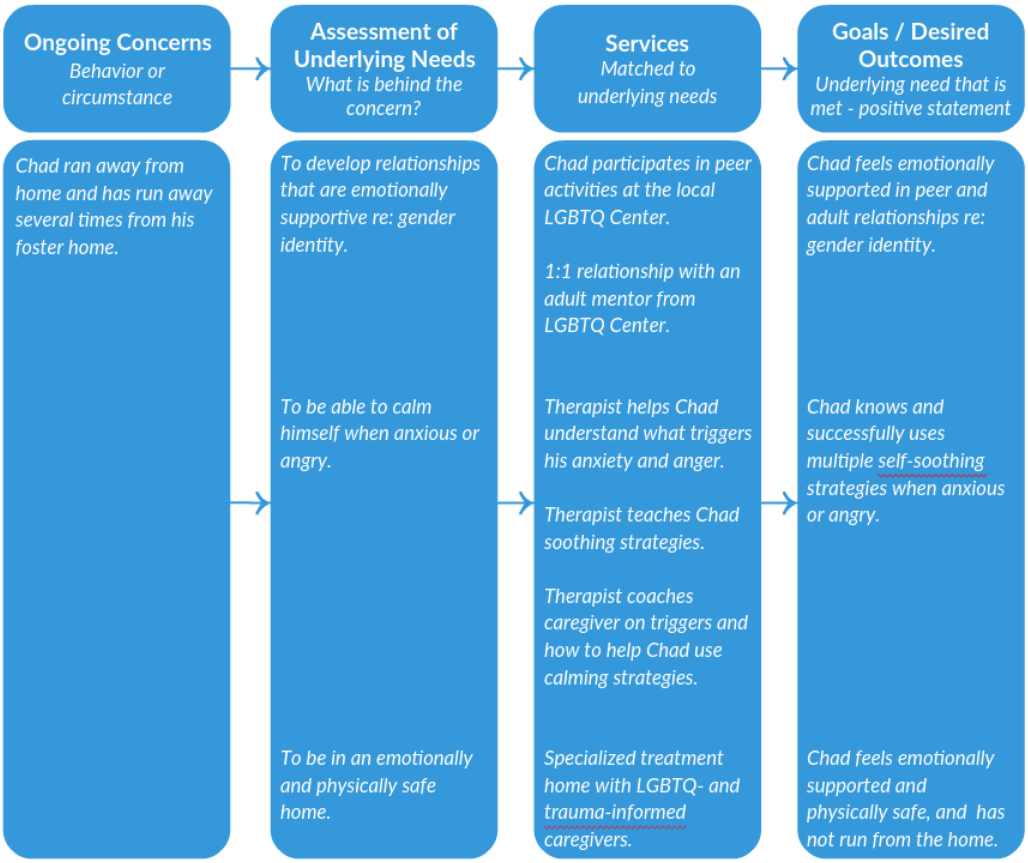


Figure 11.2. An example of matching underlying needs to services and outcomes.

Outcomes are considered within a systemic context and may include the following:[241]

- CSEC's well-being, goals and priorities.
- When applicable, CSEC as a minor parent and their child.
- Caregiver support – to preserve the placement.
- Environmental factors that contribute to CSEC and/or caregiver stability.

> ***"It was really unhelpful for me to have freedom continuously taken from me. I was constantly being told what I should be doing and a very few people listened to what I wanted."***
> ***~Anonymous, CSEC Survivor***

To avoid overwhelming the CSEC, three or four outcomes should be prioritized. This can be accomplished by first addressing the CSEC's priorities. It should be noted that the CSEC may have a differing perspective on their needs and goals and how best to address them, in part related to their stage of recovery (see *Approach* chapter). Whenever possible, what is meaningful to them should be addressed first and incorporated into the CISP. This can enhance the CSEC's motivation, autonomy and trust.[242]

If new priorities arise, adjustments to the CISP are made to reflect the CSEC's changing needs.

Tasks and timelines. For each outcome, incremental tasks provide stepping stones toward the goal. These tasks describe specific, achievable behavior changes that are hypothesized to be effective in moving the CSEC forward on their path to wholeness, within targeted timeframes. They also assist the CSEC and MDT to recognize and track progress.

Resources. Services included in the CISP should be selected carefully and directly address the CSEC's holistic needs and strengths – both tangible and intangible, as well as cultural needs (see *Approach* and *Assessment* chapters). For each task, resources and/or service providers that will be instrumental in supporting the attainment of the desired outcome are matched to the need, including the CSEC's strengths and resources that support movement toward their desired goals (see *Assessment* chapter).

It is essential that existing, trusted therapeutic relationships be honored and incorporated into the service plan, and the practicality of participating in resources be considered. Additionally, the matching of resources to meet the CSEC's needs implies that services must be flexible so they can be targeted and individualized (i.e., versus participation in an established, structured program).

> ***"I wish I had had a really specialized, really caring inpatient facility or dedicated/trained foster parents… I would not have done well in group therapy nor would I have done well in a big setting. It literally would have needed to be the closest thing possible to a home with stable, caring support staff where I would have had a lot of time to just be quiet and think and sleep as much as I could while still going to school. I do think that being integrated into society helped a lot in terms of making me turn out 'normal.' I was a 'good' kid who didn't***

drink, do drugs, go out, etc. and I would have needed a home that could meet me where I was rather than making assumptions about what I would be like because of what I had been through." ~Anonymous, CSEC Survivor

The array of potential services is described in the *Service Network* chapter and includes the following categories:

- Safety.
- Physical, sexual and reproductive health.
- Mental health and substance use.
- Legal advocacy/representation.
- Placement and residential treatment.
- Education, vocational and skill development.
- Supportive relationships and networks.
- Victim assistance.

Service providers must be vetted before a referral is made to prevent causing additional harm to the CSEC and undermining their trust. Services and supports for CSEC should be trauma-informed, strengths-based, culturally and linguistically responsive and developmentally appropriate. Other considerations include awareness and experience serving CSEC, security and safety of the agency location, confidentiality policies and language capacity. Provider Standards are addressed in the *Data* chapter.

For information to assist the identification of a placement that best fits a given CSEC's needs, see *Resource 11-A,* Considerations in Identifying Appropriate Placements.

Responsible parties. Each task requires the identification of (a) a person who is responsible for linking the CSEC with a resource, and (b) a person who is a representative of that resource who will attend the MDT meetings. These may be one and the same individual, or two separate individuals.

In regard to linkage with the resource, it is recommended that the CISP identify specific members of the MDT responsible for facilitating in-person referrals to the selected service providers as a means to promote the CSEC's engagement with and trust in the provider. This "warm hand off" also ensures providers receive accurate information and reinforces the importance of the service.

The resource representative is an important participant of the MDT (as either a member or guest) to ensure the MDT has ready feedback on the effectiveness of the resource in achieving desired outcomes, and the service provider has the latest information regarding the CSEC's underlying needs and goals.

Results. It should be noted that completion of a task or utilization of a resource is not in and of itself sufficient to indicate achievement of a service goal, i.e., the desired outcomes. Participating in or completing services is only indicative of progress if the desired outcome is achieved.

Progress toward or achievement of specific behavioral or situational tasks and outcomes is noted as follow:

- If a behavioral goal is successfully attained through the resources provided, the accomplishment is noted and the CISP is revised to reflect a newly prioritized goal.
- If the task and resource is effective in supporting the movement toward an incremental behavioral goal and no new needs emerge, the CISP remains intact with a continuation of identified services.
- If the resources are not successful in moving the CSEC forward toward the goal, the CISP is revised to reflect a change in task, resource or timeline that will spark forward movement.

Integration and coordination of services through the MDT. The MDT develops and coordinates the CISP while at the same time continuing to build trust and encourage acceptance of services by the CSEC.[243] The MDT provides a vehicle for the comprehensive review of outcomes and resources, enabling the elimination of duplication, the coordination of services, and the monitoring and tracking of progress.

If a needed service is not readily available, it is the responsibility of the MDT to make efforts to piece together the needed service or seek assistance and guidance from the regional CSEC task force.

MDT members consist of the CSEC and involved and concerned parties who provide input on and assume responsibility for successfully implementing the CISP. Their role and commitment is confirmed through signatures on the CISP.

Chapter 12

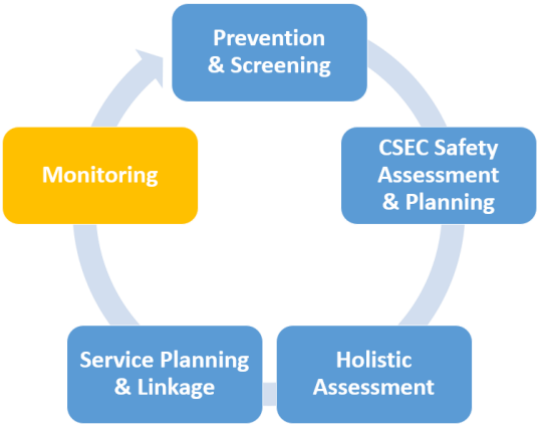
MONITORING FOR EFFECTIVENESS OF SERVICES FOR CSEC

CSEC Guiding Principle #16: *We base decisions on experience, data and research; and measure the effectiveness of services by the attainment of desired outcomes, and by benchmarking against progressive national standards.*

The final phase in the service delivery cycle is the monitoring of services and plans by the CSEC's MDT to ensure their effectiveness. Effectiveness is defined as a plan or resource's success in moving the CSEC toward their desired outcomes. On the other hand, lack of forward movement suggests that the plans or resources do not adequately meet the CSEC's safety, immediate and ongoing needs or adequately address the CSEC's stage of change.

The monitoring of progress is done in the context of the CSEC's current needs and the effectiveness of the selected services to meet those needs. Effectiveness of services is assessed:

- During ongoing, scheduled monitoring of the CSEC safety plan.
- During ongoing, scheduled monitoring of the Comprehensive Individualized Service Plan (CISP).
- When an event or crisis occurs, such as running away, returning to the trafficker, or a suicide attempt.



When progress is stalled, it is assumed that responsibility lies with the CSEC's safety and service plans – not with the CSEC; and that a refinement of one or both plans is needed.

> ***"[I] needed the right words said to me about my past – that I was forgiven and accepted, loved! There is something so evil that happens to survivors of trafficking that [others do] after we've exited – they reject us, shun us, don't believe that we can run our own… lives. They believe we are what we've been through – a broken mess. Therefore, many people don't give us that second chance that we truly need, for someone to believe in us, invest in us, push us into success."***
>
> ***~Annie Lobert, Survivor***

The service delivery cycle begins anew. This includes revisiting the various phases of the cycle to ensure the CSEC's current needs are adequately met and progress in the CSEC's recovery is recognized. Questions for the MDT to consider include:

- Does the immediate or ongoing concern reflect current needs?
- Does the CSEC's safety need to be re-assessed and/or the CSEC safety plan revised?
- Do the CSEC's immediate or underlying service needs reflect current circumstances? Are they adequately defined in the CISP?
- Are the desired outcomes, including incremental goals, adequately defined in the CISP?

- Are the selected resources individualized and appropriate for the CSEC's current needs?
- Have the CSEC's strengths and goals been adequately addressed?

Where indicated, the MDT makes revisions to the CSEC safety plan or CISP with the intent to re-engage the CSEC and/or prompt progress. These revisions recognize and build on the CSEC's previous successes and learnings, creating an upward spiral.

Once the revisions are implemented, the MDT re-initiates monitoring to ensure continued forward movement toward desired outcomes.

V. TOOLKIT RESOURCES

List of Resources

The following resources are provided to support agencies in implementing the CSEC Protocol. They are grouped by the chapter in which they were first referenced.

1-A: Guiding Principles for Serving CSEC
1-B: In Their Shoes: Understanding Victims' Mindsets and Common Barriers to Victim Identification
1-C: Know the Language of Human Trafficking
1-D: Stages of Change in CSEC Counseling
1-E: The 12 Core Concepts for Understanding Traumatic Stress Responses in Children and Families – Adapted for Youth Who Are Trafficked
1-F: Ground Rules for Interaction
1-G: Do's and Don'ts of Appropriate Engagement with CSEC

2-A: CSEC Training: Policy & Implementation Considerations for Agencies
2-B: Training Evaluation Form
2-C: CSEC 101: Training Competencies and Learning Objectives
2-D: CSEC Training Resources
2-E: CSEC Survivors as Guest Speakers or Co-Trainers: Implementation Considerations

3-A: Recommended CSEC Data Collection Variables
3-B: CSEC Data Code Book
3-C: Sample Data-Sharing Agreement
3-D: Standards for CSEC Service Providers

4-A: Guidance for a Memorandum of Understanding for Regional CSEC Task Forces and Multidisciplinary Teams

7-A: Legal Representation for CSEC Involved in Child Welfare

8-A: Nevada Rapid Indicator Tool (NRIT)
8-B: NRIT: Policy & Implementation Considerations for Agencies

9-A: CSEC Safety Assessment
9-B: Safety Planning Checklist
9-C: Runaway Prevention Interventions Guide
9-D: Hotlines and Helplines
9-E: Supportive Emergency Services
9-F: Runaway Report Form
9-G: Returning Child De-Briefing

11-A: Considerations in Identifying Appropriate Placements

Resource 1-A

NEVADA COALITION TO PREVENT THE COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN

GUIDING PRINCIPLES FOR SERVING CSEC – WITH DESCRIPTIONS

Our Perception of and Actions Toward CSEC

1. ***We view the CSEC as a victim and/or survivor of abuse, not a criminal.***

   VICTIM/SURVIVOR OF ABUSE. Child sex trafficking is understood as abuse and reported as such. To the extent possible, we avoid arresting and holding CSEC in detention or otherwise treating them as criminals.

2. ***We extend respect to the CSEC, and act in ways that build trust and do no further harm.***

   TRUSTING RELATIONSHIPS. Healing and hope begin through safe relationships. A respectful, trusting relationship engages the CSEC without judgment; encourages the CSEC to seek out the trusted person in times of crisis/decision; be open to their influence, suggestions and encouragement; and take the difficult steps necessary to leave "the life" and build a life of their choosing.

3. ***We view the CSEC and their well-being holistically, considering the psychological, emotional, spiritual, educational, physical and the social.***

   THE WHOLE PERSON. Healthy youth development focuses on the whole child, addressing all aspects of the individual.

4. ***We honor the individuality of each CSEC and support a sense of self-efficacy.***

   INDIVIDUALITY, EMPOWERMENT. When a youth chooses their own path to well-being and their path to recovery is respected and valued, it shores up their sense of self and a healthy independence. Though they are children, this means asking them to share their views, providing them with choices when possible, and allowing them to make decisions, where consistent with safety.

Our Approach to the Services We Provide to CSEC

5. ***We affirm and bolster the CSEC's central role in the development and implementation of their strengths-based service plan.***

   VICTIM-CENTERED and STRENGTH-BASED. A victim-centered approach places the victim at the heart of the planning and implementation of services in a meaningful way. This approach requires effort to engage and inform the victim so that they are empowered throughout the process; and youth decision-making is encouraged where consistent with safety. Service providers create positive partnerships with the child, identifying both the

strengths and challenges of the child. The strengths of the child, family and community are leveraged to address their challenges and needs.

6. ***We address the physical, emotional and psychological safety needs of the CSEC, taking into consideration their point of view when developing a safety plan.***

   CSEC SAFETY. Policies and practices address the physical, emotional and psychological safety considerations of CSEC. The youth's point of view about their safety needs is sought and considered when developing a safety plan, even when the CSEC's perspective differs from the views of those who serve them.

7. ***We recognize the signs of trauma, and acknowledge and competently address the impact of trauma on the CSEC.***

   TRAUMA-INFORMED. All persons who work with CSEC recognize the signs of and diverse responses to trauma. Policies and practices acknowledge the impact of trauma, emphasize physical, psychological and emotional safety for survivors, create opportunities for survivors to rebuild a sense of control and empowerment, provide treatment that enables recovery from trauma, and actively seek to avoid re-traumatization.

8. ***We include family members and/or caregivers when appropriate, making their needs a part of the service plan.***

   FAMILY-CENTERED. Recognizing that the CSEC typically has an emotional bond with family members/caregivers and their sense of belonging and identity rest in the family unit, family members/caregivers are encouraged to participate in the service planning process and are a part of the service plan, when appropriate.

9. ***With humility, we affirm and respond effectively to the unique cultural, linguistic and LGBTQ identity of the CSEC.***

   CULTURAL, LINGUISTIC, LGBTQ COMPETENCE. Responses to CSEC are culturally, linguistically and LGBTQ (lesbian, gay, bisexual, transgender, questioning) competent and affirming. Approaching the exploration of differing cultural norms and practices through a lens of cultural humility facilitates understanding and respect for these differences. From this vantage point, individualized care plans for CSEC more closely mirror and align with each CSEC's desires, goals and needs.

Our Approach to the Continuum of Care for CSEC

10. ***We view all CSEC as victims and/or survivors who have the right to supportive services, regardless of age or related crimes.***

    UNIVERSAL ACCESS. All CSEC victims/survivors should receive victim-centered services. This applies to those identified strictly as CSEC victims/survivors as well as those who are "victim-offenders" (i.e., those arrested for crimes other than prostitution). Also, CSEC should not be treated differently based on age, and services should be aligned with the developmental status of the child.

11. We value and incorporate the survivor's role and voice in providing support to individual CSEC, and in the development of policy and practice.

SURVIVOR VOICE. Seeking the input, expertise and guidance of those for whom services are intended makes it more likely services will meet their intended outcomes. Survivor voice in designing and implementing programming for CSEC provides a level of assurance that services will be experienced as "CSEC-friendly," encouraging CSEC participation and success. Additionally, survivors who are part of the service system for CSEC, such as in a community advocate role, can provide a sense of comfort and motivation for the CSEC; the survivor-advocate not only understands "the life" but also offers a model for successfully leaving "the life" and building a desired future.

12. We seek to identify and engage the CSEC throughout the continuum of services.

IDENTIFICATION, SERVICE POINTS OF ENTRY. All service providers and system of care partners look for signs of potential victimization, including first responders, case managers, service/healthcare providers and school personnel. Efforts are continually made to engage and re-engage CSEC.

13. We cooperate, coordinate and collaborate across systems to achieve an effective service system for CSEC.

MULTIDISCIPLINARY, PARTNERSHIPS. Working cooperatively and developing collaborative partnerships increases opportunities for enhancing and expanding services for CSEC. Partnering organizations and multidisciplinary teams can fill gaps and address identified needs.

14. We safeguard the physical, psychological and emotional safety of all persons who work with CSEC, and recognize the impact of vicarious trauma.

PROVIDER SAFETY AND WELL-BEING. Policies and practices address the unique physical, psychological and emotional safety considerations – including vicarious trauma – of all persons who work with CSEC. (Vicarious trauma is when an individual absorbs disturbing aspects of a traumatic experience from listening to another's story.)

15. We gather and share information to learn, and to enhance service delivery.

TRANSPARENCY, DATA DRIVEN. By gathering and sharing information, it becomes possible to identify current trends and enhance services. This exchange of information fosters accountability and collaboration.

16. We base decisions on experience, data and research; and measure the effectiveness of services by the attainment of desired outcomes, and by benchmarking against progressive national standards.

RESEARCH & OUTCOME DRIVEN. Service success and system improvements for CSEC are measured by the attainment of desired outcomes. In addition to experience and professional expertise, data, research, national benchmarks and evaluation are used to reflect on and guide system improvements.

17. We pursue prosecution of offenders, while taking into consideration the CSEC's safety, circumstances and well-being.

OFFENDER ACCOUNTABILITY. Efforts are made to hold offenders accountable. This may include seeking the CSEC's cooperation with the investigation, and prosecution of those who pay to exploit them and those who profit from their exploitation. A CSEC's safety, circumstances and well-being are strongly considered when seeking their cooperation in the investigation and prosecution of offenders.

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Resource 1-B

IN THEIR SHOES: UNDERSTANDING VICTIMS' MINDSETS AND COMMON BARRIERS TO VICTIM IDENTIFICATION[viii]

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The following document outlines a wide variety of both physical and psychological reasons why trafficked persons cannot or will not leave a trafficking situation. The list is inclusive of all forms of trafficking and all potential victims. Items on this list are not meant to be interpreted as present in all trafficking cases, neither is this list intended to be exhaustive.

Captivity/Confinement
Past examples have included victims being locked indoors, held in guarded compounds or locked in trunks of cars.

Frequent accompaniment/guarded
In many trafficking networks, victims' public interactions are mediated, monitored or entirely controlled. In certain severe cases, victims have been controlled by armed guards.

Use and threat of violence
Severe physical retaliation (e.g., beatings, rape, sexual assault, torture) are combined with threats to hold victims in a constant state of fear and obedience.

Use of reprisals and threats of reprisals against loved ones or third parties
Traffickers target reprisals at children, parents, siblings and friends, or other trafficking victims.

Fear
Fear manifests in many ways in a trafficking situation, including fear of physical retaliation, of death, of arrest or of harm to one's loved ones.

Shame
Victims from all cultures and in both sex and labor cases may be profoundly ashamed about the activities they have been forced to perform. Self-blame links closely to low self-esteem.

Self-blame
In the face of an extremely psychologically manipulative situation, trafficked persons may engage in self-blaming attitudes and blame themselves for being duped into a situation beyond their control. Self-blaming attitudes are often reinforced by the traffickers and can serve to impede the victim from testifying against or faulting the trafficker.

[viii] Polaris Project. (2015). In their shoes: Understanding victims' mindsets and common barriers to victim identification. Retrieved from: http://humantraffickingsearch.org/resource/in-their-shoes-understanding-victims-mindsets-and-common-barriers-to-victim-identification

Debt bondage
Traffickers create inflated debts that victims cannot realistically pay off. These debts are often combined with accruing interest or small fees to ensure that the victim stays in the debt situation.

Traumatic bonding to the trafficker
In many trafficking cases, victims have exhibited commonly-known behaviors of traumatic bonding due to the violence and psychological abuse (a.k.a. Stockholm syndrome).

Language and social barriers
Feelings of unfamiliarity or fear of the unknown provide obstacles to leaving a trafficking situation. These feelings are exacerbated by language and social barriers.

Distrust of law enforcement or service providers
In many cases, traffickers are known to brainwash victims into a false distrust of law enforcement, government officials and service providers. Victims also may have had negative past experiences with institutional systems, which also impact trust levels.

Isolation
Traffickers purposefully isolate victims from a positive support structure and foster controlled environments where the victim is kept in a state of complete dependency. High levels of dependency and learned helplessness often lead victims to stay in their situation rather than face the uncertain path of leaving.

False promises
Traffickers use sophisticated methods of manipulating the human desire to hope through false promises and lies about a future better life. Victims who are children are especially vulnerable to these false promises.

Hopelessness and resignation
In the face of extreme control, violence and captivity, notions of hope may fade over time towards states of hopelessness and resignation.

Facilitated drug addiction
In certain trafficking networks, traffickers provide addictive substances to their victims to foster longer-term drug addiction and monetary dependency.

Lack of awareness of available resources
Victims may not leave a situation due to a lack of awareness of any resources or services designed to help them. Traffickers purposefully control the information that victims receive.

Psychological trauma
Many trafficking victims experience significant levels of psychological trauma due to the levels of abuse they have endured. In certain cases, this trauma leads to disassociation, depression, anxiety disorders and post-traumatic stress disorder, which in turn affects daily functioning and levels of agency.

Low levels of self-identifying as trafficking victims
The majority of trafficking victims do not self-identify as victims of human trafficking. They may be unaware of the elements of the crime or the federal criminal paradigm designed to protect them.

Normalization of exploitation
Over a long period of enduring severe levels of trauma, physical abuse and psychological manipulation, victims demonstrate resilience strategies and defense mechanisms that normalize the abuse in their minds. In a relative mental assessment, what once may have been viewed as abuse may now be experienced as a normal part of everyday life. This changing "lens" on viewing the world impacts the ability to self-identify as a victim.

A belief that no one cares to help
Trafficking victims may believe that no one cares to help them, a belief that is reinforced both by traffickers' lies but also when community members do not take a strong stance against trafficking. When the community is silent on the issue, traffickers' power is increased and feelings of hopelessness are sustained.

Frequent movement
The frequent movement of victims fosters a low likelihood of multiple encounters with law enforcement or service providers. Victims may not be in one place long enough for a meaningful intervention.

Resource 1-C

KNOW THE LANGUAGE OF HUMAN TRAFFICKING[ix]

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As with many criminal enterprises, there are common terms and slang phrases used by perpetrators of human trafficking. It is important for [responders and service providers] to know such terminology to help identify potential cases.

Here is a list of common terms and definitions used by traffickers:

Automatic: A term denoting the victim's "automatic" routine when her pimp is out of town, in jail, or otherwise not in direct contact with those he is prostituting. Victims are expected to comply with the rules and often do so out of fear of punishment, or because they have been psychologically manipulated into a sense of loyalty or love. All money generated on "automatic" is turned over to the pimp. This money may be used to support his concession/phone account or to pay his bond if he's in jail.

Bottom or **"bottom bitch"**: A female appointed by the trafficker/pimp to supervise the others and report rule violations. Operating as his "right hand," the Bottom may help instruct victims, collect money, book hotel rooms, post ads or inflict punishments on other girls.

Branding: A tattoo or carving on a victim that indicates ownership by a trafficker/pimp/gang.

Caught a case: A term that refers to when a pimp or victim has been arrested and charged with a crime.

Choosing up: The process by which a different pimp takes "ownership" of a victim. Victims are instructed to keep their eyes on the ground at all times. According to traditional pimping rules, when a victim makes eye contact with another pimp (accidentally or on purpose), she is choosing him to be her pimp. If the original pimp wants the victim back, he must pay a fee to the new pimp. When this occurs, he will force the victim to work harder to replace the money lost in the transaction. (See Reckless Eyeballing.)

Circuit: A series of cities among which prostituted people are moved. One example would be the West Coast circuit of San Diego, Las Vegas, Portland and the cities in between. The term can also refer to a chain of states such as the "Minnesota pipeline," by which victims are moved through a series of locations from Minnesota to markets in New York.

Coercion: Threats or perceived threats of serious harm to or physical constraints against any person; a scheme intended to cause a person to believe that failure to perform will result in serious harm to or physical restraint against any person.

Commercial sex act: Any sex act on account of which anything of value is given to or received by any person.

[ix] In Public Safety. (October 1, 2014). Know the language of human trafficking. This information was originally posted on American Military University's website, In Public Safety. Retrieved from: https://inpublicsafety.com/2014/10/know-the-language-of-human-trafficking/

Cousin-in-laws: Victims of pimp partners who work together.

Daddy: The term a pimp will often require his victim to call him.

Date: The exchange when prostitution takes place or the activity of prostitution. A victim is said to be "with a date" or "dating."

Exit fee: The money a pimp will demand from a victim who is thinking about trying to leave. It will be an exorbitant sum to discourage her from leaving. Most pimps never let their victims leave freely.

Facilitators: It is important to realize that human trafficking operations often intersect or exist alongside legitimate businesses. As a result, certain industries may help to enable, support, or facilitate human trafficking. This "support structure" may include a wide range of individuals, organizations, businesses and corporations, and internet sites and practices. Common facilitators on which traffickers frequently rely include:

- Hotels and motels.
- Landlords.
- Labor brokers.
- Taxi and other driving services.
- Airlines, bus and rail companies.
- Advertisers (websites like Craigslist.com and Backpage.com, phone books, and alternative newspapers).
- Banks and other financial services companies.
- Inmate pen-pal services.

Family/folks: The term used to describe the other individuals under the control of the same pimp. He plays the role of father (or "Daddy"), while the group fulfills the need for a "family."

Finesse pimp/Romeo pimp: One who prides himself on controlling others primarily through psychological manipulation. Although he may shower his victims with affection and gifts (especially during the recruitment phase), the threat of violence is always present.

Force (federal TVPA definition): Physical restraint or causing serious harm. Examples of force include kidnapping, battering, kicking, pushing, denial of food or water, denial of medical care, forced use of drugs or denial of drugs once a victim is addicted, forced to lie to friends and family about their whereabouts, being held in locked rooms or bound.

Fraud: Knowingly misrepresenting the truth or concealing an actual fact for the purpose of inducing another person to act to her/his detriment. Examples of fraud include false promises for specific employment, being promised a certain amount of money that is never paid, working conditions are not as promised, and being told she or he would receive legitimate immigration papers or a green card to work, but the documents are not obtained.

Gorilla (or guerilla) pimp: A pimp who controls his victims almost entirely through physical violence and force.

Head cut: A victim getting beaten down by their pimp.

Human smuggling: The facilitation, transportation, attempted transportation or illegal entry of a person or persons across an international border, in violation of one or more countries' laws, either clandestinely or through deception, such as the use of fraudulent documents.

In-pocket: Not paying any other pimp than the one controlled by the victim. Not speaking to any other pimp.

"John" (a.k.a. buyer or "trick"): An individual who pays for or trades something of value for sexual acts.

Kiddie stroll: An area known for prostitution that features younger victims.

Loose bitch: Pimps call a loose bitch a victim who keeps choosing different pimps.

Lot lizard: Derogatory term for a person who is being prostituted at truck stops.

Madam: An older woman who manages a brothel, escort service or other prostitution establishment. She may work alone or in collaboration with other traffickers.

Out of pocket: The phrase describing when a victim is not under control of a pimp but working on a pimp-controlled track, leaving her vulnerable to threats, harassment and violence in order to make her "choose" a pimp. This may also refer to a victim who is disobeying the pimp's rules.

Pimp: A person who controls and financially benefits from the commercial sexual exploitation of another person. The relationship can be abusive and possessive, with the pimp using techniques such as psychological intimidation, manipulation, starvation, rape and/or gang rape, beating, confinement, threats of violence toward the victim's family, forced drug use and the shame from these acts to keep the sexually exploited person under control.

Pimp circle: When several pimps encircle a victim to intimidate through verbal and physical threats in order to discipline the victim or force her to choose up.

Pimp partner: Two pimps who are friends and allow their victims to work together.

Quota: A set amount of money that a trafficking victim must make each night before she can come "home." Quotas are often set between $300 and $2,000. If the victim returns without meeting the quota, she is typically beaten and sent back out on the street to earn the rest. Quotas vary according to geographic region, local events, etc.

Reckless eyeballing: A term which refers to the act of looking around instead of keeping your eyes on the ground. Eyeballing is against the rules and could lead an untrained victim to "choose up" by mistake.

Renegade: A person involved in prostitution without a pimp.

Seasoning: A combination of psychological manipulation, intimidation, gang rape, sodomy, beatings, deprivation of food or sleep, isolation from friends or family and other sources of support, and threatening or holding hostage of a victim's children. Seasoning is designed to break down a victim's resistance and ensure compliance.

Serving a pimp: The actual phone call one pimp makes to another after "taking" his victim.

Squaring up: Attempting to escape or exit prostitution.

Stable: A group of victims who are under the control of a single pimp.

The game/the life: The subculture of prostitution, complete with rules, a hierarchy of authority and language. Referring to the act of pimping as "the game" gives the illusion that it can be a fun and easy way to make money, when the reality is much harsher. Women and girls will say they've been "in the life" if they've been involved in prostitution for a while.

Track (a.k.a. stroll or blade): An area of town known for prostitution activity. This can be the area around a group of strip clubs and pornography stores, or a particular stretch of street.

Trade up/trade down: To move a victim like merchandise between pimps. A pimp may trade one girl for another or trade with some exchange of money.

Traffickers: Traffickers are people who exploit others for profit. They can be any demographic, individuals and groups, street gangs and organized crime, businesses, or contractors.

Trick: Committing an act of prostitution (*verb*), or the person buying it (*noun*). A victim is said to be "turning a trick" or "with a trick."

Turn out: To be forced into prostitution (*verb*) or a person newly involved in prostitution (*noun*).

The wire: (1) A pimp hotline, like a phone tree pimps use to get the word around, to find out which city is on/off. (2) Wiring money from victim to pimp in different cities/states ("put it on the wire").

Wifeys/wife-in-law/sister wife: What women and girls under the control of the same pimp call each other.

Resource 1-D

STAGES OF CHANGE IN CSEC COUNSELING[x]

Used by permission of the Girls Educational and Mentoring Services.

The CSEC Community Intervention Project and Girls Education and Mentoring Services adapted the Stages of Change model to describe the CSEC's recovery process. It describes CSEC behaviors at each stage with survivor quotes illustrating each stage, and provides guidance for the treatment provider.

Stage of Change:	**Pre-contemplation**	
	• Denies being sexually exploited. • Discloses involvement in the life but does not present it as a problem. • Is defensive. • Does not want your help, wants you to "stay out of their business."	
What this looks like with CSEC victims:	• Not ready to talk about abuse. • Will defend or protect abuser. • Does not want help or intervention.	• *"I love my daddy. He takes care of me."* • *"I'm happy making money."* • *"I'm good with the way things are."*
Counselor's goals:	• Validate experience/lack of readiness. • Encourage re-evaluation of current behavior. • Encourage self-exploration, not action. • Explain and personalize risk. • Get legal identification documents. • Set up appointments for healthcare and mental health.	• *"I can understand why you feel that way."* • *"Is there anything about your relationship with him that you don't like?"* • *"How do you feel when…?"* • *"I'm proud of you. You're taking big steps right now. Be proud of yourself!"*

[x] Lloyd, Rachel and Orman, Amallia. (February 2010). Stages of change in CSEC Counseling. In CSEC Community Intervention Project and Girls Educational and Mentoring Services training manual on the commercial sexual exploitation of children. Retrieved from: http://www.kristihouse.org/csec-ccip-training-materials/

Stage of Change:	Contemplation	
	• Acknowledges that being in the life is painful and probably not what they want for themselves. • Not yet ready to leave but processing the abuse and the effects of the abuse. • Ambivalent about actually leaving. • Open to self-reflection, weighing consequences and talking about feelings.	
What this looks like with CSEC victims:	• Often an external event, or "reality," has confronted the pre-contemplative stage. • Incidents can include violence, rape, assault, getting pregnant, diagnosis with an STD, new girls in the house, getting arrested, not getting bailed out. • Fear of the consequences of leaving: Violence, retribution, threats to self and family, being homeless, having no money. • Thinking of leaving but feeling isolated from the "square" world.	• *"I didn't think it was going to turn out this way."* • *"I feel like I don't deserve this."* • *"I don't want this for my daughter."* • *"I'm afraid that if I try to leave, he'll just track me down and find me. There's no point."* • *"This is what I'm good at. I'm not good at anything else."*
Counselor's goals:	• Listen!!!! • Encourage client to list out the pros and cons. • Reflect change talk. • Affirm processing of problems. • Validate ability for client to make changes. • Identify and assist in problem-solving/obstacles. • Help identify sources of support.	• *"When are the times you feel really good? When are the times you feel really bad?" (make lists)* • *"What do you feel is holding you back the most?"* • *"I think you should be proud of yourself for…"* • *"I'm proud of you. You're taking big steps right now. Be proud of yourself!"*

Stage of Change:	**Preparation** • Has made a commitment to leave. • Has thought a lot about leaving, now begins to "test the waters." • Exhibits signs of independence by taking small steps to be able to leave. • Researches and is open to resources available.	
What this looks like with CSEC victims:	• Regularly attends events/groups/counseling at agency • Stashes money. • Brings clothes or belongings to the agency. • Doesn't answer cell phone every time exploiter calls. • Starts GED classes. • Thinking about a part-time job. • Exploring housing/shelter options.	• *"I would really like to finish school."* • *"I still love home and want to be with him, just not with all the other stuff."* • *"I want to leave. I just want to save some money first."*
Counselor's goals:	• Create a safety plan. • Case management: Find housing, education, employment, regular therapy. • Encourage small initial steps. • Validate fear of change. • Introduce client to new experiences where he/she can gain new skills and increase self-esteem. • Affirm underlying skills for independence.	• *"You should be really proud of yourself for doing…, you are doing something healthy for yourself."* • *"It's normal to be nervous about the changes you're making."* • *"What kinds of things are you interested in? What are your dreams for the future?"* • *"I'm proud of you. You're taking big steps right now. Be proud of yourself!"*

Stage of Change:	Action	
	• Leaving the life.	
What this looks like with CSEC victims:	• There are often stages of exiting (may feel the need to rely on a few regular "johns" until financial situation is stable). • Goes through intake at a youth shelter. • Placement at a residential treatment center. • Staying with relatives. • Starts part-time job. • Cuts off contact with pimps/johns. • Moves from area of exploitation.	• *"It's so hard and it's taking so long to get everything together."* • *"I'm so glad I left. I hate him… but I miss him."* • *"I can see myself going to college and getting a good job."* • *"It's so weird being in the 'square' world. I feel different from everyone else."*
Counselor's goals:	• Support & validate the effort it takes to leave. • Address safety concerns. • Focus on restructuring environment and social support. • Discuss self-care. • Create system with youth for short-term rewards he/she can give to him/herself. • Process feelings of anxiety and loss. • Reiterate long term benefits of change.	• *"It's going to take a while to get things in your life in order. Try to be patient and not do everything at once."* • *"It's completely normal to love and hate your ex at the same time. Let's talk about your feelings before you act on them."* • *"I'm proud of you. You're taking big steps right now. Be proud of yourself!"*

Stage of Change:	Maintenance	
	• Remains out of CSEC. • Develops new skills for a new life. • Successfully avoids temptations and responding to triggers.	
What this looks like with CSEC victims:	• May maintain job/school. • Living in stable environment. • Develops new relationships (intimate and social), often struggles with this. • Develops network of support. • Begins to address trauma of experiences.	• *"I can't believe I wasted so many years.* • *It's like I never had a childhood."* • *"I could never go back to the track/club."* • *"I feel bad for other girls/boys who are still in it."* • *"Sometimes I'm bored and kinda miss the drama."* • *"It's hard starting relationships because they only want one thing."*
Counselor's goals:	• Plan for follow-up support. • Reinforce internal rewards and self-care. • Discuss coping with relapse. • Discuss triggers and temptations, creating coping strategies. • Continue to help look for opportunities to develop new skills and invest in supportive communities. • Recognize progress and validate strengths. • Be patient and realistic.	• *"Can you tell me the times you most feel like going back? What do you miss the most?"* • *"How can you find 'excitement' and 'attention' in other ways?"* • *"What kinds of people are you attracted to? Why do you think that is?"* • *"I'm proud of you. You're taking big steps right now. Be proud of yourself!"*

Stage of Change:	**Relapse** • Returns back to the life .	
What this looks like with CSEC victims:	• Runs away from program. • Re-establishes contact with exploiter (exploiter gets out of jail, runs into exploiters or someone from the life on the street, seeks exploiter out to reconnect). • Returns to strip club or escort agency. • Begins to see "johns" regularly.	• *"He really loves me."* • *"I'm always going to be like this. This is who I am."* • *"I'm so ashamed. I don't want to come back."* • *"You don't understand. I missed him and besides, it's different now."* • *It was too hard. I just couldn't do it."*
Counselor's goals:	• Address feelings of failure. • Reassure that most people experience relapse. • Revisit subsequent stages of change (hopefully preparation or action, but sometimes contemplation). • Evaluate the triggers that resulted in relapse. • Reassess motivation to leave again and barriers. • Plan stronger coping strategies.	• *"It's ok. It's normal to struggle with making really big changes. You're still welcome here."* • *"What did you feel like you needed that you weren't getting?"* • *"Perhaps we can talk about why it was so hard."* • *"Are things better this time? Why do you think that? What changed?"* • *"I still support you and believe in you."*

Resource 1-E

THE 12 CORE CONCEPTS FOR UNDERSTANDING TRAUMATIC STRESS RESPONSES IN CHILDREN AND FAMILIES – ADAPTED FOR YOUTH WHO ARE TRAFFICKED[xi]

Used by permission of The National Child Traumatic Stress Network.

The 12 Core Concepts for Understanding Traumatic Stress Responses in Children and Families provide a rationale for trauma-informed assessment and intervention. The concepts cover a broad range of points that practitioners and agencies should consider as they strive to assess, understand and assist trauma-exposed children, families and communities in trauma-informed ways.

1. **Traumatic experiences are inherently complex.** Every traumatic event is made up of different traumatic moments. These moments may include varying degrees of objective life threat, physical violation and witnessing of injury or death. The moment-to-moment reactions youth have to these individual events are even more complex due to limitations in appraising and responding to danger, safety and protection. When youth are sold for sex or labor, they constantly receive information that they must weigh and react to quickly. Thoughts come quickly and continuously: "What do I need to do to survive this? What's worse, if he rapes me or kills me? If I don't do what they say, what will they do to me? If I don't do this, will my 'boyfriend' be angry?"

2. **Trauma occurs within a broad context that includes youth's personal characteristics, life experiences and current circumstances.** Early interpersonal trauma may make youth more vulnerable to trafficking, teaching them not to trust others and to survive by any means necessary even if that involves further maltreatment. How they deal with, respond to, and cope with these situations stems from their current experience (e.g., a strong bond with the trafficker), the accumulation of their past experiences (e.g., childhood sexual abuse, domestic violence) and temperament, as well as their physical, familial, community and cultural environments.

3. **Traumatic events often generate secondary adversities, life changes and distressing reminders in youth's daily lives.** Some trafficked youth cannot escape a constant flood of painful and demoralizing reminders of past traumatic events or moments. Reminders can be anything that a youth associates with a traumatic experience (i.e., smell of alcohol, cologne or sweat, certain locations) whether large or small, obvious or unknown. Reminders occur when least expected and youth may react with avoidance, numbing, hypervigilance, re-experiencing or other responses. Traumatic events often generate secondary adversities, such as social stigma, ongoing treatment for injuries and legal proceedings. These adversities coupled with trauma reminders and loss reminders may produce significant fluctuations in a youth's emotional and behavioral functioning.

[xi] The National Child Traumatic Stress Network. (2018). The 12 core concepts for understanding traumatic stress responses in children and families adapted for youth who are trafficked. Retrieved from: https://www.nctsn.org/resources/12-core-concepts-understanding-traumatic-stress-responses-children-and-families-adapted

4. **Youth can exhibit a wide range of reactions to trauma and loss.** Due to past or ongoing trauma, youth may respond to everyday challenges with rage, aggression, defiance, recklessness or by bonding with aggressors. Others may withdraw, emotionally shut down, dissociate, self-harm or self-medicate.

5. **Danger and safety are primary concerns in the lives of youth who have had traumatic experiences.** Trafficked youth may believe that no person, relationship or place can ever be safe or trustworthy. Continual exposure to traumatic experiences can make it more difficult for youth to distinguish between safe and unsafe situations, and may lead to significant changes in their own protective and risk-taking behavior.

6. **Traumatic experiences affect the family and broader caregiving system.** Parents, caregivers, family members and friends may want to help a youth who has been trafficked, but they may not know how to regain the youth's trust or how to help the youth envision a life that doesn't involve being trafficked.

7. **Protective and promotive factors can reduce the adverse impact of trauma.** Supportive adults and communities, strong social connections, positive mentors, high self-esteem and good coping skills can buffer the effects of trauma experienced by trafficked youth. When given the opportunity, many trafficked youth demonstrate remarkable resilience and enormous capacity to heal.

8. **Trauma and post-trauma adversities can strongly influence development.** Trafficked youth may have had many interruptions and interference in their childhood (e.g., innocence, playfulness, creativity) and adolescence (e.g., autonomy, intimacy, self-definition) causing a disruption in healthy development.

9. **Developmental neurobiology underlies youth's reactions to traumatic experiences.** Trafficked youth may develop "survival brain" – an automatic focus on anticipating or counteracting danger rather than letting down their guard – especially when life seems safe (the times when they have most often been blindsided by victimizers).

10. **Culture is closely interwoven with traumatic experiences, responses and recovery.** Every trafficked youth has a unique set of past and current cultural experiences, values, beliefs and expectations. Youth may feel conflicted by divided loyalties when cultures clash.

11. **Challenges to the social contract, including legal and ethical issues, affect trauma response and recovery.** Trafficked youth may have lost hope that society, especially people with power (such as, law enforcement or judicial professionals), will fulfill their societal mandate to protect and help them. Vulnerable to criminalization, stigmatization and victimization, youth often resist and are distrustful of the authority of those they perceive as unwilling and unable to help. Some of the distrust is due to the instances in the past when these systems have failed them.

12. **Working with trauma-exposed youth and their families can be extremely rewarding.** Adults who come to know trafficked youth in the course of providing them with services may be deeply affected by hearing about the tragedy and horror of these youths' experiences. It is imperative for these adults to take care of their own emotional and physical health in order to be able to be thoughtfully and consistently helpful to trafficked youth.

Resource 1-F

GROUND RULES FOR INTERACTION[xii]

Used by permission of Shared Hope International.

1. **Be nonjudgmental and kind.** This is the building block for all future interactions.

2. **Address emergency and basic needs first.** Youth cannot engage in a substantive dialogue if these primary needs are not addressed.

3. **Check your environment.** Interview space should be youth-friendly, comfortable, and confidential.

4. **Time.** Allow for plenty of time and space to develop rapport and engage with a survivor prior to the interview. Most youth do not disclose all details of their victimization in the first interview. It may take several interactions before they begin to trust you.

5. **Be flexible.** While there are certain goals that you want to achieve with the youth during this time, it is important to begin the empowerment process from the start of the conversation. Allowing youth to guide or prioritize the conversation can ultimately help you achieve your goals at a later time.

6. **Be upfront.** Tell the youth in the beginning who you are and your goals for the conversation. Be very clear about your mandated reporting requirements and make sure the youth fully understands what it means, providing examples that include prostitution. Some youth may be dissuaded from disclosing their victimization at first, in which case the practitioner should focus on building rapport and providing resources or services to fit the perceived needs.

7. **Ask for permission.** If you must use a form or take notes during the interview, make sure that you ask permission first so that the youth knows what and why you are writing down information about them. Also, clarify for what the information will be used and whether it is confidential.

8. **Language.** Use youth-friendly language and mirror (appropriate) language used by youth when asking questions about events in their story.

9. **Body language.** Ensure that your body language is open and communicates a desire to hear all, including unpleasant or uncomfortable details.

10. **Limited personal references.** Balance the amount of personal information shared. While it is important to participate in the conversation so it does not feel one-sided, sharing significant or extremely personal stories in an effort to connect can place an inappropriate burden on the youth to counsel the practitioner.

11. **Minimal interjections.** Limit interruptions when youth begin to share information, as a continuous line of questions from the practitioner can feel invasive rather than relational.

[xii] Leitch, Laurie and Snow, Melissa. (2010). Ground rules for interaction. Intervene resource package: Practitioner guide and intake tool + training videos. Shared Hope International. Retrieved from: https://sharedhope.org/product/intervene-identifying-and-responding-to-americas-prostituted-youth/

However, if during the course of disclosure the youth's behavior changes or distress is noticed, practitioners should "check in" with the youth and ask what is happening for that person right now – "What are you feeling right now?" could be a good prompting question. Then, the practitioner should listen to that and respect it. Taking short breaks throughout the disclosure process ensures proper respect and balance in the nervous system before re-engaging in the disclosure or narrative. The practitioner should never be so focused on hearing the "whole" story or completing the intake process that the youth feels revictimized.

12. **Meet the youth where they are.** Respect where the youth is psychologically and emotionally in understanding their situation. The youth may not acknowledge the situation as exploitative and may even have to or "want to" return to the abusive situation. Working first to understand and define the youth's immediate and long-term goals, it is then the practitioner's role to guide the youth (over time) into defining and understanding the situation, not to assign a label.

13. **Setting boundaries for the youth.** Practitioners should respect personal boundaries set by the youth, especially regarding touching the youth. While touch (e.g., hugging) may seem like a comforting gesture, for exploited youth it may feel invasive and uncomfortable. Practitioners should not touch a youth without permission. Additionally, if permission is given by the youth to hug, the interaction should be led by the youth. Lots of warmth can be communicated through smiling, nodding and otherwise affirming and empowering the youth.

14. **Setting boundaries for practitioners.** Practitioners need to set realistic goals and expectations for youth regarding the services with which they can assist. Promises should never be made unless it is certain that they can be achieved. Additionally, unless other protocols have been established within an agency/organization, shared personal information (home address, cell phone number, etc.) should be limited, too.

15. **Professionalism.** A multidisciplinary team approach is vitally important to holistically caring for the youth. It should be expected that the youth will bond more closely with certain practitioners. Practitioners should resist taking this personally and recognize that this is human nature. Additionally, practitioners should refrain from colluding or talking disrespectfully with the youth about other practitioners on the team.

16. **Be transparent.** Survivors of domestic minor sex trafficking have been abused and hurt by most adults in their life. Trust should not be expected – it is earned. The more a practitioner can involve the youth in recommended actions and conversations to achieve the youth's goals, the more quickly trust can be built. For example, if the practitioner is referring the youth to another agency for additional services, the youth can be included in the referral call. The youth can watch "her" practitioner interact with another professional, as well as hear how and why the practitioner is recommending this referral.

Additional ground rules for interacting with victims of gang trafficking:

17. **Show respect.** Gang-involved youth may have a natural resentment of authority or may be chronically angry. Respect in the gang culture is paramount. These youth tend to have a personal code of fairness that isn't always apparent in initial interactions and practitioners should monitor their language, tone and demeanor when working with them. The practitioner should focus on extensive rapport-building before beginning the interview to gain a sense of how the youth perceives themselves and their environment. The survivor must never feel like she/he is being patronized or disrespected.

18. **Be aware of your clothing.** Survivors of gang trafficking are hypersensitive to signs, symbols, colors, etc., that reflect gang affiliation. They are taught to reject people and possessions that display colors touted by rival gangs. If the practitioner is wearing an article of clothing that displays an offensive color or symbol, the survivor may display signs of aggression or negative attitude and may be unwilling to cooperate with the interview process. Practitioners may minimize this response by asking if the victim has a favorite color during the rapport building interactions.

Resource 1-G

DO'S AND DON'TS OF APPROPRIATE ENGAGEMENT WITH CSEC VICTIMS[xiii]

Used by permission of the Girls Educational and Mentoring Services.

DO put into practice your knowledge of **risk factors, pathways to CSEC**, and techniques for **victim identification** when identifying and engaging with youth.
DON'T rely on **stereotypes** to identify or engage with sexually exploited children.

DO provide a **safe** place for engagement.
DON'T question or engage a sexually exploited child at a location where they feel **threatened** or **unsafe**.

DO be **nonjudgmenta**l when listening to a sexually exploited child.
DON'T react verbally or physically in a way that communicates **disgust** or **disdain**. Refrain from displaying a **shocked** face or talking about how "awful" the child's experience was. This may shut the child down.

DO work to build **trust** with a sexually exploited child.
DON'T expect immediate **gratitude** for your efforts.

DO pay attention to your **body posture**. Face the child and make eye contact. Show interest, empathy and understanding through verbalizations, nods and facial expressions. Speak in a calm and even tone.
DON'T act or appear to be distracted, disinterested or disapproving. Do not use **intimidation** tactics like interrogating the child or standing over the child.

DO keep **physical contact** to a minimum. When there is physical contact, let a child know exactly what you are doing and remind the child that you are not there to hurt them.
DON'T use physical contact where it is not appropriate. Physical contact as a comforting response should be initiated by the child.

[xiii] Lloyd, Rachel and Orman, Amallia. (February 2010). Handout 4.3: Do's and don'ts of appropriate engagement with CSEC victims. In CSEC Community Intervention Project and Girls Educational and Mentoring Services training manual on the commercial sexual exploitation of children. Retrieved from: http://www.kristihouse.org/csec-ccip-training-materials/

DO be familiar with **street language** and slang that children and youth might use.
DON'T try to use street language and slang **out of context** when talking with children and youth.

DO use language and terms that are **appropriate** and **sensitive** to a child's experience as a victim.
DON'T expect youth to always phrase their experiences in language that is appropriate or to **refer to themselves as victims**. Do not use inappropriate language, derogatory terms, shame or belittlement when discussing the child's experiences.

DO recognize the various symptoms of **trauma** exhibited and **coping mechanisms** used by a CSEC victim that may not be those one typically associates with victims.
DON'T use strategies that switch intermittently between treating the child as an **offender**, then as a **victim**.

DO recognize the child as a victim and a survivor of severe **child abuse**.
DON'T treat the child as a **perpetrator** by prosecuting the child and not using statutory rape, sexual abuse and trafficking laws to prosecute pimps, johns, traffickers, and recruiters.

DO help a child "slow down" and **debrief** if they seem overwhelmed or disconnected when telling their story. Limit the amount of information you ask them to disclose.
DON'T expect or push every child to **disclose** all the details of their abuse. Sometimes heavy information will need to be gathered in stages.

DO keep the child **talking** and make them feel comfortable.
DON'T dispute facts or comment on a child's motivation. This is likely to stop the flow of information.

DO take sexually exploited youth **seriously**.
DON'T diminish the seriousness of their experiences or concerns.

DO meet a sexually exploited child **where they are** and on their terms, and try to meet the needs they present.

DON'T expect a child to recognize their situation as **exploitative** or to present themselves as a victim in need of immediate intervention or rescuing.

DO apply sensitivity and attention to a child's **cultural background**.
DON'T draw **conclusions** based on stereotypes of a child's culture, race, ethnicity, class, gender or sexual orientation. Do not impose **actions** that are culturally inappropriate or insensitive.

DO continually **process** your own experiences, feelings, and judgments concerning the issues surrounding sexual exploitation.
DON'T ignore signs of vicarious re-traumatization or burnout fatigue.

DO improve a **systemic response** to CSEC by creating interagency relationships to comprehensively meet victims' needs.
DON'T assume sole responsibility for meeting the myriad and **complex needs** of a CSEC victim.

DO collaborate with local **experts** and **survivors** of sexual exploitation to engage with victims or to work for policy change.
DON'T marginalize the experiences or voices of survivors in a community response to CSEC.

Resource 2-A

CSEC TRAINING: POLICY & IMPLEMENTATION CONSIDERATIONS FOR AGENCIES

To ensure success in the implementation of a CSEC training program, each agency is encouraged to consider the following items, and internal policies and procedures.

What are outcomes of the training?

- What are the desired practice outcomes resulting from each training?
- Which policies and procedures at the agency need to be revised? *(For example, will the agency internally track or report on identified or suspected CSEC? With whom will these reports be shared?)*
- What are possible barriers or challenges to each training being well-received or implemented?

What is the content for trainings?

- For CSEC 101, does the content incorporate, at a minimum, the CSEC 101 Training Competencies and Learning Objectives?
- For all other CSEC trainings, does the content address desired competencies and learning objectives?
- Is the training content reflective of the audience and their roles, and include discipline-specific information, e.g., for CSEC 101, does it include:
  - Red flags?
  - Screening tools?
  - Changes or updates to the agency's policies and procedures?
  - If the agency is part of the effort to identify CSEC, are reporting procedures to the local law enforcement agency and/or child protective services included?
- Does the training include an evaluation of the content, process and trainer?

Who will participate in training?

- Will all new hires be required to participate in CSEC 101 and CSEC 102 trainings, or just staff who are more likely to interact or be exposed to the CSEC population? *(For example, staff who interact with families and youth in a case management role versus administrative/clerical staff who do not.)*
- Will all current employees who have *not* received CSEC Introductory Awareness Training that meets the required training competencies be required to participate in the training? *(If an employee indicates they have already had CSEC training, it is recommended that they provide the competencies and/or learning objectives from the training so that the agency can compare it to the identified CSEC Introductory Awareness Training Competencies and Learning Objectives.)*
- For all other CSEC trainings, who will be required to attend vs. who may voluntarily attend?

When will training be offered and to whom?

- When will the CSEC 101 Introductory Awareness training be provided?
  - Will it be required for all new staff as part of their new employee training and/or onboarding experience?
  - Or will there be a requirement to participate in the training within sixty days upon hire?
- Once employees receive the introductory training, what expectation will there be regarding participation in refresher training at specified intervals? *(This can include dissemination of changes to existing laws and best common practices via internal communications or existing training platforms.)*
- What expectation will there be for employees to participate in advanced and/or specialized training for CSEC at specified intervals?
- How will managers/supervisors be trained first, i.e., before their staff, so they can prime employees regarding the content *prior to* the training?
- How will managers/supervisors learn enough about the topic so they can support ongoing learning with their staff *after* the training?

Who will provide the CSEC training?

- Will training be provided by internal or external trainers?
- Do trainers identified by the agency meet the recommended standards?
- Will internal trainers be developed through the Training of Trainers course that specifically focuses on the CSEC Introductory Awareness and Skill-Building trainings?
- How might CSEC survivors be incorporated as guest speakers or co-trainers?

Does the agency have a training coordinator?

- Noting that CSEC best practices and laws can change often, how will the agency disseminate updates or coordinate new, ongoing training? Through its training coordinator? If the agency does not have a training coordinator, will one be assigned?

Resource 2-B

TRAINING EVALUATION

Program Title:

Program Sponsor:

Date:

Instructor(s):

INSTRUCTION	*Strongly Disagree*	*Disagree*	*Does Not Apply*	*Agree*	*Strongly Agree*
The training objectives were met.					
a. Learning objective 1					
b. Learning objective 2					
c. Learning objective 3					
d. Learning objective 4					
Teaching methods were effective.					
Visual aids, handouts and oral presentations clarified content.					
Content was trauma-informed.					
Content was relevant to the needs of Nevadans.					
Perspective and voice of CSEC victims and survivors were evident throughout the program.					
This presentation increased my knowledge about trafficking.					

LEARNING	*Strongly Disagree*	*Disagree*	*Does Not Apply*	*Agree*	*Strongly Agree*
The information could be applied to my practice, daily life or other context.					
The information contributes to achieving personal or professional goals.					
Issues of diversity were addressed.					
This program enhanced my professional expertise.					
I would recommend this program to others.					
Teaching methods and tools focused on how to apply program content to my practice/work environment.					

LEARNING	*Strongly Disagree*	*Disagree*	*Does Not Apply*	*Agree*	*Strongly Agree*
Learning was enhanced through a variety of media utilizing auditory, visual and multimedia formats.					
Legal, professional and ethical issues were incorporated throughout the program content.					

INSTRUCTOR	*Strongly Disagree*	*Disagree*	*Does Not Apply*	*Agree*	*Strongly Agree*
Knew the subject matter.					
Presented content effectively.					
Elaborated upon the stated objectives.					
Maintained my interest.					
Answered questions effectively.					
Was responsive to questions, comments and opinions.					
Provided a variety of applied examples (e.g., case presentations).					

VENUE, SETTING, ETC.	*Strongly Disagree*	*Disagree*	*Does Not Apply*	*Agree*	*Strongly Agree*
Facility was adequate for my needs.					
Special needs were met.					
Facility was comfortable and accessible.					
Program brochure was informative and accurate.					

Source: Adapted from the American Psychological Association Office of CE Sponsor Approval.

The level of material was: □ Basic □ Intermediate □ Advanced

What was your overall impression of the activity? What went well? What could be improved?

What did you learn that was new or different? How and/or will this information change how you practice or approach your daily life?

Other comments:

Resource 2-C

CSEC 101: INTRODUCTORY AWARENESS OF CSEC
TRAINING COMPETENCIES & LEARNING OBJECTIVES

Purpose

Increase identification and protection of commercially sexually exploited children (CSEC) by defining CSEC and describing factors that contribute to victim vulnerability, red flags, recruitment, intervention strategies and steps to take going forward.

***NOTE**: All training should adhere to the Guiding Principles of the Coalition.*

Training Competencies with Learning Objectives

Competency 1: Knowledge of children who are victims of, or at risk of, sex trafficking.

The learner will be able to:

a. Define CSEC.
b. Describe the prevalence and demographics of child sex trafficking in Nevada and locally.
c. Interpret acronyms of commonly used terms and agencies/initiatives involved in combating human trafficking.

Competency 2: Understand legal issues (definitions/laws) related to protecting children at risk of sex trafficking.

The learner will be able to:

a. Describe basic components of human trafficking laws.
b. Identify how human trafficking legal issues relate to CSEC.
c. Describe the paradigm shift from delinquent child to victim.
    i. Designation of CSEC as child maltreatment.
    ii. Mandatory reporting.
d. Understand the intersection of CSEC, domestic minor sex trafficking (DMST), and the juvenile justice and child welfare systems.

Competency 3: Identifies the factors that place children at risk of sex trafficking.

The learner will be able to:

a. Describe how societal factors (e.g., historical oppression, cultural forces, racism, mainstream and popular culture, including ease of access to children for sex through the internet) contribute to demand for commercial sexual exploitation of children and youth.
b. Describe interpersonal dynamics that contribute to the victimization of children by sex traffickers (e.g., position of vulnerability from a child development and trauma perspective, recruitment tactics, domestic violence dynamics, trauma bonding, Stockholm Syndrome, etc.).

Competency 4: Identifies the warning signs and risk factors associated with child sex trafficking.

The learner will be able to:

a. Identify common physical and behavioral indicators exhibited by children who are experiencing commercial sexual exploitation.
b. Identify risk factors and warning signs related to commercial sexual exploitation and how these manifest in children.

Competency 5: Identifies the needs of and intervention strategies for child sex trafficking victims or survivors.

The learner will be able to:

a. Become aware of the impact of sex trafficking on victims.
b. Describe the process of recruitment, indoctrination, exploiter tactics and the role of cumulative trauma.
c. Describe the connections among CSEC and
    i. Children who are homeless, have runaway, are couch serving, etc. (survival sex).
    ii. Children in the juvenile justice system (survival sex, peer recruitment, burglary, theft, trespassing).
    iii. Children in the child welfare system (peer recruitment, lack of connections to adults, increased vulnerability).
    iv. Increased vulnerability related to trauma exposure.
    v. Unique circumstances of youth who identify as LGBTQ.
d. Describe tools and protocols that may be utilized in the identification and assessment of victims of trafficking.
e. Describe treatment challenges for professionals.
f. Become aware of the support needed by service providers as they support victims or survivors.

Competency 6: Identifies steps to report a potential victim.

The learner will be able to:

a. Identify reporting process to responsible agencies.

Competency 7: Identifies steps to increase competency in serving CSEC.

The learner will be able to:

a. Define ways to increase competency in serving CSEC (e.g., web-based materials, skill-building trainings that are trauma-informed, gender-specific and culturally responsive).

Sources:

Capacity Building Center for States. (n.d.). Learning Experience: Child welfare response to child & youth sex trafficking, Parts 1, 2 and 3. Retrieved from: https://capacity.childwelfare.gov/states/focus-areas/child-protection/

California Department of Social Services. (October 29, 2014). CSEC 101: Identification and awareness – Learning objectives for classroom module (6 hours). Retrieved from: https://calswec.berkeley.edu/commercially-sexually-exploited-children-csec-toolkit/spreading-word

Shared Hope International. (2014). Domestic minor sex trafficking training guide and video series. Retrieved from: https://sharedhope.org/product/domestic-minor-sex-trafficking-training-guide-and-video-series/

The Training Subcommittee of the Nevada Coalition to Prevent the Commercial Sexual Exploitation of Children

Resource 2-D

CSEC TRAINING RESOURCES

Course	Description	CSEC Training Resources	Target Audience
CSEC 101A: **CSEC Awareness Overview – *Online***	60 - 120 minute online, on demand overview.	***Nevada's CSEC Awareness Overview Online.*** An online CSEC Awareness Overview for Nevada may be developed in the future. ***SOAR Online*** *– by Postgraduate Institute for Medicine et al.* On demand. Designed to educate health care providers, social workers, public health professionals, and behavioral health professionals on how to identify, treat, and respond appropriately to individuals who are at risk or who have been trafficked. CE/CME available. Three modules: • SOAR to Health and Wellness Online (1 hour) • Trauma-Informed Care (30 minutes) • Culturally and Linguistically Appropriate Services (30 minutes). *Source: https://www.acf.hhs.gov/otip/training/soar-to-health-and-wellness-training/soar-online* ***Introduction to Child Sex Trafficking: Awareness and Response*** *– by NCMEC University Online* Free self-paced, online training. Addresses risk factors making individuals vulnerable to sex trafficking, recruitment and seasoning process, various rules and beliefs of the sex trafficking culture, adolescent development, victim differences, trauma bonding, dissociative disorders and the role and purpose of a MDT. For child-serving professionals, forensic interview specialists, law enforcement officers, victim advocates, prosecutors, healthcare providers, child protective service workers, child protection attorneys and juvenile justice personnel. Must complete application to access; access to courses based upon discipline. (ICSTAR; 1.5 hours) *Information: http://www.missingkids.com/ourwork/training/ncmecuniversity* ***An Overview of Child Sex Trafficking*** *– by National Human Trafficking & HHS Online Trainings* On demand. Overview of child sex trafficking, including risk factors, network characteristics, trafficking indicators, models for institutional response, and promising practices for serving youth. *Source: https://humantraffickinghotline.org/resources/overview-child-sex-trafficking* *List of trainings: https://humantraffickinghotline.org/nhtrc-hhs-online-trainings*	All stakeholders – see stakeholder list in the *Training* chapter.

Course	Description	CSEC Training Resources	Target Audience
		Domestic Minor Sex Trafficking 101 *– by Shared Hope International.* Interactive, self-paced e-learning course about child sex trafficking. Four modules that address laws, relationship between vulnerability and sex trafficking, trafficker control and recruitment tactics, the role of demand, and how to respond effectively. Includes information, videos, case studies, stories and quizzes. Purchase provides 30-day access. *Resource:* *https://sharedhope.org/product/d/*	
CSEC 101B: **CSEC Introductory Course – *In Person***	*Builds on CSEC 101A* 1+ day in-person course addressing approved CSEC 101 learning objectives and competencies. Focus on knowledge acquisition.	***GEMS/OJJDP CSEC Community Intervention Project (CCIP) Modules 1 – 5, Part 1*** *Presenters: NV trainers who completed GEMS CCIP TOT training.* See CSEC 401 below for description and links.	All who serve/interact with CSEC, including their supervisors and managers Primary partners: • Child welfare • Juvenile justice • Service providers • Treatment/mental health • Survivor advocates • CSEC caregivers • Justice (attorneys, law enforcement, courts) • School counselors, social workers • Supervisors, managers, admins
CSEC 101C: **CSEC Introductory Course for Out-of-Home Caregivers**	*Builds on CSEC 101A* Knowledge related to role	***QPI Nevada – On demand online video trainings*** *Source - under Select a Topic, select CSEC Awareness, scroll down:* *http://www.qpinevada.org/traininglibrary/topicindex.shtml* *CSEC: Awareness and Identification (2.0 CE)* Addressing, raising awareness, recognizing the dynamics, identifying the vulnerabilities, intersection of foster/kinship/group home care and CSEC, identifying CSEC. *Providing for CSEC Youth in Foster Care (1.0 CE)* Addresses needs of CSEC survivors and how fostering can help meet needs, trauma and trauma-informed care, safety needs of CSEC, vicarious trauma and self-care.	Out-of-home caregivers • Foster parents • Group home parents/staff • Child Welfare/Juvenile Justice placement staff

Course	Description	CSEC Training Resources	Target Audience
		Caregiver's Toolkit: Human Trafficking (1.0 CE) Addresses what human trafficking is, the lingo, who the victims are, who the traffickers are, traumatic bonding, resulting psychological issues, who the purchasers are, potential hotspots, prostitution hierarchy of coercion. ***Capacity Building Center for States: Child Welfare Response to Child and Youth Sex Trafficking (TOT)*** *Possible presenters: NV trainers who completed GEMS CCIP TOT training or caregiver/foster care trainers.* *Module 4:* ***Caregivers*** *(Knowledge)* Targeted to caregivers, this module provides basic information to caregivers about victims/survivors of sex trafficking. Participants will learn about: their role as foster parents/caregivers; the Federal definition of "sex trafficking"; identification of the risk factors associated with children and youth who are victims, or at risk of becoming victims, of sex trafficking; the impact of sex trafficking on survivors; and strategies for responding to youth who are in caregivers' care. The curriculum also includes digital stories, handouts, and PowerPoint presentations relevant to this module. *Source – must register to access: https://learn.childwelfare.gov/content/child-welfare-response-child-and-youth-sex-trafficking* ***The CSEC Caregiver Project: Fostering a Community of Empowered Parents and Caregivers of Commercially Sexually Exploited Youth*** *Presenter: Nola Brantley Speaks* Educate parents/caregivers about CSEC while providing environment to support one another. Includes: Overview of what CSEC is, risk factors and pathways of entry, understanding the impact of CSEC involvement, challenges with leaving "the life," how to advocate for their youth/young adult, and empowerment. *Source: http://www.nolabrantleyspeaks.org/curriculum-development.html*	
CSEC 102: **CSEC Skill Development for MDT Partners**	*Builds on CSEC 101B* Knowledge and skill development related to role, including agency P&Ps.	***GEMS/OJJDP CSEC Community Intervention Project (CCIP) Modules 1 – 5, Part 2*** *Possible presenters: NV trainers who completed GEMS CCIP TOT training.* See CSEC 401 below for description. ***GEMS 201: Victim, Survivor, Leader*** *Possible presenters: GEMS.* 2 day in-person training – Survivor-driven and -led: Developing transformational relationships; Victim, Survivor, Leader Model; intra-agency response; inter-agency response; Survivor leadership and Survivor-informed programming.	All who serve/interact with CSEC – primary partners by discipline/role. Primary partners: • Child welfare • Juvenile justice • Service providers

Course	Description	CSEC Training Resources	Target Audience
		Six core values: Gender responsive, trauma informed, developmentally grounded, strengths based, social justice oriented, culturally competent. *Source: http://www.gems-girls.org/get-trained/training-curriculum* ***California's CSEC 102: Engaging and Serving Youth Trainer Guide*** *Possible presenters: NV trainers who completed GEMS CCIP TOT training or agency trainers or California trainers, e.g., CalSWEC or CSEC 102 by Nola Brantley Speaks.* Best practices and *skills* for delivery of services, continuum of holistic services, trauma-informed practices, trauma bonds, stages of change, motivational interviewing, working toward safety, screening, strengths and needs assessment, culturally/SOGIE (i.e., Sexual Orientation, Gender Identity and Expression) affirming, youth voice, self-care. *Source – Click on Training, scroll down to CSEC 102: https://calswec.berkeley.edu/commercially-sexually-exploited-children-csec-toolkit/spreading-word* *CSEC 102 by Nola Brantley Speaks: www.nolabrantleyspeaks.org/csec-102.html* ***Capacity Building Center for States: Child Welfare Response to Child and Youth Sex Trafficking (TOT)*** *Possible presenters: NV trainers who completed GEMS CCIP TOT training or agency trainers or agency supervisors/managers.* *CSEC 101 – Module 2: For **Supervisors*** Designed for supervisors, this 3-hour curriculum provides information about how to supervise frontline staff working with victims/survivors of sex trafficking. Participants will learn how to apply, monitor, and support the policies unique to the Preventing Sex Trafficking and Strengthening Families Act, Public Law (P.L.) 113–183, as well as how to supervise effective casework practice related to working with children and youth who are victims of sex trafficking. The curriculum also includes digital stories, handouts, and PowerPoint presentations relevant to this module. *Source – must register to access: https://learn.childwelfare.gov/content/child-welfare-response-child-and-youth-sex-trafficking* *CSEC 101 – Module 3: For **Administrators and Managers*** In this 3-hour module, managers and administrators will discuss how to implement the sex trafficking provisions of P.L. 113–183. Participants will learn about the systemic issues related to implementation of the legislation and strategies for how to collaborate across systems and agencies to identify, screen, report, and provide services to youth who are survivors of sex	• Treatment/mental health • Survivor advocates • CSEC out-of-home caregivers • Justice (attorneys, law enforcement, courts) • Supervisors, managers, administrators

Course	Description	CSEC Training Resources	Target Audience
		trafficking. The curriculum also includes digital stories, handouts, and PowerPoint presentations relevant to this module. *Source – must register to access: https://learn.childwelfare.gov/content/child-welfare-response-child-and-youth-sex-trafficking* ***Capacity Building Center for States: Child Welfare Response to Child and Youth Sex Trafficking (TOT) – Part 2*** *Possible presenters: NV trainers who completed GEMS CCIP TOT training or agency trainers.* Translates knowledge and awareness learned in Part 1 (Introduction to CSEC) to the *skill* level. Specifically, this curriculum offers learners increased capacity to identify, report, and/or address the needs of children and youth who are victims of sex trafficking. Modules correspond to the functions of intake/investigation workers, ongoing workers, and caregivers and feature skill-building activities and accompanying videos. *Module 1:* ***Intake/Investigation*** This module is specific for learners who conduct the intake and/or investigative function at an agency. Topics covered in this 3-hour curriculum include the factors increasing vulnerability, strategies for maintaining survivor safety, and tools and approaches for engaging survivors. Video clips interspersed throughout illustrate key points and skills. Pre- and post-training surveys are provided so you can administer to trainees as you use the curriculum. *Source – must register to access: https://learn.childwelfare.gov/content/child-welfare-response-child-and-youth-sex-trafficking-part-2* *Module 2:* ***Ongoing*** This module is specific for learners who conduct the ongoing service delivery function at an agency. Topics covered in this 3-hour curriculum include potential needs of survivors, strategies for engaging with survivors, the use of strengths in case planning, and how to provide culturally appropriate and supportive services. Video clips interspersed throughout illustrate key points and skills. Pre- and post-training surveys are provided so you can administer to trainees as you use the curriculum. *Source – must register to access: https://learn.childwelfare.gov/content/child-welfare-response-child-and-youth-sex-trafficking-part-2* ***Capacity Building Center for States: Child Welfare Response to Child and Youth Sex Trafficking (TOT) – Part 3*** *Possible presenters: Agency trainers or supervisors.* Digital stories and discussion guides: Through firsthand accounts from a diverse group of individuals involved in child welfare, this series of digital stories builds awareness and insights	

Course	Description	CSEC Training Resources	Target Audience
		into the complexities of responding to sex trafficking. The series contains five digital stories, highlighting the experiences of three survivors, a caseworker, and a caregiver. The course also includes discussion guides with learning objectives and discussion questions that prompt reflection and dialogue. Child welfare trainers, managers, and supervisors can use these stories to generate further discussion in ***group supervision, staff meetings***, and caregiver trainings. They also can show these stories to community members to raise awareness about sex trafficking. *Source – must register to access:* https://learn.childwelfare.gov/content/child-welfare-response-child-and-youth-sex-trafficking-part-3 ***OJJDP National Training and Technical Assistance Center Webinars*** Recorded webinars for the juvenile justice field and related criminal justice initiatives, includes: • Reducing Demand for Commercial Sexual Exploitation of Minors in Your Community (1.5 hours) • Understanding the Complexities of Commercial Sexual Exploitation (1.5 hours) • Commercial Sexual Exploitation: Assessment and Identification in Mentoring Programs (1.5 hours) • Sexting and Sextortion: Keeping Kids Safe (1 hour) *Source:* *https://www.youtube.com/channel/UCMVg2tlVluJlDdug9C3QKRA/search?query=exploitation*	
CSEC 102C: **CSEC Skill Development for Out-of-Home Caregivers**	*Builds on 101C* Training specific to their role – i.e., skill development, including agency P&Ps.	***Capacity Building Center for States: Child Welfare Response to Child and Youth Sex Trafficking (TOT) – Part 2*** *Possible presenters: NV trainers who completed GEMS CCIP TOT training or agency trainers or caregiver/foster care trainers.* Translates knowledge and awareness learned in Part 1 (Introduction to CSEC) to the skill level. Specifically, this curriculum offers learners increased capacity to identify, report, and/or address the needs of children and youth who are victims of sex trafficking. Modules correspond to the functions of intake/investigation workers, ongoing workers, and caregivers and feature skill-building activities and accompanying videos. *Module 3:* ***Caregivers*** *(Skills)* This module is specific for learners who act as caregivers for survivors of sex trafficking. Topics covered in this 2-hour curriculum include information about the unique needs of survivors and the knowledge and use of engagement strategies. Video clips interspersed throughout	Out-of-home caregivers: • Foster parents • Group home staff • Child Welfare/Juvenile Justice Placement staff

Course	Description	CSEC Training Resources	Target Audience
		illustrate key points and skills. Pre- and post-training surveys are provided so you can administer to trainees as you use the curriculum. *Source – must register to access: https://learn.childwelfare.gov/content/child-welfare-response-child-and-youth-sex-trafficking-part-2* ***Capacity Building Center for States: Child Welfare Response to Child and Youth Sex Trafficking (TOT) – Part 3*** *Possible presenters: NV trainers who completed GEMS CCIP TOT training or agency trainers or caregiver/foster care trainers.* Digital stories and discussion guides: Through firsthand accounts from a diverse group of individuals involved in child welfare, this series of digital stories builds awareness and insights into the complexities of responding to sex trafficking. The series contains five digital stories, highlighting the experiences of three survivors, a caseworker, and a caregiver. The course also includes discussion guides with learning objectives and discussion questions that prompt reflection and dialogue. Child welfare trainers, managers, and supervisors can use these stories to generate further discussion in group supervision, staff meetings, and ***caregiver*** trainings. *Source – must register to access:* https://learn.childwelfare.gov/content/child-welfare-response-child-and-youth-sex-trafficking-part-3 ***CSEC: A Training for Out-of-Home Care Providers*** *Presenter: Nola Brantley Speaks* For group home staff and foster parents. Engagement strategies for developing relationships with youth at-risk and involved in CSEC. *Scroll down for link to "Book a CSEC OHC Training": Source: http://www.nolabrantleyspeaks.org/curriculum-development.html*	
CSEC 102HC: **Health Care Providers: Serving CSEC**	*Builds on CSEC 101A* Knowledge and skill development related to role.	***SOAR Online*** *– by Postgraduate Institute for Medicine, US DHHS, National Human Trafficking Training and Technical Assistance Center, Administration for Children and Families* On demand. Designed to educate health care providers, social workers, public health professionals, and behavioral health professionals on how to identify, treat, and respond appropriately to individuals who are at risk or who have been trafficked. Three modules: SOAR to Health and Wellness Online (1 hour); Trauma-Informed Care (30 minutes); Culturally and Linguistically Appropriate Services (30 minutes). CE/CME available. *Source: https://www.acf.hhs.gov/otip/training/soar-to-health-and-wellness-training/soar-online* ***Original OJJDP CCIP Curriculum – Module 8: Medical & Mental Health Care of CSEC Victims***	Health care providers

Course	Description	CSEC Training Resources	Target Audience
		Possible presenters: Local Master Trainers or NV trainers who completed GEMS CCIP TOT training and have needed expertise. 90-minute training. Objectives: Use a holistic definition of health in referring to healthcare for CSEC victims, understand how CSEC victims develop and exhibit symptoms of post-traumatic stress disorder, learn appropriate protocols for interviews and physical exams of CSEC victims. Includes Facilitator's manual, handouts, and PPT. *Prerequisite: CCIP Modules 1 – 5.* *Original curriculum: www.kristihouse.org/csec-ccip-training-materials* ***GEMS Updated OJJDP CCIP Curriculum – Module 8: Medical & Mental Health Care of CSEC Victims*** *Presenter: GEMS.* 1-day training. Same objectives as original curriculum (see above). *Source – scroll down to bottom of CSEC 101: http://www.gems-girls.org/get-trained/training-curriculum* ***Dignity Health Human Trafficking Response Program** (HTR)* *Resource: Shared Learnings Manual (SLM)* Goal of the HTR Program is to ensure trafficked persons are identified in the health care setting and appropriately assisted with victim-centered, trauma-informed care and services. The SLM provides information about the HTR program and how to implement a similar program in health care settings. *Source – scroll down to download the SLM: https://www.dignityhealth.org/hello-humankindness/human-trafficking* ***Health Care Needs of Commercially Sexually Exploited Youth: Challenges for Survivors and medical Professionals** – by National Child Traumatic Stress Network* Recorded webinar: Common reasons for seeking care, as well as challenges to victim identification. How survivors may experience health care visits and what medical professionals can do to best serve these youth. CE credit. *Source – must register: https://learn.nctsn.org/course/view.php?id=438* ***Confronting CSEC and Sex Trafficking of Minors in the United States: A Guide for the Health Care Sector** – by Institute of Medicine and National Research Council* To raise awareness and guide health care professionals in preventing, recognizing, and responding to CSEC. *Resource:* *www.nationalacademies.org/hmd/~/media/Files/Resources/SexTrafficking/guideforhealthcaresector.pdf*	

Course	Description	CSEC Training Resources	Target Audience
		i:CARE Health Care Provider's Guide to Recognizing and Caring for Domestic Minor Sex Trafficking Victims *– by Shared Hope International* To improve identification and response to victims of sex trafficking within health care settings. Addresses current laws, trafficker tactics for recruitment and control and victim vulnerabilities. Includes Guide, training video series (four 5-minute segments) and private access to additional resources. *Resource: https://sharedhope.org/product/icare-health-care-providers-guide/* *i:CARE for EMS* *Self-paced online training resource: https://sharedhope.org/product/icare-ems-training/* *i:CARE for Nurses* *Self-paced online training resource: https://sharedhope.org/product/icare-nurses-training/* *i:CARE for Physicians* *Interactive, self-paced e-learning course: https://sharedhope.org/product/icare-physicians-training/* ***Protocol Toolkit for Developing a Response to Victims of Human Trafficking in Health Care Settings*** *– by HEAL Trafficking and Hope for Justice* Toolkit to help health care settings develop an interdisciplinary protocol to respond to victims of human trafficking by creating safe procedures and spaces that encourage exploited individuals to seek assistance. *Resource: https://healtrafficking.org/2017/06/new-heal-trafficking-and-hope-for-justices-protocol-toolkit-for-developing-a-response-to-victims-of-human-trafficking-in-health-care-settings/*	
CSEC 102CT: **CSEC and the Role of the Courts**	*Builds on CSEC 101A* Knowledge and skill development related to the role of Courts – per OVC TTAC Human Trafficking Task Force e-Guide:[xiv] • Ethical considerations • Trauma-informed courts	***National Judicial Institute on Domestic Child Sex Trafficking*** *– by National Council of Juvenile and Family Court Judges* 2.5-day interactive workshop that seeks to increase the judiciary's understanding of child sex trafficking in the U.S. and improve the justice system's response to victims and those at risk for sex trafficking. *Only state and tribal court judges and judicial officers are eligible to attend*. *Source – see calendar for next dates: http://www.ncjfcj.org/conference-training/calendar* ***NCTSN Bench Cards for the Trauma-Informed Judge, including Bench Card for Court-Ordered Trauma-Informed Mental Health Evaluation of Child*** Provides judges with useful questions and guidelines to help make decisions for youth based on the emerging scientific findings in the traumatic stress field. Includes guidance on obtaining needed information through trauma-informed mental health evaluations.	• Judges • Court personnel, as appropriate

[xiv] OVC TTAC Task Force e-Guide: https://www.ovcttac.gov/TaskForceGuide/EGuide/

Course	Description	CSEC Training Resources	Target Audience
	• Innovative court responses	*Resource: https://www.nctsn.org/resources/nctsn-bench-cards-trauma-informed-judge* ***Domestic Child Sex Trafficking: Desk Reference Guide*** *– by the Capacity Building Center for Courts* Bench Card on Child Sex Trafficking and Public Law 113-183. *Download: www.clarola.org/resources/directory/item/1438-bench-card-on-child-sex-trafficking-public-law-113-183* ***Survivor Protection: Reducing the Risk of Trauma to Child Sex Trafficking Victims*** *– by TrustLaw/Thomson Reuters Foundation and Rights4Girls* Report addressing innovative court protections for child trafficking victim witnesses. Describes legal framework to justify extending courtroom protections afforded other victims of gender violence and child abuse, to survivors of child sex trafficking who testify at trial, i.e., safeguards to help prevent re-traumatization and prioritize psychological and emotional well-being of survivors. *Source: http://rights4girls.org/wp-content/uploads/r4g/2018/01/Survivor-Protection.pdf* ***Missing Children, State Care, and Child Sex Trafficking: Engaging the Judiciary in Building a Collaborative Response*** *– by NCJFCJ and NCMEC* Technical assistance brief to educate judges about steps to be taken to assist in the location and recovery efforts for children missing from care by ensuring the legal guardians, social workers, and child advocates within child serving agencies engage assistance from NCMEC on behalf of endangered missing children. *Source: https://www.ncjfcj.org/DCST-TAB* ***NCJFCJ Trauma Series*** *(Videos)* *Part I – Understanding Trauma and Its Effects* 20-minutes overview of trauma and its effects on child and adolescent development, and includes information on the adverse childhood experiences study. *Source: http://www.ncjfcj.org/trauma-series-part-i-understanding-trauma-and-its-effects* *Part II – Creating Conditions of Healing* 15-minute presentation addressing core components of healing, including examples for how and why these are helpful in working with traumatized youth and families. *Source: http://www.ncjfcj.org/trauma-series-part-ii-creating-conditions-healing* *Part III – Creating a Trauma-Responsive Court System*	

Course	Description	CSEC Training Resources	Target Audience
		30-minute presentation which applies information from Part I and II toward creating a trauma-responsive court experience. *Source: http://www.ncjfcj.org/trauma-series-part-iii-creating-trauma-responsive-court-system* ***Other NCJFCJ/NJIDCST Resources*** *10 Things Every Juvenile Court Judge Should Know About Trauma & Delinquency: http://www.ncjfcj.org/sites/default/files/trauma bulletin 1.pdf* *Trauma-Informed Court systems - PPT: http://www.ncjfcj.org/sites/default/files/Trauma-Informed Court Systems 7-6-17.pdf* *National Judicial Institute on Domestic Child Sex Trafficking – online resources page: http://www.ncjfcj.org/DCST-Materials* *NCJFCJ's Victim Series: www.ncjfcj.org/victim-series* ***Confronting CSEC and Sex Trafficking of Minors in the US: A Guide for the Legal Sector** – by Institute of Medicine and National Research Council* Outlines ways law enforcement, attorneys, the juvenile justice system, and the judiciary can help in addressing CSEC. *Resource: www.nationalacademies.org/hmd/~/media/files/resources/sextrafficking/guideforlegalsector.pdf* ***Consolidated Court Proceedings for Crossover Youth** – by Center for Juvenile Justice Reform, Georgetown University* Highlights promising examples of court models that Crossover Youth Practice Model sites have implemented to better serve crossover youth. The strategies discussed in the bulletin are designed to support cross-system collaboration and coordination, lessen burdens on youth and families, and maximize system resources. *Source: cjjr.georgetown.edu/wp-content/uploads/2018/06/CYPM-Series-Bulletin-Conslidated-Court-Processing-for-Crossover-Youth-June-2018.pdf*	
CSEC 102JUS: **Building Strong CSEC Cases**	*Builds on CSEC 101B* Knowledge and skill development related to	***America Bar Association – Center for Child & Adolescent Health*** *Possible presenter:* Eva Klain, Director, ABA Center for Child & Adolescent Health *Available training: https://www.americanbar.org/groups/child_law/training.html* *To request training, email: annemarie.lancour@americanbar.org*	Justice: • Prosecutors • Law enforcement • Forensic interviewers

Course	Description	CSEC Training Resources	Target Audience
	role, i.e., building strong cases – per OVC TTAC Human Trafficking Task Force e-Guide:[xv] • Victim-centered investigations. • Taking a proactive approach. • Victim interview and preparation -trauma-informed. • Landing a successful prosecution. • Strategies for prosecutors and law enforcement.	***Justice Clearinghouse Webinars*** *(Some free or individual/organizational subscriptions)* Interdisciplinary online training for justice and public safety officials. Recorded webinars include: • Protecting the Victims of Domestic Minor Sex Trafficking • Domestic Child Sex Trafficking and Children in Foster Care • An Overview of U.S. Efforts to Combat Demand for Prostitution and Trafficking Sex *Source: https://justiceclearinghouse.com/* ***National Criminal Justice Training Center*** *(NCJTC – Fox Valley Technical College)* *Classroom trainings include:* • Introduction to Child Sex Trafficking • Child Sex Trafficking – From Suspicion to Disclosure • Child Sex Trafficking Forensic Interview Training • Interrogation Techniques for Child Sex Trafficking and Exploitation Investigations • Law Enforcement Investigative Response to Child Sex Trafficking • Proactive Investigation of Child Sex Trafficking • Prosecutor Strategies for Child Sex Trafficking and Exploitation Cases • The Role of Technology: Trafficking and Commercial Sexual Exploitation • Managing Child Sex Trafficking for System Managers/CEOs • Developing a Community Response for High-Risk Victims of Child Sex Trafficking and Exploitation • Community Workshop on Trafficking and Exploitation in Tribal Communities • Recognition and Response to Child Sex Trafficking and Exploitation at Tribal Casinos • Responding to Child Sex Trafficking in Indian Country *Source: https://ncjtc.fvtc.edu/Training/search-results?terms=child sex trafficking* *On Demand trainings (eLearning and recorded webinars) include:* • Child Sex Trafficking Overview • Child Sex Trafficking: Victim-Centered Investigations • Sextortion Part 1: Dynamics and Impact on Victims • Sextortion Part 2: What Is It and How Can We Respond? • Practical Tips When Encountering and Interviewing CSEC Victims • Child Sex Trafficking: Interviewing Victims	

[xv] OVC TTAC Task Force e-Guide: https://www.ovcttac.gov/TaskForceGuide/EGuide/

Course	Description	CSEC Training Resources	Target Audience
		• Child Sex Trafficking: Law Enforcement Response, Introductory Module • Child Sex Trafficking: Prosecuting Child Sex Trafficking Cases • Child Sex Trafficking and Gangs • Following the Evidence in a Child Sex Trafficking Forensic Interview • An Overview of Technology Used in Child Exploitation Cases • Interpreting Child Sex Trafficking Cyber Tipline Reports and Resources Available for LE • Overcoming Victim/Witness Intimidation: Innovative Prosecutor Tools and Techniques • Prosecuting Sex Trafficking Cases *Source: https://ncjtc.fvtc.edu/on-demand?terms=child%20sex%20trafficking#findOnDemand* ***Coalition to Abolition Slavery & Trafficking (CAST)*** *Source – scroll down: www.castla.org/training* *A Practical Guide for Attorneys Serving U.S. and Foreign National Trafficking Victims.* Free, 16-Hour in-depth overview of legal issues faced by U.S. citizens and foreign national survivors (e.g., criminal victim witness advocacy issues, criminal vacatur and sealing records, civil remedies and immigration benefits. Will partner with co-host to obtain CLE credits. *On-demand e-Learning courses and webinars for attorneys.* Practical guidance on legal remedies available for survivors. Most e-Learning sessions eligible for CA MCLEs. Click on link for list of e-Learning courses and recorded webinars. *Legal Anti-Trafficking Weekly Working Group.* Weekly call (Wednesdays, 12 – 1 pm PST) providing technical assistance at no cost from legal professionals; updates for anti-trafficking legal and policy issues. *Individualized Technical Assistance.* Free support to attorneys and social service providers assisting trafficking survivors with legal needs. Request through online Technical Assistance Request form. ***AEquitas: The Prosecutor's Resource for Violence Against Women*** Available upon request to provide training related to the prosecution of gender-based violence and human trafficking. Trainings can be on-site or web-based; specific to a particular jurisdiction, statewide or national in scope; and can range in length from 1 hour to several days. AEquitas also hosts an Institute on the Prosecution of Human Trafficking. All training events are tuition-free and scholarships may be available to help prosecutors and their offices offset travel-related expenses.	

Course	Description	CSEC Training Resources	Target Audience
		Resource: http://www.aequitasresource.org/trainings/ *For on-site or web-based training for prosecutors and allied professionals, contact Christina Supinski: CMathews@AEquitasResource.org.* ***Trauma-Informed Response Training: Trauma Training for Criminal Justice Professionals** – by the GAINS Center/SAMHSA* *Presenter: https://www.samhsa.gov/gains-center/criminal-justice-professionals-locator/trauma-trainers?field_gains_tt_state_value=Nevada* 1-day training. Objectives: Increase understanding and awareness of impact of trauma, develop trauma-informed responses, provide strategies for developing and implementing trauma-informed policies. Highly interactive. For community-based criminal justice professionals, including law enforcement, community corrections personnel and court personnel. *Source: https://www.samhsa.gov/gains-center/trauma-training-criminal-justice-professionals* ***Original GEMS/OJJDP CCIP Curriculum – Module 6 - 7: Law Enforcement & Legal Services*** *Possible presenters: Local Master Trainers or NV trainers who completed GEMS CCIP TOT training and have needed expertise.* *Original curriculum: www.kristihouse.org/csec-ccip-training-materials* *Module 6: Law Enforcement – Investigating CSEC Cases & Interviewing Victims* 95-minute training. Objectives: Focus on victim-centered investigation and prosecution, learn strategies for building a case against CSEC, practice appropriate protocol for interviewing victims. *Prerequisite: CCIP Modules 1 – 5.* *Module 7: Legal Services – Working with CSEC Cases & Developing Effective Legal Strategies* 90-minute training. Objectives: Understand potential strategies for effective collaboration between federal and local law enforcement, understand the challenges of successfully prosecuting a CSEC case, and learn how to effectively prep a CSEC victim for court. *Prerequisite: CCIP Modules 1 – 5.* ***Updated GEMS/OJJDP CCIP Curriculum – Module 6 - 7: Law Enforcement & Legal Services*** *Presenter: GEMS.* *Source – scroll down to bottom of CSEC 101: http://www.gems-girls.org/get-trained/training-curriculum* *Module 6: Law Enforcement – Investigating CSEC Cases & Interviewing Victims*	

Course	Description	CSEC Training Resources	Target Audience
		Module 7: Legal Services – Working with CSEC Cases & Developing Effective Legal Strategies 1-day trainings. Same objectives as original curriculum (see above). ***Forensic Interviewing of Children*** *– by National Children's Advocacy Center* *Presenter: NCAC Instructors (National experts who are practicing forensic interviewers and senior attorneys from the Association of Prosecuting Attorneys).* 5-day, interactive training to learn NCAC Child Forensic Interview Structure. Evidence-based, practical, research-based. Includes: Forensic questioning, child development, memory and suggestibility, pre-interview planning, strategies for reluctantly disclosing and actively disclosing children, potential challenges, direct and incremental transitions to areas of concern, effective courtroom testimony, child interview practicum, review of recorded forensic interviews, experiential skill-building exercises, and mock court simulation. CE for LE and SW. *Information and training dates: www.nationalcac.org/forensic-interviewing-of-children-training* *OJJDP Child Forensic Interviewing: Best Practices: http://www.nationalcac.org/wp-content/uploads/2016/07/Child-Forensic-Interviewing-Best-Practices.pdf* ***A Trauma Primer for Juvenile Probation and Juvenile Detention Staff*** Presents definitions of key concepts, how children respond to trauma, and tips for juvenile probation and detention staff on how to be trauma-informed in their work. *Resource: www.ncjfcj.org/trauma-primer* ***National Children's Advocacy Center Online Trainings*** *Resource – click on topic of interest, e.g., CSEC, for list of available trainings (online/recorded webinars): www.nationalcac.org/online-training-catalog* ***Confronting CSEC and Sex Trafficking of Minors in the US: A Guide for the Legal Sector*** *– by Institute of Medicine and National Research Council* See above under CSEC 102CT ***Enhancing Police Responses to Children Exposed to Violence: A Toolkit for Law Enforcement*** *– by International Association of Chiefs of Police, Yale Medicine Child Study Center and OJJDP* Provides practical tools and resources to assist law enforcement agencies in building or enhancing effective operational responses to children exposed to violence (with or without a mental health partner). This toolkit contains tools targeted to police leaders and frontline officers. *Source: www.theiacp.org/Children-Exposed-to-Violence*	

Course	Description	CSEC Training Resources	Target Audience
		NCMEC University Online Free self-paced, online training courses for law enforcement, the legal profession and private security professionals regarding various aspects of missing and sexually exploited children cases. Must complete application to access; access to courses based upon discipline. Courses include: • Missing Children: Dynamics & Response for First Responders (MCDR-1; 2 hours) • Missing Children: Dynamics & Response for Command Personnel (MCDR-2; 3 hours) • Introduction to Protecting Children in a Digital Age (IPCDA; 1.75 hours) • Indian Country Criminal Jurisdiction (ICCJ; 1.5 hours) *Information:* *http://www.missingkids.com/ourwork/training/ncmecuniversity* ***Improving Offender Accountability in CSEC Cases: Tools for Investigating and Prosecuting Adult Exploiters*** *– by Barton Child Law and Policy Center, Emory University of Law* Toolkit to assist in building successful prosecutions. Includes building the case, educating the jury, a victim-centered case/protecting children during prosecutions, language and sensitivity, CSEC street terminology and additional resources. *Source:* *https://humantraffickinghotline.org/sites/default/files/Improving Offender Accountability in CSEC - Emory Law.pdf*	
CSEC 103: **The Multidisciplinary Team**	*Builds on CSEC 102* A training addressing the role of the MDT as adapted from Nevada's CSEC Model Coordinated Response Protocol.	***Multidisciplinary Team Response to Child Sex Trafficking (MDT to CST)*** *Presenter: NCJTC* Free, 3.5-day team-based training guides existing MDTs to improve their response to CST and assists those seeking to establish a formal MDT in their communities to effectively respond to CST cases. Subject matter experts work with teams to identify gaps and develop short and long-term response plans. *Source:* *https://ncjtc.fvtc.edu/training/details/TR00000142/mec-mdt-response-to-child-sex-trafficking* ***MDT Convening Curriculum*** *(California)* Provides a framework for the facilitation of a convening to allow counties to bring together multi-disciplinary team members who will be working together to serve youth who have been commercially sexually exploited. The guide offers the facilitator an agenda, group activities for the MDT members, and background information about the requirements for MDTs. Includes Facilitation Guide, Participant Guide, and supplemental materials. *Source:* *https://calswec.berkeley.edu/commercially-sexually-exploited-children-csec-toolkit/spreading-word*	All who serve/interact with CSEC – primary partners by discipline/role. • Child welfare • Juvenile justice • Survivor advocates • Service providers • Treatment/mental health • CSEC out-of-home caregivers • Justice (attorneys, law enforcement) • Supervisors

Course	Description	CSEC Training Resources	Target Audience
		What is Child Welfare? Factsheet series about how child welfare and partner agencies can work together to provide beneficial outcomes for children. *What is child welfare? A guide for healthcare professionals.* *https://www.childwelfare.gov/pubs/cw-healthcare/* *What is child welfare? A guide for law enforcement.* *https://www.childwelfare.gov/pubs/cw-law-enforcement/* *What is child welfare? A guide for educators.* *https://www.childwelfare.gov/pubs/cw-educators/* *What is child welfare? A guide for domestic violence services advocates.* *https://www.childwelfare.gov/pubs/cw-domestic-violence/* *What is child welfare? A guide for behavioral health/mental health professionals.* *https://www.childwelfare.gov/pubs/cw-mentalhealth/*	
CSEC 104: **Resiliency and Self-Care for the Professional Serving CSEC**	*Builds on CSEC 102* Resiliency and self-care for professionals who are exposed to secondary trauma through their work.	***Green Cross Academy of Traumatology – Standards of Self-Care*** Purpose: Do no harm to self when helping/treating others; and attend to own physical, social, emotional, and spiritual needs to ensure quality services to those who look to you for support. *Source: http://greencross.org/about-gc/standards-of-care-guidelines/* ***Headington Institute*** Free online training center providing resources on stress and burnout, trauma and resilience for humanitarian and emergency response personnel. Includes online certificate courses, quick handouts, videos and self-tests. *Resource Index: http://www.headington-institute.org/resource-index* *Headington Institute e-Learning site: https://headington-institute-elearning.org/* ***NCTSN: Secondary Traumatic Stress*** Addresses the complex impact of secondary traumatic stress, vicarious trauma, compassion fatigue, and burnout. Prevention and intervention strategies addressed at various levels within an organization. Includes a Spanish resource. *Resources: https://www.nctsn.org/trauma-informed-care/secondary-traumatic-stress* *Webinar series: https://learn.nctsn.org/course/index.php?categoryid=41*	All who serve/interact with CSEC

Course	Description	CSEC Training Resources	Target Audience
		Professional Quality of Life Scale-5 ProQOL-5 is a 30-item self-report measure of the positive and negative effects of working with people who have experienced extremely stressful events. The ProQOL contains three subscales measuring Compassion Fatigue, Burnout and Compassion Satisfaction. *https://www.nctsn.org/measures/professional-quality-life-scale-5* ***The Impact of Repeated Exposure to Trauma on First Responders*** *– by NCMEC* Online course providing overview of trauma, how trauma impacts first responders in various ways depending on their level of exposure and their personalities, and different ways in which first responders can reduce their stress and build their resilience. (1.5-hrs) *Information: http://www.missingkids.com/ourwork/training/ncmecuniversity* ***Building Resilience: The Importance of Privacy and Confidentiality in Wellness Programs*** *– by OJJDP National Training and Technical Assistance Center* Recorded webinar designed to help law enforcement professionals and their support systems develop wellness practices to promote resilience and address the negative effects of exposure to trauma and stress in their work. Explores mental health consultation and support, how to identify and address trauma from working within the field of child sexual exploitation, and when to refer for mental health treatment or counseling. *Source: https://youtu.be/syWHqNuGkt4* *For handouts and documents for this video, contact the OJJDP NTTAC Help Desk at ojjdptta@usdoj.gov or phone at 1-833-647-0513.* ***Well-Being Toolkit for Lawyers and Legal Employers*** *– Created by Anne M. Brafford for use by the American Bar Association; facilitated by the ABA Presidential Working Group to Advance Well-Being in the Legal Profession* Tools and practical guidance (e.g., design prototype) for legal employers who want to launch organizational well-being initiatives. Includes reasons to care about well-being, healthy workplace factors, dimensions of lawyer well-being, action plan for launching a well-being program, ideas for well-being activities and events, topic ideas for education and development, well-being activity worksheets and links to online resources. *Toolkit:* *https://www.americanbar.org/content/dam/aba/administrative/lawyer_assistance/ls_colap_well-being_toolkit_for_lawyers_legal_employers.pdf* *Well-being Toolkit Nutshell: 80 Tips for Lawyer Thriving:* *https://www.americanbar.org/content/dam/aba/administrative/lawyer_assistance/ls_colap_Well-Being_Toolkit_Flier_Nutshell.pdf*	

Course	Description	CSEC Training Resources	Target Audience
		Academy Hour Online Courses *(Small fee)* Training provider offering mental health & leadership courses to law enforcement, first response teams and public safety personnel, including: • Staying Strong in a Challenging Environment (2 hours) • Burnout – Staying Out of the Red Zone (2 hours) • Minimizing Trauma in Emergency Response/Medicine (2 hours) • Un-Therapy: mental Health for the Skeptic (mini-sessions totaling 12 hours) • Ethics and Well-being (1 hour) *Source: https://www.academyhour.com/* ***Justice Clearinghouse Webinars*** *(Some free or individual/organizational subscriptions)* Interdisciplinary online training for justice and public safety officials. Recorded webinars include: • Staying Strong in a Challenging Environment • Creating an Organizational Culture of Wellness • From Website to Arrest: Providing Wellness Support for Online Child Exploitation Personnel • Mass Casualty Response Resilience / Post Action Strategic Debriefing *Source: https://justiceclearinghouse.com/* ***The NCMEC Safeguard Program: A Model for Developing Your Resiliency Program*** *Presenter: NCJTC* Webinar that addresses steps to support a healthy staff environment throughout the course of employment. Includes research and case examples. *Source: https://ncjtc.fvtc.edu/training/details/TR00005061/TRI0005062/the-ncmec-safeguard-program-a-model-for-developing-your-resiliency-program* *Description of program:* *https://vtt.ovc.ojp.gov/ojpasset/Documents/IMP_NCMEC_Safeguard_Program-508.pdf* ***Tend Online Courses*** *(Fee in CAD)* Training to address the complex needs of high stress, trauma-exposed workplaces, including front line workers, supervisors and managers and support staff. Online courses include: • Compassion Fatigue 101: Online Course • Organizational Health in Trauma-Exposed Environments Online Course: Essentials • Resilience in Trauma-Exposed work Online Course *For 20% group discount for 6+ participants, contact info@tendacademy.ca.* *Online courses: www.tendacademy.ca/courses-2/*	

Course	Description	CSEC Training Resources	Target Audience
		Professional Resilience Training & Accelerated Recovery for Compassion Fatigue *(Fee)* *Presenter: J. Eric Gentry* Intensive two-day experiential training for professional helpers to prevent and lessen compassion fatigue and other work-related stress disorders. An inoculation or vaccination against the potentially painful effects to caregivers working with troubled and traumatized populations. Training is also intended to produce an ameliorative effect upon the current compassion fatigue symptoms that participants may be experiencing. This **training-as-treatment** effect is recognized as an effective treatment for the symptoms of compassion fatigue. *CAC of Virginia sample agenda:* *http://events.r20.constantcontact.com/register/event?oeidk=a07ef5jdgnu75b0c4d1&llr=6unawefab* ***PESI: Compassion Fatigue CE Trainings*** *(Fee)* *Presenter: J. Eric Gentry* *Compassion Fatigue Prevention & Resiliency: Fitness for the Frontline (1.5 CE)* *Source: https://catalog.pesi.com/item/compassion-fatigue-prevention-resiliency-fitness-frontline-5778* *Compassion Fatigue: Purpose, Passion and Power (2.0 CE)* *Source: https://catalog.pesi.com/item/compassion-fatigue-purpose-passion-power-12121* ***APA Online Education*** Online courses/Videos on demand; cost. *Coping with Vicarious Trauma, Building Resilience and the Ethics of Self-Care (3 CE)* *Source: www.apa.org/education/ce/ccw0008.aspx* *Ethics and Self-Care: Balancing our Lives and Reducing Risk (3 CE)* *www.apa.org/education/ce/ccw0012.aspx*	
CSEC 200 series: **Promising Practices in Treatment for CSEC**	*Builds on CSEC 102* Advanced training specific to the	***Trauma-Focused Cognitive Behavioral Therapy*** *(TF-CBT)* Possible presenter: CARES Institute – scroll down: http://caresinstitute.org/services_trauma.php or carestraining@rowan.edu Empirically-supported model adapted for use with children who have suffered a variety of traumatic experiences. Goals include: Teaching children and their non-offending caregivers	CSEC treatment/mental health providers

Course	Description	CSEC Training Resources	Target Audience
	therapeutic role – i.e., knowledge and skill development for treatment for CSEC	adaptive coping skills, assisting children to emotionally and cognitively process their traumatic experiences, reducing the emotional and behavioral reactions exhibited by children, facilitating children's adjustment to placement when needed, assisting non-offending caregivers in responding to their child's reactions as well as helping them cope with their own feelings related to the trauma(s), working with caregivers and children in joint sessions to improve interaction, enhance communication and practice personal safety skills to help reduce the risk of future victimization. Effectively helps children and adolescents overcome PTSD, depression and feelings of shame as well as other behavioral and emotional difficulties. Description: http://caresinstitute.org/services_trauma.php ***TF-CBT*** *– by Project Intersect, Georgia* Foundations and Keystones (CSEC-specific): https://project-intersect.org/ *TF-CBTWeb2.0* Free web-based TF-CBT training course. Covers procedures of TF-CBT and includes streaming video demonstrations. Small fee. CEUs may be available. *Source: https://www.nctsn.org/resources/tf-cbt-web or https://tfcbt2.musc.edu/* *TF-CBT with CSEC – Kristi House C-START (Children's Sexual-Related Trauma Advocacy, Response and Treatment Center)* *Resource: https://www.nctsn.org/about-us/network-members?state=FL&field_organization_type_value_2=3&field_person_type_value_2=All* *Trauma-Focused Cognitive Behavioral Therapy for Children Affected by Sexual Abuse or Trauma* *Resource – scroll to end for online resources and training contacts: https://www.childwelfare.gov/pubPDFs/trauma.pdf* ***Risk Reduction Family Therapy with CSEC*** *Possible presenter: Kristi House C-START Project (Children's Sexual-Related Trauma Advocacy, Response & Treatment Center)* Integrative, ecologically informed approach to addressing co-occurring symptoms of PTSD, substance use, depression, and other health risk behaviors often experienced by trauma-exposed adolescents. It incorporates TF-CBT, substance abuse and caregiver engagement. Promising practice. *Training resource: www.kristihouse.org/miami-c-start* *Description: www.kristihouse.org/rrft*	

Course	Description	CSEC Training Resources	Target Audience
		Seeking Safety with Adolescents *Possible presenters: Lisa Najavits and/or Summer Krause – Info@seekingsafety.org* 1 - 2 day in-person training: Evidence-based, present-focused counseling model designed to promote safety and recovery for individuals with PTSD and substance abuse, and for individuals who have trauma histories but who do not meet clinical criteria for PTSD. Key principles: Safety; integrated treatment (trauma and substance abuse); focus on ideals; four content areas – cognitive, behavioral, interpersonal, case management; and attention to clinician processes. Treatment manual with 25 topics; includes client handouts and clinician guidelines. *Description: https://www.treatment-innovations.org/ss-description.html* *Seeking safety for adolescents: https://www.treatment-innovations.org/ss_adol.html* *Training options: https://www.treatment-innovations.org/training.html* **Ending the Game: An Intervention Curriculum for Survivors of Commercial Sexual Exploitation** *Possible presenters: ETG Trainers* ETG Facilitator Training. A "coercion resiliency" 10-core lesson curriculum to reduce feelings of attachment to traffickers and/or a lifestyle characterized by commercial sexual exploitation, thereby reducing the rate of recidivism among sex trafficking survivors. Available in 3 formats: 2-hour group class; 1-hour group class; flexible 1-on-1 session. Survivor-created and survivor-informed. Facilitates experiential learning through activities, guided reflection and meaningful homework assignments. Research-based as promising practice. *Source: https://endingthegame.com/* ***Dialectical Behavior Therapy*** *Possible presenters: Behavioral Tech (A Linehan Institute Training Company)* Cognitive behavioral treatment. Emphasizes individual psychotherapy and group skills training classes to help people learn and use new skills and strategies to develop a life that they experience as worth living. DBT skills include skills for mindfulness, emotion regulation, distress tolerance, and interpersonal effectiveness. *Source – Behavioral Tech (A Linehan Institute Training Company): https://behavioraltech.org/training* *Behavioral Tech Online Training: https://behavioraltech.org/training/online-training-courses and http://www.btechresearch.com/products* *DBT-Linehan board of Certification: http://dbt-lbc.org/*	

Course	Description	CSEC Training Resources	Target Audience
		The *UCSF DBT Program for Adolescents and Young Adults* created a fun, easy-to-understand overview of Dialectical Behavior Therapy. Targets 5 areas: Confusion about self, impulsivity, emotional instability, interpersonal problems, parent-teen problems. *Resource: UCSF DBT Program for Adolescents and Young Adults:* *http://psych.ucsf.edu/DBTprogram* *DBT Skills Training as a Treatment Strategy for Female Survivors of Human Trafficking (Adults)* *Resource:* *www.academia.edu/34279354/DBT_Skills_Training_as_a_Treatment_Strategy_for_Female_Survivors_of_Human_Trafficking* ***The 12 Core Concepts for Understanding Traumatic Stress Responses in Children and Families*** Provide practitioners with a shared vocabulary for conceptualizing and talking about traumatic events. This course contains interactive online lessons. *Source: https://learn.nctsn.org/course/view.php?id=94* *Adapted for youth who are trafficked: https://www.nctsn.org/resources/12-core-concepts-understanding-traumatic-stress-responses-children-and-families-adapted* ***Psychotherapy for Commercially Sexually Exploited Children: A Guide for Community-Based Behavioral Health Practitioners and Agencies (2018)*** Provides an overview of key issues in mental health treatment for exploited children, describes current therapeutic approaches, and sets forth an integrative treatment framework as a guide for practitioners. Based on practices developed by C-Change, a specialized program at WestCoast Children's Clinic. (Not a manual for treatment or a substitute for in-depth training.) *WestCoast Children's Clinic; Authors: Basson, D., Langs, J., Acker, K., Katz, S., Desai, N., & Ford, J.: http://www.westcoastcc.org/wp-content/uploads/2018/10/MH_Treatment_Guide_CSEC.pdf* ***Other treatment models/resources for CSEC*** *The Sanctuary Model* *http://www.sanctuaryweb.com/TheSanctuaryModel.aspx* *Somatic Experiencing* *Somatic Experiencing Trauma Institute: https://traumahealing.org/learn-se* *Stress Inoculation for PTSD*	

Course	Description	CSEC Training Resources	Target Audience
		Society of Clinical Psychology – scroll down for training information: *https://www.div12.org/treatment/stress-inoculation-training-for-post-traumatic-stress-disorder* *Eye Movement Desensitization and Reprocessing Therapy* *EMDR Institute: http://www.emdr.com/* *Trauma-informed therapeutic supports that supplement counseling* *Information: http://www.sanar-institute.org/traumainformed-resources* *Adolescent Trauma and Substance Abuse Online* *NCTSN – register for access: https://learn.nctsn.org/enrol/index.php?id=59* *Webinar: Mental Health Interventions for Commercially Sexually Exploited Youth* *NCTSN – register for access: https://learn.nctsn.org/course/view.php?id=388* *Webinar: Impact of Polyvictimization in Victims of Human Sex Trafficking* *NCTSN – register for access: https://learn.nctsn.org/course/view.php?id=210*	
CSEC 300 series: **Continuing Education – CSEC topics**	*Builds on core training.* Topics determined by agency's needs and the role of the responder/service provider	***Topics may include:*** Refreshers, e.g., CSEC 101 and 102 courses, motivational interviewing, Stages of Change Targeted, in-depth knowledge in an area of need/interest (e.g., see CSEC 200 series) Updates that describe best/promising practices across the nation Special populations, e.g., CSEC with disabilities, AI/AN, LGBTQ, immigrants, children and youth, homeless, victims with mental health/substance abuse issues, transgender and gender nonconforming. *http://iofa.org/category/disabilities-and-csec* *https://www.ovcttac.gov/views/TrainingMaterials/dspOnline_VATOnline.cfm?tab=1#specificconsiderations* *https://www.mrcac.org/?s=transgender+adolescents* *Gang-involved Sex Trafficking* *https://humantraffickinghotline.org/resources/gang-involved-sex-trafficking*	All who serve/interact with CSEC – primary partners by discipline/role: • Child welfare • Juvenile justice • Service providers • Survivor advocates • CSEC caregivers • Justice (attorneys, law enforcement, courts) • Treatment/MH • CSEC caregivers • Schools (counselors/ social workers) • Supervisors

Course	Description	CSEC Training Resources	Target Audience
		Medical providers, JJS, CW, cross-system collaboration *https://learn.nctsn.org/course/index.php?categoryid=69* *Ending the Game Supporter Training* *https://endingthegame.com/etg-supporter-training* *Child Interviewing: The Ten Step Forensic Interview Protocol* *https://www.mrcac.org/elearning/ten-step-ce/* *Understanding the Complexities of Commercial Sexual Exploitation* *https://youtu.be/-0kUSIdeoI8* *Improving CAC's response to CSEC* *http://csec-response.org/about/improve* *Human Trafficking: A Rural Perspective* *https://ruralbehavioralhealth.org/webinars/webinar-1-human-trafficking-rural-perspective-may-24-2018-300-pm-430-pm-eastern-time* *2017 Youth Experiences Survey: Studying Homeless Young Adults and Their Experiences with Human Trafficking* *https://ncjtc.fvtc.edu/training/details/TR00007465/TRI0007466/2017-youth-experiences-survey-studying-homeless-young-adults-and-their-experiences-with-human-traff* *ChildVictimWeb Online Training* *http://cv.musc.edu/* ***Online Anti-Human Trafficking Certificate*** *– by Global Center for Woman and Justice, Vanguard University (faith-based)* Comprehensive overview of anti-trafficking efforts. Aligned with 4 P's of prevention, protection, prosecution and partnership. Includes four courses (total of 12 units): • Human Trafficking • Commercial Sexual Exploitation of Children • Human Trafficking Aftercare • Ethics and Human Trafficking	

Course	Description	CSEC Training Resources	Target Audience
		Information: https://www.vanguard.edu/academics/academic-programs/professional-studies/anti-human-trafficking-certificate	
CSEC 401: **Training of Trainers for CSEC 101/102**	*Builds on CSEC 102* Foundational knowledge for teaching CSEC 101/102.	***GEMS/OJJDP CSEC Community Intervention Project (CCIP) Training of Trainers*** *Possible presenters: GEMS or Kristi House* Foundational knowledge of CSEC. 5 modules addressing the following: • Understanding trauma bonds • Identification of victims • Investigating CSEC • Best practices in programming and prevention • Counseling techniques for commercially sexually exploited (CSE) youth • Conducting assessment/intake with CSE victims • Criminal behaviors and market forces: supply, demand, motivation • Federal and local laws • Best practices in investigation and defense • Appropriate interviewing for victims and perpetrators • Models for court-based interventions *Source – GEMS: http://www.gems-girls.org/get-trained/training-curriculum* *Kristi House Training: http://www.kristihouse.org/human-trafficking-training/* *Original GEMS/OOJDP CCIP Training materials: http://www.kristihouse.org/csec-ccip-training-materials/*	TOT Trainers for CSEC 101/102

Resource 2-E

CSEC SURVIVORS AS GUEST SPEAKERS OR CO-TRAINERS: IMPLEMENTATION CONSIDERATIONS

Selecting the survivor guest speaker or co-trainer. Screen a potential survivor guest speaker or co-trainer to determine their readiness by considering the following.

- Has the host agency's training coordinator or the instructor selected a survivor that has been vetted by a *local* advocate and law enforcement where the case was investigated?
- Is this the survivor's first time speaking?
- What was the survivor's victimization and case history? Was it reported and investigated by law enforcement? Was a suspect identified or arrested? Is the suspect incarcerated or free?
- If the survivor is not local, what advocate worked with the survivor in their recovery process? Can that person be present during the class? *(Note: It is highly recommended that the advocate be present if this is the survivor's first time speaking.)*
- If the survivor has spoken previously, what is the feedback from the instructor or the training coordinator that hosted the training?

Meeting with the survivor guest speaker or co-trainer. Prepare the survivor (in-person or over the phone) by addressing the following items.

- Discuss the purpose and goals of the class, the survivor's story, what to expect and the audience. The intent is to eliminate any surprises.
- Clarify any requests or requirements from the survivor and advocate, including any needed audiovisual and presentation equipment, travel arrangements, and how the survivor's name may be used that day and in the curriculum.
- Identify any requests or requirements from the host agency's training coordinator or instructor, including security concerns and appropriate attire.
- Clarify whether the survivor is willing to take questions from training participants. If so, whether they are prepared for *any* questions, such as victim blaming.
- Determine whether the suspect in the survivor's case is free and whether there are concerns they or their friends and family may show up. Develop a plan of action with the host and survivor in the event this occurs.

Tips for training day. The following actions provide clarity and support to the survivor on the day of training.

- The host agency's training coordinator and/or advocate should arrange travel to and from the training venue, especially if this is a survivor's first time speaking.
- Prepare training attendees for the survivor's participation by setting and enforcing guidelines that protect the survivor (see following suggestions).
- If the training is the survivor's first time speaking, a 'no questions' rule is recommended.
- Consider having questions submitted in writing to the host agency's training coordinator or the instructor during breaks. This allows the survivor to review and choose ones they feel comfortable answering.
- The instructor and advocate must be present while the survivor is speaking.
- The instructor or host agency's training coordinator should remain near the front of the class when the survivor is speaking in order to intervene, if needed.

Following up with feedback and support. To support the survivor's continued recovery and development as a guest speaker or co-trainer, elicit feedback from the survivor, training participants and the instructor or host agency's training coordinator.

- Invite feedback from the survivor on their experience as a guest speaker or co-trainer and their observations for improving the guest speaker or co-trainer role and experience in future trainings.
- As participating as a guest speaker or co-trainer in CSEC Training could trigger painful memories, the survivor should be offered and provided support after the training, in addition to before and during training.
- Feedback to the survivor should be done in a manner that expresses appreciation, is supportive of the survivor and encourages their further development as a presenter and survivor in recovery.
- Designate a separate space on the class evaluation form for feedback by training participants on the survivor's presentation.
- Feedback from the class evaluation form should be reviewed by the host agency's training coordinator and later discussed with the survivor and advocate.

Resource 3-A

RECOMMENDED CSEC DATA COLLECTION VARIABLES

In order to facilitate data-driven and evidence-based services, below is a list of recommended data points that all agencies already do or should collect and track as they serve CSEC. Also presented (in the three columns on the right of the table) are the variables agencies are encouraged to share with the Nevada Statistical Analysis Center (SAC) to facilitate the creation of annual statewide and regional reports. Individual agencies, private or public, can enact a Data-Sharing Agreement with the SAC to ensure confidentiality of the data shared (see *Resource 3-C* for a sample agreement).

Variable	Collect internally *(X = usually collected)*	Critical to share with SAC	Recommend sharing with SAC	Not necessary to share with SAC
Client #	X			X
Case #	X			X
Client name	X	X		
Gender	X	X		
Race	X	X		
Age	X	X		
Birth date	X	X		
Sexual orientation	Recommended		X	
Zip	X	X		
Date CSEC reported to agency/organization	X		X	
Report by	X		X	
Screening tool completed (Y/N)	X	X		
Screening tool used	Recommended		X	
Date of incident	X		X	

Variable	Collect internally *(X = usually collected)*	Critical to share with SAC	Recommend sharing with SAC	Not necessary to share with SAC
Report to law enforcement	X	X		
Law enforcement agency reported to	X	X		
Law enforcement report number	X		X	
Reported to NCMEC	X	X		
NCMEC Report Number	X			X
Nevada Rapid Indicator Tool				
UNITY ID	X		X	
Person completing form	X			X
Agency	X	X		
Date of report	X	X		
Confirmed victim (Y/N)	X	X		
Confirmed victim: Child self-report	X		X	
Confirmed victim: Law enforcement confirmed	X		X	
Confirmed victim: Reported survival sex	X		X	
Confirmed victim: Internet posts	X		X	
High risk (1 or more flags)	X	X		
High Risk: Injuries or tattoos	X		X	
High Risk: Multiple runaways	X		X	

Variable	Collect internally *(X = usually collected)*	Critical to share with SAC	Recommend sharing with SAC	Not necessary to share with SAC
High Risk: Risky sexual behavior or STIs	X		X	
High Risk: Unexplained resources	X		X	
High Risk: Gang affiliation	X		X	
High Risk: Hotels or locations	X		X	
High Risk: Other reason	X		X	
No conditions apply on screening	X	X		
Recommended Outcomes to Track				
Immediate crisis response plan	Recommended		X	
Referred for medical assessment	X		X	
Date of medical assessment	X		X	
Referred for medical services	X		X	
Referred for mental health assessment	X		X	
Date of mental health assessment	X		X	
Referred for mental health services	X		X	
Substance abuse screening done	X		X	
Placement plan	Recommended		X	
Legal advocacy	Recommended		X	

Variable	Collect internally *(X = usually collected)*	Critical to share with SAC	Recommend sharing with SAC	Not necessary to share with SAC
Support and skills development referral	Recommended		X	
Type of victimization	Recommended		X	
Involved in delinquency system	Recommended		X	
Reduction in police contacts/diversion from court	Recommended		X	
Court appearances (support victim as a witness)	Recommended		X	

Resource 3-B

CSEC DATA CODE BOOK

Below is the recommended data to be collected for all CSEC victims. Items 1 - 32 should be collected by all agencies providing services to CSEC victims for statewide and regional data reports. Items 33 - 54 are recommended to be collected to increase information on victims and for leveraging resources.

1. **Client name.** What is the client's full name? Insert client's full name.

2. **Gender.** What is the client's self-identified gender?

Value	*Label*
1	Male
2	Female
3	Other _____

3. **Race.** What is the client's race?

Value	*Label*
1	Caucasian
2	African American
3	Asian
4	Native American
5	Other _____

4. **Ethnicity.** What is the client's ethnicity?

Value	*Label*
1	Non-Hispanic or Latino
2	Hispanic or Latino

5. **Age.** What is the client's age? Insert client's age at time of report.

6. **Birth date.** What is the client's date of birth? Insert date (MM/DD/YYYY).

7. **Zip code.** What is the client's zip code? Insert client's zip code.

8. **Sexual orientation.** What is client's sexual orientation (if available)?

Value	*Label*
1	Heterosexual
2	Homosexual
3	Bisexual
4	Other _____

9. **Transgender.** Is the client transgender?

Value	*Label*
1	Yes
2	No

10. **Date reported.** W**hat** date was client's involvement in CSEC first reported to the agency? Insert date (MM/DD/YYYY).

11. **Agency reported to.** What agency was CSEC reported to? Insert name of agency that CSEC was reported to.

12. **Screened for CSEC.** Was a screening tool completed to confirm commercial sexual exploitation?

Value	*Label*
1	Yes
2	No

13. **Screening tool used.** What screening tool was used to confirm CSEC? Insert name of screening tool used to confirm CSEC.

14. **Incident date.** What was the date of the incident that led to contact with agency? Insert date (MM/DD/YYYY).

15. **Law enforcement report made.** Was the CSEC identification reported to a law enforcement agency?

Value	*Label*
1	Yes
2	No

16. **Law enforcement agency.** Which law enforcement agency was the CSEC identification reported to? Insert name of law enforcement agency.

17. Law enforcement report number. What is the law enforcement report number (if available)? Insert law enforcement report number.

18. NCMEC report. Was the CSEC incident reported to the National Center for Missing and Exploited Children (NCMEC)?

Value	*Label*
1	Yes
2	No

NEVADA RAPID INDICATOR TOOL

19. Confirmed victim – Self report. Is the client a confirmed victim of CSEC based on a self-report by the youth?

Value	*Label*
1	Yes
2	No

20. Confirmed victim – Law enforcement. Is the client a confirmed victim of CSEC based on a report by law enforcement?

Value	*Label*
1	Yes
2	No

21. Confirmed victim – Survival sex. Is the client a confirmed victim of CSEC based on the youth engaging in survival sex (e.g., engaging in sexual act to escape abuse at home)?

Value	*Label*
1	Yes
2	No

22. Confirmed victim – Internet posts. Is the client a confirmed victim of CSEC based on postings on the Internet (i.e., advertisements on internet websites)?

Value	*Label*
1	Yes
2	No

23. High risk (1 or more flags). Are there one or more risk factors (see below, 24 - 31) present?

Value	*Label*
1	Yes
2	No

24. High risk – Injuries. Does the client have any signs of physical injuries or tattoos?

Value	*Label*
1	Yes
2	No

25. High risk – Runaway. Has the client run away from home more than one time?

Value	*Label*
1	Yes
2	No

26. High risk – Controlling partner. Does the client have an older, controlling partner?

Value	*Label*
1	Yes
2	No

27. High risk – Risky sexual behaviors. Has the client engaged in risky sexual behaviors (e.g., not using a condom) or have a history of sexually transmitted infections?

Value	*Label*
1	Yes
2	No

28. High risk – Unexplained resources. Does the client have unexplained resources (e.g., clothes, cash)?

Value	*Label*
1	Yes
2	No

29. High risk – Gang affiliation. Does the client have any gang affiliation (e.g., gang member, boyfriend in gang)?

Value	*Label*
1	Yes
2	No

30. High risk – Hotels. Does the client frequently visit hotels?

Value	*Label*
1	Yes
2	No

31. High risk – Other. Does the client engage in other risky behavior?

Value	*Label*
1	Yes
2	No

32. Not high risk – No risk factors. There are no known risk factors?

Value	*Label*
1	Yes
2	No

RECOMMENDED OUTCOMES TO TRACK

33. Immediate crisis. Has an immediate crisis response plan been developed?

Value	*Label*
1	Yes
2	No

34. Referral – Medical assessment. Has the client been referred for a medical assessment (i.e., since the report of CSEC was made)?

Value	*Label*
1	Yes
2	No

35. Medical assessment date. What was the date of the medical assessment (if applicable)? Insert date (MM/DD/YYYY).

36. Referral – Medical services. Has the client been referred for medical services?

Value	*Label*
1	Yes
2	No

37. Referral – Mental health assessment. Has the client been referred for a mental health assessment?

Value	*Label*
1	Yes
2	No

38. Mental health assessment date. What was the date of the mental health assessment? Insert date (MM/DD/YYYY).

39. Referral – Mental health services. Has the client been referred for mental health services?

Value	*Label*
1	Yes
2	No

40. Substance abuse screening. Has a substance abuse screening been conducted (e.g., internally or through a mental health assessment)?

Value	*Label*
1	Yes
2	No

41. Placement plan. Has a placement plan been conducted?

Value	*Label*
1	Yes
2	No

42. Legal advocacy. Has the client received any legal advocacy support?

Value	*Label*
1	Yes
2	No

43. Skills development. Has any skills-development (e.g., life skills, job readiness) programming or referrals been planned?

Value	*Label*
1	Yes
2	No

44. Physical victimization history. Has the client experienced childhood physical victimization (e.g., self-report or child protection services report)?

Value	*Label*
1	Yes
2	No

45. Emotional abuse or neglect victimization history. Has the client experienced childhood emotional victimization or neglect (e.g., self-report or child protection services report)?

Value	*Label*
1	Yes
2	No

46. Sexual victimization history. Has the client experienced childhood sexual victimization (e.g., self-report or child protection services report)?

Value	*Label*
1	Yes
2	No

47. Other victimization history. Has the client experienced childhood victimization other than physical, emotional, neglect or sexual (e.g., bullying or physical/sexual assault outside of the home)?

Value	*Label*
1	Yes
2	No

48. Repeat victimization. Has the client experienced multiple instances of sexual victimization (e.g., multiple child protective services reports or self-report of multiple incidences)?

Value	*Label*
1	Yes
2	No

49. Juvenile justice involvement. Has the client ever been involved in the juvenile justice system?

Value	*Label*
1	Yes
2	No

50. Juvenile justice involvement – CSEC. Has the client ever been involved in the juvenile justice system due to an arrest related to prostitution (e.g., identified as CSEC; possibly also arrested for being a minor in a gaming establishment, violating curfew, providing false information to police officers, etc.)?

Value	*Label*
1	Yes
2	No

51. Police contact. Has the client reported a reduction in police contact since receiving services?

Value	*Label*
1	Yes
2	No

52. Court attendance – Charges. Does the client have to appear in juvenile court for charges against them?

Value	*Label*
1	Yes
2	No

53. Court attendance – Witness. Does the client have to appear in court as a witness against their traffickers?

Value	*Label*
1	Yes
2	No

Resource 3-C

SAMPLE DATA-SHARING AGREEMENT

between

[Agency Name]

and

Statistical Analysis Center, Nevada System of Higher Education

This is a Data-Sharing Agreement (Agreement) between the **[Agency Name]** and the Statistical Analysis Center (SAC), Nevada System of Higher Education.

Purpose

To generate data to determine the nature and extent of commercial sexual exploitation of children (CSEC) in Nevada, regionally and at **[Agency Name]**.

Data to be provided by [Agency Name]

[Agency Name] will collect data identified in the attached CSEC Table of Variables. **[Agency Name]** will provide **[client-level and/or aggregate]** data to the SAC by January 31 of each year. Data under this Agreement may be provided in the form of CD-ROMs, electronic data, hard copy, etc. The SAC may only use the **[client-level and/or aggregate]** data in a manner and for the purpose herein described. The principal person at SAC responsible for the reception, use, disclosure, and security of the data shall be **[name of SAC representative]**.

Reports to be provided by SAC

The SAC will analyze and summarize the findings in both a brief agency-specific report for **[Agency Name]** as well as a brief statewide and regional reports based on congregate data from Nevada's CSEC-serving agencies at no cost to **[Agency Name]**. Additional detailed reports can be provided to **[Agency Name]** with requisite funding.

Data security

Data received and stored electronically will be maintained at the SAC in a secure network with access limited to authorized staff within the SAC. Data will not be placed on other electronic media. Data will only be accessed by those authorized by **[Agency Name]**. Computers must have password-protected screensavers.

Further, all records received under this agreement will be treated by the SAC as confidential and the SAC will maintain the confidentiality and security of data in the manner required by relevant federal or state law. No reports or publications made from these data will offer any information that could be used in identifying a particular person. Only aggregated information will be released, any client-level data obtained from **[Agency Name]** and aggregated by SAC

will be held confidential and secured by SAC. The SAC will not report numbers or rates which could threaten confidentiality.

Under no circumstances shall SAC pass on any of the data it receives from **[Agency Name]** in whole or in part to any third-party unless **[Agency Name]** agrees in advance to the involvement of any third-party and is satisfied by the security and confidentiality procedures SAC and that third-party have established.

Data will be maintained at the SAC as long as it is required for the purposes outlined above. In the event that this agreement is terminated, or the data is no longer needed, the data will be destroyed or returned to **[Agency Name]** within 10 days of the termination. Appropriate proof of the destruction of the data will be supplied to **[Agency Name]**.

Reporting and repair of disclosure

SAC will immediately report any use or disclosure of the data not provided for in this Agreement as soon as the SAC becomes aware. The SAC will take reasonable steps to limit any further such use or disclosure, and if a material breach of this Agreement occurs and is not cured within thirty (30) days, **[Agency Name]** will discontinue providing data.

Time period

This Agreement shall become effective upon signature of this document by authorized representatives of **[Agency Name]** and the SAC and is valid for 2 years from the latest signature. This Agreement is subject to termination by either party with 30 days written notice, or upon the completion of a new/replacement Agreement via signature to the new Agreement by both parties.

Signatures

[Agency Name]

BY: _____ Date:

Statistical Analysis Center

BY: _____ Date:

Resource 3-D

STANDARDS FOR CSEC SERVICE PROVIDERS

Qualified service providers are essential to supporting the recovery of children who have been sexually exploited. Building and sustaining a network of CSEC- and trauma-informed service providers will increase positive outcomes and provide CSEC with the caring support needed to (re)build their lives.

The purpose of these standards is to increase the capacity to meet the multiple service and placement needs of CSEC. They align with and reflect the practice recommendations in the Nevada CSEC Model Coordinated Response Protocol and Toolkit (CSEC Protocol). Agencies should use the CSEC Protocol to inform practice and policies.

These standards can be used in two ways. First, agencies, programs and service providers may conduct a self-assessment of their ability to serve CSEC competently. Second, the standards may be used in service contracts as a means of ensuring CSEC service providers have the capability to meet their needs. Certain standards may not apply depending upon an individual agency's services, or program roles and responsibilities.

Building a Foundation for CSEC services

Approach to CSEC services

- Practices and policies are in place that reflect and incorporate guiding principles for CSEC services.
- Agency culture, practices and policies reflect a victim-centered, CSEC-informed, trauma-informed, strengths-based, culturally- and linguistically-responsive, and respectful-engagement approach.
- Agency obtains meaningful survivor input on practices and policies.

Well-trained responders and service providers

- Policies outlining training requirements for each employee position are in place.
- Trainers of CSEC courses meet the minimum standards identified in the CSEC Protocol, and policies are in place for trainers.
- Use of survivor co-trainers reflect the guidance provided in the CSEC Protocol.
- Evaluations are completed by participants for all agency trainings (*See Resource 2-B*).
- Training in the following areas is provided to all staff who serve CSEC:
    - Guiding principles for CSEC services.
    - CSEC 101 training that incorporates the CSEC 101 Training Competencies and Learning Objectives (as outlined in *Resource 2-C*).
    - How to communicate and engage with CSEC.
    - Stages of Change as applied to CSEC.
    - Advanced/discipline-specific CSEC topics based on the service provider's role and position.

- The impact of trauma on children, youth and families.
- The impact of exposure to trauma (i.e., secondary trauma) and self-care strategies.
- Topics related to cultural competency and humility (e.g., "building knowledge of the background and identities of the communities [the program] serves, how to communicate and interact in affirming and respectful ways with [LGBTQ] and diverse cultures, including identifying and addressing potential staff biases" [xvi]).

Data-driven and outcome-focused services

- ☐ Agency has signed data-sharing agreements with the Nevada Statistical Analysis Center (SAC).
- ☐ Agency has data plan which includes:
  - Collection of CSEC data, including the elements to be collected and the frequency with which they are to be collected (see *Data* chapter).
  - Staff requirements for collecting CSEC data.
  - Staff responsible for entering, collating and sharing data with partner agencies and SAC.
- ☐ Services are outcome focused:
  - Client service plans identify desired service outcomes.
  - Programs identify and track targeted CSEC outcomes.
- ☐ Agency conducts annual self-assessments using the Standards for CSEC Service Providers and makes adjustments, as needed.
- ☐ Agency reviews client and program data at least annually to support a quality-improvement process to inform policy and training, and improve service delivery outcomes.

Supporting a Coordinated Response to CSEC Services

Regional CSEC task forces and CSEC multidisciplinary teams

- ☐ Relationship with the regional CSEC task force is formalized through a memorandum of understanding.
- ☐ Participates regularly or as-needed on the regional CSEC task force and/or multidisciplinary teams.
- ☐ Practices and policies outline staff responsibilities for participating on the regional CSEC task force and/or multidisciplinary teams.
- ☐ Agreements are in place to share training(s) with other CSEC system partners.

CSEC mentor-advocates

- ☐ The CMA organization/program's practices and policies are survivor-informed.

[xvi] Boston Rape Crisis Center – Adapted by the Boston Public Health Commission's Division of Violence Prevention. (n.d.). Trauma informed self-assessment tool. Retrieved from: https://www.futureswithoutviolence.org/wp-content/uploads/TIPPS_Revised_11.17.14.pdf.

- The organization/program conducts a self-assessment annually utilizing the NHTTTC's Toolkit for Building Survivor-Informed Organizations.[xvii]

- ☐ The following practices and policies are in place:
  - Minimum qualifications for the CSEC mentor-advocate (CMA) position, including education (knowledge), experience (skills) and personal characteristics (abilities) such as emotional grounding, perceptiveness, confidence and flexibility.
  - Position description for the CMA.
  - Requirements for local, state and FBI background checks, including how and when background checks are required, where background checks are stored and how often they are updated.
  - CMA responsibilities specific to the setting and roles in which they provide services (e.g., case management, immediate response, co-training, street outreach, life coaching, etc.), and related caseload size and supervision.
- ☐ A process for assessing an individual's readiness to take on the CMA role is in place and includes (see *CMA* chapter).
- ☐ Individual supervision and support is provided to CMAs, including more intensive support for survivor CMAs, as needed.
- ☐ Minimum training per the CSEC Protocol or certification as a Peer Recovery Supporter is required and provided.
- ☐ Ongoing training and/or opportunities for continuing education are provided.

CSEC service network

- ☐ Staff are aware and have received training on the continuum of care for CSEC and all children, including the crossover of services among agencies, e.g., role of law enforcement, child welfare, juvenile justice and service providers.
- ☐ Services that are accessed for CSEC are CSEC- and trauma-informed and victim-centered.
- ☐ When needed services are unavailable, service providers seek out solutions with partners and the regional CSEC task force.
- ☐ Practices and policies are in place that inform CSEC and their caregivers of the limits to their confidentiality.
- ☐ Survivor input is obtained when designing and delivering services.[xviii]

CSEC Service Delivery Process

CSEC prevention, screening and identification

- ☐ Primary prevention activities targeted to clients served are in place, including:

[xvii] National Human Trafficking Training and Technical Assistance Center (NHTTTAC), Office on Trafficking in Persons, ACF. (February 2018). Toolkit for building survivor-informed organizations. Retrieved from: https://www.acf.hhs.gov/sites/default/files/otip/toolkit_for_building_survivor_informed_organizations.pdf

[xviii] Ohio Human Trafficking Commission. (2013). Standards for service to trafficked persons. Retrieved from: http://www.humantrafficking.ohio.gov/links/Service-Standards.pdf

- The link to the CSEC Prevention Resource Guide (Guide) is on the agency website.
- Targeted prevention strategies/trainings are implemented and ongoing (see Guide).
- Youth experience staff as welcoming, caring, nonjudgmental and reliable.

- Secondary prevention activities to prevent further risk and victimization to clients served are in place, including:
  - Targeted prevention strategies/trainings, e.g., runaway prevention and response.
  - Targeted prevention strategies/trainings are implemented and ongoing (see Guide).
  - CSEC experience staff as welcoming, caring, nonjudgmental and reliable.

- Tertiary prevention activities to remediate harm done through victimization are in place, including:
  - Victim-centered, CSEC- and trauma-informed services (see *Approach* chapter).
  - CSEC experience staff as welcoming, caring, nonjudgmental and reliable.

- Practices and policies are in place regarding the use of the Nevada Rapid Indicator Tool (NRIT) as a screening tool to identify both High Risk and Confirmed Victims of CSEC, including:
  - Criteria for determining for which children an NRIT should be completed, and how often.
  - Staff requirements related to administering/re-administering the tool.
  - Response to youth identified as High Risk.
  - Response to youth identified as a Confirmed Victim.
  - Data-tracking and reporting requirements related to the NRIT.

- Awareness training is provided on the role of Child Advocacy Centers, including when to access them for coordinated interviewing and forensic evaluation.

- Training is provided on:
  - Mandated reporting.
  - Cross-reporting.

CSEC safety assessment and planning

- CSEC safety is assessed, including:
  - At initial contact to address immediate safety needs.
  - During comprehensive, individualized service planning to address ongoing safety needs.
  - At regularly scheduled multidisciplinary team (MDT) meetings to address any new safety needs.
  - In response to crisis events or upon return from runaway to address immediate/new safety needs.

- CSEC safety plans include:
  - Engaging a CSEC in developing the plan.
  - Identification of strategies before and after leaving the trafficker.
  - Monitoring the CSEC safety plan and making needed revisions when an event or crisis occurs.

- Prevention and response to runaway episodes include:
  - The time frame for reporting the missing youth.
  - The individuals or entities entitled to be notified that the youth is missing.
  - Any required initial and ongoing efforts to locate the youth.
  - Plans to return the youth to family/caregiver or placement.

- Notifications required upon a youth's return.
- Use of the Child Returning De-briefing protocol.
- Identified coping strategies to prevent runaways.

- Safety measures are in place to ensure the safety of staff and the agency.
- Safety measures are in place for preventing and responding to peer recruitment.

Assessment of holistic needs

- Rapid Response Team assesses the immediate needs of a CSEC in response to a crisis including:
  - Use of a CMA to provide individual support and advocacy.
  - Identification of safety issues and development of an immediate CSEC safety plan.
  - Coordination with law enforcement, medical personnel and other service providers.
  - Meeting basic needs of CSEC.
  - Assessing and meeting acute health, mental health and substance use needs.
  - Identification of emergency housing/placement.
  - Accessing resources for language interpretation, as needed.
  - Scheduling a 72-hour MDT.
- Identifies and facilitates assessment of the ongoing underlying needs of a CSEC in the following areas:
  - Safety.
  - Physical, sexual and reproductive health needs.
  - Mental health and substance use needs.
  - Legal advocacy needs.
  - Placement and residential treatment needs.
  - Educational, vocational and skill development needs.
  - Supportive relationships and networks.
- Identifies functional strengths and resources of the CSEC.
- Identifies subgroup membership and meets the needs of special populations, e.g., boys, LGBTQ, CSEC with disabilities, African Americans, foreign nationals, American Indian/Alaska Natives (AI/AN), and CSEC parents.

Comprehensive, individualized service planning, linkage and monitoring

- Rapid Response and 72-hour MDTs develop plans to address immediate concerns and related needs.
- MDTs develop, coordinate and monitor comprehensive individualized service plans (CISP) based on the holistic assessment of ongoing underlying needs which include:
  - Desired service outcomes.
  - Incremental tasks towards outcomes, which are specific and measurable.
  - Timelines for tasks to be completed.
  - Resources and/or service providers to be accessed.
  - Responsible parties for linking the CSEC with identified resources.
  - Responsible parties who will attend the MDT to provide feedback on progress.
  - Scheduled monitoring and revision of the CISP to ensure effectiveness.
- CSEC is included in development of service plans.

Additional Standards for CSEC Mental Health Providers

- ☐ The Child and Adolescent Needs and Strengths (CANS) assessment tool is utilized.
- ☐ Evidenced-based therapies are utilized, e.g., Trauma-focused Cognitive Behavioral Therapy, Dialectical Behavior Therapy, Eye Movement Desensitization and Reprocessing.
- ☐ Advanced, discipline-specific training is provided and/or ongoing, addressing:
  - Trauma.
  - Stages of change in relation to CSEC.
  - Evidence-based therapeutic practices.

Additional Standards for CSEC Placement Providers

Short-term community-based shelters

- ☐ CSEC experience staff as welcoming, caring, nonjudgmental and reliable.
- ☐ A harm reduction model is employed, and staff have received training in the harm reduction model.
- ☐ Medical and mental health needs of CSEC are assessed, and/or CSEC are linked to these services.
- ☐ Case management services are provided.
- ☐ Special populations are identified and/or linked to appropriate services (e.g., boys, LGBTQ, CSEC with disabilities, African-Americans, foreign nationals, AI/ANs, and CSEC who are parents).
- ☐ Practices and policies are in place regarding cultural competency and cultural humility.

Specialized CSEC foster and group homes, CSEC residential treatment programs[xix]

- ☐ The following training is provided:
  - National Child Traumatic Stress Network Caring for Children Who Have Experienced Trauma training.[xx]
  - Evidenced-based parent training, e.g., Together Facing the Challenge[xxi]
  - Trauma-informed services.
- ☐ CSEC experience staff as welcoming, caring, nonjudgmental and reliable.
- ☐ Positive engagement strategies are employed, including youth participation incentives.
- ☐ 24/7 CMA support is available to the CSEC and caregiver.

[xix] State of California Health and Human Services Agency, Department of Social Services. (2017). All county information notice No. 1-57-17: Recommended practices for providers serving CSEC. Retrieved from: http://www.cdss.ca.gov/inforesources/2017-All-County-Information-Notices
[xx] The National Child Traumatic Stress Network. (2011). Resource parent curriculum online: Caring for children who have experienced trauma: A workshop for resource parents. Retrieved from: https://www.nctsn.org/resources/resource-parent-curriculum-rpc-online
[xxi] Murray, Maureen, Farmer, Betsy and Burns, Barbara J., Duke University School of Medicine, Department of Psychiatry and Behavioral Health Sciences. (2010). Together facing the challenge an evidenced-based model for therapeutic foster care. Retrieved from: https://sites.duke.edu/tftc/history/

- ☐ Intensive case management is in place for the CSEC.
- ☐ Depending upon the population served, specialized programming is available for youth from other countries, LGBTQ, boys, AI/ANs, and CSEC who are parents.
- ☐ Protocols are in place for responding to runaways and reporting runaways to law enforcement and licensing bodies.
- ☐ Practices and policies are in place that:
    - Support the continuity of services and placement, e.g., flexible protocols to address runaway episodes.[xxii]
    - Define cultural competency and cultural humility.
    - Prevent and respond to peer recruitment.
- ☐ Alarm systems and other physical safety measures are in place.

[xxii] Gibbs, Deborah, Hardison Walters, Jennifer L., Lutnick, Alexandra, Miller, Shari, and Kluckman, Mairanne. (January 2015). U.S. Department of Justice evaluation of services for domestic minor victims of human trafficking. Retrieved from: https://www.ncjrs.gov/pdffiles1/nij/grants/248578.pdf

Resource 4-A

GUIDANCE FOR A MEMORANDUM OF UNDERSTANDING FOR REGIONAL CSEC TASK FORCES AND MULTIDISCIPLINARY TEAMS

Purpose of the Memorandum of Understanding (MOU)

A multi-system collaborative approach is the cornerstone to preventing, identifying and serving victims of sex trafficking. The Nevada CSEC Model Coordinated Response Protocol and Toolkit (CSEC Protocol) provides guidance for implementing a coordinated response to Commercially Sexually Exploited children (CSEC). The Memorandum of Understanding (MOU) outlines the roles and responsibilities of jurisdictions who commit to implementing the CSEC Protocol. Cooperating under an MOU signed by all participant agencies and adhering to an agreed-upon protocol will foster collaboration and improve coordination of services to promote development of individualized holistic services and positive outcomes for CSEC. The MOU aligns with and reflects the practices in the CSEC Protocol. This document is offered to assist jurisdictions in developing and formalizing an interagency approach to serving CSEC. For additional information, see the *Task Force* and *Multidisciplinary Team* (MDT) chapters.

Regional CSEC Task Forces[xxiii]

The Parties agree to form a regional CSEC task force comprised of partner agencies that are responsible to serve or have oversight of CSEC. The regional CSEC task force may be aligned with an existing task force with the specific agenda of overseeing CSEC services, or it may be a newly-formed entity.

Define responsibilities of the Regional CSEC Task Force. Regional CSEC task force responsibilities include:

- Adapting the CSEC Protocol to local or regional needs.
- Overseeing the implementation of the adapted CSEC Protocol.
- Developing a task force structure, e.g., membership, roles, leader, and identifying or seeking out funding and other support for the operation of the regional CSEC task force.
- Setting clear, meaningful and achievable goals.
- Ensuring that CSEC training is available to agency and community service providers (see *Training* chapter).
- Overseeing and providing support and guidance to MDTs.
- Identifying and addressing systemic challenges and removing barriers.
- Assessing gaps in resources and advocating for funding to improve service array.
- Leading local public education campaigns and CSEC prevention efforts.
- Reporting annually to local, regional and state stakeholders the region's progress and needs in implementing prevention, intervention and restorative services for CSEC.
- Facilitating the collection and sharing of regional CSEC data and reviewing data to monitor CSEC prevalence and service outcomes.
- Conducting case reviews and/or reviewing aggregate data to evaluate progress in implementing the adapted CSEC Protocol and making needed adjustments.

[xxiii] The term, regional CSEC task forces, refers to both geographic regions of Nevada and tribal task forces.

Identify members of the Task Force. A Task Force will benefit from representatives from agencies and disciplines that serve and interact with CSEC, including:

- Law enforcement.
- FBI/Homeland Security.
- Juvenile probation.
- Child welfare.
- Mental/behavioral health.
- Public health.
- Attorney general.
- District Attorney.
- Dependency/Juvenile Court.
- School District.
- CSEC mentor-advocates.
- Service providers.
- CSEC survivors and/or parents of CSEC survivors.

Adult CSEC survivors and parents of CSEC survivors participate as equal members on the regional task forces or, at minimum, provide meaningful input to task force activities.

Define responsibilities of individual members of the Regional CSEC Task Force. The responsibilities of each regional CSEC task force member/agency include:

- Appointing a representative who has authority to make decisions and speak on behalf of their agency/organization.
- Meeting regularly to steer regional CSEC task force development.
- Committing to the collaborative process, with an understanding of the CSEC's holistic needs and the requisite continuum of care.
- Supporting efficiencies and reducing duplicative efforts through resource sharing.

CSEC Multidisciplinary Teams

The parties agree to form CSEC MDTs with well-trained, qualified staff who provide coordinated responses to individual CSEC.

Responsibility of MDTs. The responsibility of MDTs is to provide reliable, caring support to the CSEC during the implementation of their comprehensive individualized service plan. This includes:

- Convening regularly (as defined below) to assess both immediate and ongoing underlying needs.
- Creating comprehensive individualized service plans that target desired outcomes.
- Facilitating linkage to immediate and ongoing services.
- Monitoring the implementation of service plans and making needed adjustments.

CSEC MDT Members. Core members are primary partners in identifying and serving CSEC. They include:

- CSEC, as appropriate.
- CSEC mentor-advocate (CMA).
- Law enforcement.

- Child welfare.
- Juvenile services.
- Mental health.

As-needed members are determined by the CSEC's situation and holistic needs, and may include:

- Legal advocate.
- Mobile crisis services.
- Community service providers.
- Placement provider.
- Public health.
- Substance abuse.

Define MDT members' roles and responsibilities. MDT members determine which of their members will lead the MDT. MDT members agree to support the MDT process by coordinating their respective discipline activities to meet the CSEC's needs, and to implement the following approach when responding to an identified CSEC. Individual member responsibilities may be further defined by the MDT or regional CSEC task force.

Convening a Rapid Response MDT (within 2 hours). In instances when the CSEC is identified by law enforcement, the response is considered urgent and in need of a Rapid Response MDT.

- The recommended practice is for the CMA to respond immediately to the child's location when a CSEC is identified. (However, consideration should be given to any protections needed as discussed in the *CSEC Mentor-Advocate* chapter.) The CMA comforts, supports and engages the CSEC, provides for basic needs, such as clothing and food, and ensures their voice is heard.
- The CMA is met on scene by one other MDT core member.
- The responding MDT core member convenes an on-scene MDT (i.e., at the child's location) to address the CSEC's immediate needs, conduct an initial needs assessment, develop an immediate CSEC safety plan, identify a placement resource, and coordinate services and supportive actions until the initial meeting of the full MDT.
- Participants of this Rapid Response MDT include the CSEC, the CMA, the responding MDT core member and the family/caregiver, if appropriate.

Convening a 72-Hour MDT. Following an urgent response and for all non-urgent responses to the identification of a CSEC, the full MDT assembles within 72 hours to review and address the CSEC's immediate needs to include:

- Following-up on immediate needs for clothing, food, placement and medical services.
- Refining and implementing the CSEC safety plan.
- Coordinating services and supportive actions.

Assessing ongoing concerns and underlying needs. Parties agree, to the best of their ability to eliminate unnecessary and duplicative assessments and potential re-traumatization of the CSEC by:

- Coordinating holistic assessments of a CSEC's underlying needs.
- Ensuring service partners who participate in the MDT have access to the assessment report which is used to jointly identify needed services.

Ongoing CSEC MDT Convenings. These MDTs address case planning and monitoring.

Convening an MDT to develop a Comprehensive Individualized Service Plan.

- Members agree to convene once the holistic needs assessment is available to develop a comprehensive individualized service plan based on the CSEC's immediate and ongoing needs.
- Members agree to involve the CSEC in the development of their service plan, recognizing that the CSEC's participation may vary depending on their stage of recovery.

Convening at scheduled intervals.

- MDTs meet at regularly-scheduled times to review the implementation of the service plan.
- MDTs monitor the services provided, address barriers, ensure services are coordinated and make adjustments to the service plan, as needed.

Reconvening when circumstances change.

- MDTs agree to reconvene immediately when significant events occur in order to address the CSEC's changing service needs in a timely manner. Examples of such events include when the CSEC returns from a runaway, disrupts from placement or is arrested.
- MDTs agree to convene a Rapid Response MDT based on circumstances.

The relationship of MDTs to the Regional CSEC Task Force. Parties agree that the regional CSEC task force is the avenue through which the CSEC MDT can request assistance in resolving service needs for individual CSEC, as well as make recommendations for improvements to the continuum of care for CSEC. Specific requests and recommendations from the MDT may include:

- Requests for assistance in accessing existing services for individual CSEC.
- Requests for assistance in creating needed services for individual CSEC.
- Recommendations related to systemic barriers impeding the effectiveness of the MDT.
- Recommendations for improving the MDT process, including adjustments to roles and responsibilities.
- Requests to improve the continuum of care for CSEC by filling MDT-identified service gaps and providing MDT-requested training for service providers and stakeholders.

Sources:

California Child Welfare Council CSEC Action Team. (2016). Memorandum of understanding template for state and federal commercially sexually exploited children (CSEC) requirements. Retrieved from: http://youthlaw.org/wp-content/uploads/2015/05/Memorandum-of-Understanding-Template-for-the-CSEC-Program.pdf

Center for Children & Youth Justice. (March 2013). Revised Washington State model protocol for commercially sexually exploited children. Retrieved from: http://www.ncjfcj.org/sites/default/files/Final Revised Protocol March 2013.pdf

Office of Victims of Crime Training and Technical Assistance. (n.d.). Human trafficking E-Guide. Retrieved from: https://www.ovcttac.gov/TaskForceGuide/eguide/

Resource 7-A

LEGAL REPRESENTATION FOR CSEC INVOLVED IN CHILD WELFARE[xxiv]

When a CSEC is involuntarily removed from their home, a court must review agency decisions about the family, the suitability of the child's placement and services, as well as the permanency goal. Attorneys for a child welfare agency present evidence to the courts that the agency is diligently working with the family and providing needed services to support the case plan. CSEC involved with child welfare agencies in Nevada have legal advocacy and representation requirements established in law.

In addition to agency attorneys, NRS 432B.500 requires that courts appoint a guardian ad litem (GAL) after a petition is filed indicating that a child is in need of protection. This requirement is met in most jurisdictions through the use of Court Appointed System Advocates (CASAs). If a GAL or CASA is not available, the law permits the use of another volunteer; this is used primarily by small rural jurisdictions. GAL/CASA represent and protect the best interests of the child. They participate in the development and negotiation of any plans for and orders regarding the child. Additionally, they monitor implementation of plans and orders to determine whether services are being provided in an appropriate and timely manner.

In 2017, SB 305 strengthened NRS 432B.420 to require courts to appoint attorneys to represent the child. This revision aligns with guidance from the U.S. Administration for Children and Families that children need an attorney to protect and advance their interests in court, to provide legal counsel, and to help children understand the process and feel empowered. "The confidential attorney-client privilege allows children to feel safe sharing information with attorneys that otherwise may go unvoiced."[xxv]

CSEC involved in open dependency cases may also have pending criminal charges in delinquency court, or be on informal or formal probation, or be participating in a diversion program. Coordination and communication between the various legal representatives is critical to address conflicting orders and ensure that all parties are aware of the requirements and expectations of the court(s).

[xxiv] Administration for Children and Families (ACF). (January 2017). ACYF-CB-IM-17-02: High quality legal representation for all parties in child welfare. Retrieved from: https://www.acf.hhs.gov/cb/resource/im1702

[xxv] ACF. See footnote xxiv.

Resource 8-A

NEVADA RAPID INDICATOR TOOL

To identify a child who may be a sex trafficking victim or is at risk of being a sex trafficking victim.

Name of youth: _____ **DOB:** _____

Unique ID #: _____

Name of person completing form: _____

Agency: _____ **Date:** _____

Do not directly ask the child or family these questions. This is not a questionnaire.

Confirmed Victim: If one or more indicators are checked, enter this in the data record, initiate an MDT and proceed with a comprehensive assessment for safety planning and service planning.

	Yes
Has the child self-reported being forced or coerced into sexual activity for the monetary benefit of another person?	☐
Has law enforcement confirmed through an investigation that the child has been trafficked or engaged in any commercial, sexually-exploitive activity?	☐
Has the child participated (forced, coerced or consensual) in a sexual act in exchange for shelter, transportation, drugs, alcohol, money or other items of value?	☐
Has the child used the internet for posting sexually explicit material or have others posted pictures of the child with/without their consent for monetary benefit?	☐

High Risk: The following indicators are red flags that might indicate a child is, or is at high risk of being, a sex trafficking victim. If one or more indicators are checked, enter this in the data record and proceed with safety planning, additional information-gathering, assessment and monitoring.

	Yes
Does the child have unaccounted for injuries, marking or tattoos (i.e., branding) that suggest ownership that he or she does not have an explanation for? (e.g., daddy's girl, property or someone's name, symbols, etc.)	☐
Does the child have a history of multiple runaways/AWOLs or episodes of homelessness/couch surfing in the past?	☐
Has the child had a sexual relationship with an older person and/or with someone who is controlling and/or whom the child appears to be afraid of?	☐
Does the child have a history of multiple or chronic sexually transmitted infections, or pregnancies/abortions, or report multiple anonymous sexual partners?	☐
Does the child have money, a cell phone, hotel keys or other items that he or she does not have the resources to obtain and cannot account for?	☐
Has a gang affiliation been disclosed, reported or suspected?	☐
Confirmed or reported uses of hotels for parties or sexual encounters in which trafficking is suspected?	☐
Do you have any other reason to believe the child may be a sex trafficking victim? Explain:	☐

No indicators apply to this youth at this time ☐

Adapted from Connecticut Department of Children and Families.

Resource 8-B

NEVADA RAPID INDICATOR TOOL: POLICY & IMPLEMENTATION CONSIDERATIONS FOR AGENCIES

To ensure success in implementing the use of the NRIT, each agency is encouraged to consider the following items as they develop their internal policies and procedures.

What criteria will be used to determine which children will be screened with the NRIT?

- Upon becoming a client of the agency, which children will be screened? *For example, will all children be screened? Or all children age 10 years and older?*
- What events will trigger a NRIT screening? *For example, will it be when a youth returns from being missing, abducted or absent without consent, or a youth with excessive truancy (more than 6 days per school year)?*
- Which warning signs for sex trafficking will trigger an NRIT screening?

What are the staff requirements related to completing the tool?

- What training is required to complete the tool? *For example, must staff who complete the NRIT have participated in awareness training that addresses the risk factors for exploitation, the warning signs of commercial sexual exploitation, the impact of complex trauma and information about secondary traumatic stress?*
- Who is responsible for completing the tool?
- What is the timeframe for completing the tool? *For example, will the tool be completed within one vs. two business days of the triggering event?*

What is the response when youth are identified as High Risk on the NRIT?

- What primary and secondary prevention efforts will be implemented? *For example, how will safety planning be used to address risk factors?*
- What will be the timeframe or triggering events to re-administer the NRIT? *For example, if a youth is determined to be High Risk, will the NRIT be re-administered upon a return from runaway or at a designated time-frame, e.g., every 90 days?*
- How will safety planning be initiated to address risk factors?
- How and when will additional screening and assessment occur?
- How will this be addressed in the Comprehensive Individualized Service Plan?
- To which services will the youth be linked?

What is the response when youth are identified as a Confirmed Victim on the NRIT?

- When will a multidisciplinary team be initiated?
- When will a CSEC mentor-advocate be assigned, if available?
- How will safety planning be initiated to address risk factors?
- How and when will a referral be made for a comprehensive assessment?
- How will this be addressed in the Comprehensive Individualized Service Plan?
- To which services will the youth be linked?

What will the data tracking and reporting requirements be in relation to the NRIT?

- Where will completed hard copies of the NRIT be stored, if not in electronic form?
- What policies will be implemented to address confidentiality of the data?
- What data will be entered into the agency's information management system?
- What data will be shared with partner agencies and the Nevada Statistical Analysis Center?

Resource 9-A

CSEC SAFETY ASSESSMENT

A safety assessment should be conducted to assess current potential risk of harm to the CSEC, their family members and service providers so protective measures can be implemented. All members of a CSEC's Multidisciplinary Team should be cognizant of the safety issues identified in the assessment. A standard CSEC Safety Assessment should, at a minimum, include: [xxvi] [xxvii]

1. Location of trafficker, name of trafficker, known to law enforcement.
2. Known associates – organized crime or gang affiliation.
3. History of threats or violence made by the trafficker or associates against the CSEC.
4. History of threats or violence made by the trafficker or associates against the CSEC.
5. History of threats or violence made by the trafficker against family members, friends or service providers.
6. Trafficker's knowledge of location of CSEC's family members, friends and service providers.
7. Trafficker's potential risk to CSEC's family members, friends and service providers.
8. Trafficker's possession of or access to weapons.
9. CSEC's fears about risk of lethality.
10. CSEC's participation in prosecution of the trafficker, risk of retaliation and whether the trafficker is in custody.
11. Trafficker's ability to contact CSEC through cell phone, social media or internet.
12. CSEC family member's connection to the trafficker.
13. CSEC family member's understanding of safety issues and support of CSEC's safety.

[xxvi] Project REACH. (2007). Working with survivors of human trafficking: A brief manual for social services providers. Retrieved from: https://www.ovcttac.gov/taskforceguide/eguide/4-supporting-victims/resources-43-the-vital-role-of-case-management-service-planning/

[xxvii] New York State Office of Children and Family Services. (2015). Commercially sexually exploited and trafficked youth: A handbook for child serving professionals. Retrieved from: https://ocfs.ny.gov/main/humantrafficking/resources/OCFS-Handbook-for-Office-print.pdf

Resource 9-B

A SAFETY PLANNING CHECKLIST[xxviii, xxix]

Name of Youth _____ **Date Completed** _____

Name of Staff _____

These strategies are being discussed to help you protect yourself, and to know who you can contact and where you can go if you are uncomfortable or you feel you are in danger.

The following safety strategies may be helpful when thinking about leaving a trafficking situation:

- ☐ If in immediate danger, call 9-1-1.
- ☐ Plan an escape route and brainstorm a safe person or place to go.
- ☐ Keep any important documents close by in preparation for an immediate departure.
- ☐ Prepare a bag with any important documents/items and a change of clothes.
- ☐ Identify agency, trusted friends or relatives to notify or ask for assistance.
  Name _____ Phone number _____
  Name _____ Phone number _____
- ☐ Contact the National Human Trafficking Resource Center Hotline to obtain local referrals for shelter or other social services. **1-888-373-7888**; **Text 233733**; **TTY:711**
- ☐ Location of and/or contact information for local shelter or other service organization.
  Organization _____ Phone number _____
- ☐ Contact information for CSEC mentor-advocate.
  Name _____ Phone number _____

The following safety strategies may be helpful after leaving a trafficking situation.

- ☐ Vary travel habits and timing of daily routines.
- ☐ Obtain a protective order against the trafficker so he or she is legally prohibited from making contact.
- ☐ Keep any court orders and emergency numbers on hand.
- ☐ Consider changing phone numbers to a number unknown to the trafficker.
- ☐ Keep an emergency cell phone and emergency numbers.
- ☐ Avoid use of social media and the internet.
- ☐ Change passwords and user names, ensure location and privacy settings are enabled to prevent trafficker from being able to locate.
- ☐ Identify places that you may go that would be in close proximity or promote a connection to trafficker or associates. Avoid or identify safeguards.
- ☐ Identify family members who may not understand risk or be complacent
- ☐ Contact trusted CSEC mentor-advocate, trusted friend, or relative to ask for assistance
  Name _____ Phone Number _____
- ☐ Use of Confidential Address Program.

Youth Signature_____ **Staff Signature**_____

[xxviii] Safe Horizon. (2004). Safety planning standards for trafficked and enslaved persons. Funded by Office for Victims of Crime. Provided courtesy of Safe Horizon Anti-Trafficking Program.
[xxix] Polaris Project, National Trafficking Resource Center. (2011). Safety planning and prevention. Retrieved from: http://www.traffickingresourcecenter.org/sites/default/files/Safety Planning At A Glance.pdf

Resource 9-C

RUNAWAY PREVENTION INTERVENTIONS GUIDE[xxx, xxxi]

Used by permission of Los Angeles County Probation Department from the LA Responder Protocol.

The following questions can be used to engage the CSEC in identifying triggers that might prompt a runaway episode. They also help identify coping strategies to prevent one.

- What are your strengths?
- What are you good at?
- What are some triggers or behaviors that you have noticed occur when you start to feel like running?
- What has helped prevent you from running in the past?
- Who is a good support to you when you feel like running?

Issues	Solutions and Interventions	Helpful	Not Helpful
Youth wants to AWOL due to conflict at placement.	1. Problem-solve conflict. 2. Utilize motivational interviewing skills. 3. Brainstorm and identify coping skills. 4. Other:	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐
Youth is unable to sleep at night.	1. Sleep with lights on/door open. 2. Develop a bedtime routine. 3. Remind youth that [s]he is safe. 4. Sit outside youth's door until [s]he falls asleep. 5. Other:	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐
Youth experiences symptoms of post-traumatic stress disorder (flashbacks, disassociation).	1. Practice grounding – orient youth to the present. 2. Stay calm. 3. Speak in short sentences. 4. Remind youth that [s]he is safe. 5. Remind youth who you are and where [s]he is. 6. Other:	☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐
Youth is anxious about what will happen (placement, court hearing, etc.).	1. Validate youth's anxiety. 2. Engage in distracting activities. 3. Report anxiety symptoms to caseworker in case youth needs referral to therapist. 4. Other:	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐

[xxx] Los Angeles County Law Enforcement. (2015). First responder protocol for commercially sexually exploited children, Appendix G. Retrieved from: https://www.lacounty.gov/residents/public-safety/first-responder-protocol/

[xxxi] Washington State Department of Social Services. (2017). Youth run prevention plan. Retrieved from: https://www.dshs.wa.gov/office-of-the-secretary/forms?field_number_value=10-484&title

Issues	Solutions and Interventions	Helpful	Not Helpful
Youth wants to smoke.	1. Validate youth's frustration and anger about not being able to smoke. 2. Offer the youth gum to chew. 3. Other:	☐ ☐ ☐	☐ ☐ ☐
Youth doesn't like being told what to do.	1. Speak to youth with respect. 2. Ask youth to do things rather than tell them what to do. 3. Provide choices. 4. Other:	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐

Coping Skills and Distracting Activities	
a. Watch TV. b. Listen to music. c. Talk to someone from support system. d. Journal/write about future goals. e. Paint nails. f. Take a nap. g. Squeeze playdough. h. Exercise/do yoga.	i. Color. j. Read a book/magazine. k. Play a board game. l. Do a puzzle. m. Take a warm shower. n. Play with a stuffed animal. o. Meditate. p. Sing.

Resource 9-D

HOTLINES AND HELPLINES

National Center for Missing & Exploited Children®: 1-800 THE-LOST[xxxii]

The National Center for Missing & Exploited Children® (NCMEC) assists families and law enforcement agencies 24 hours a day, when they are notified a child is missing. NCMEC's case management teams provide coordinated support and access to analytical and technological resources. It can also provide law enforcement direct links to many investigative services, including coordinated case management, case enhancement, information analysis, imagery and identification service, age progression and regression, photo distribution, web site postings, Project Alert and Team Adam. NCMEC has the ability to assist even when a child has been missing for a long period of time, was abducted internationally by a parent or has special needs. NCMEC can provide support and technical assistance to local law enforcement in serious child abduction cases using specially trained, retired law enforcement professionals.

NCMEC collaborates with more than 270 corporate photo partners who disseminate photos of missing children to millions of homes across the U.S. every day.

The NCMEC's CyberTipline provides the public and electronic service providers with the ability to report online (and via toll-free telephone) instances of online enticement of children for child sex tourism, child sex trafficking, unsolicited obscene materials sent to a child, sexual acts, extra-familial child sexual molestation, child pornography, misleading domain names, and misleading words or digital images on the Internet. CyberTipline reports are continuously reviewed to ensure that reports of children who may be in imminent danger get first priority. After NCMEC's review is completed, all information in a CyberTipline report is made available to law enforcement.
CyberTipline: http://www.missingkids.com/gethelpnow/cybertipline

The NCMEC also provides prevention and safety resources for professionals and families such as a digital Child ID kit and an online safety program, called NetSmartz®.
NetSmartz: http://www.missingkids.com/education

National Runaway Safeline: 1-800-RUNAWAY[xxxiii]

The National Runaway Safeline serves as the national system for runaway and homeless youth. The goal of Safeline is to connect youth who are considering leaving home or who are on the streets with services or support. The Safeline is staffed 24/7, year-round, by 120 trained volunteers who serve as crisis intervention specialists under the supervision of the program's staff. The program also provides live online chats between 4:30 p.m. and 11:30 p.m. Central Time, a text service, an online bulletin board and crisis email services. All of the services are anonymous and confidential. It operates a Home Free program which provides free Greyhound tickets to youth, 12 to 20 years of age, who have run away from home and want to reunite with

[xxxii] National Center for Missing & Exploited Children®. Retrieved from: http://www.missingkids.com/home
[xxxiii] National Runaway Safeline. Retrieved from: https://www.1800runaway.org/2008/07/getting-home-free/

their families. It also provides a 14-module runaway prevention curriculum to community groups or schools.

National Human Trafficking Hotline: 1-888-373-7888, TTY:711, Text 233733[xxxiv]

The National Human Trafficking Hotline is a national anti-trafficking confidential hotline serving victims and survivors of human trafficking and the anti-trafficking community in the United States. The toll-free hotline is available to answer calls in more than 200 languages from anywhere in the country, 24 hours a day, 7 days a week, every day of the year.

The National Hotline also can be accessed by emailing help@humantraffickinghotline.org, submitting a tip through the online tip reporting form: https://humantraffickinghotline.org/report-trafficking, as well as visiting the web portal at http://www.humantraffickinghotline.org/.

The National Hotline is not a government entity. It is operated by Polaris, a non-profit, non-governmental organization. It helps individuals access direct services through an extensive referral network and facilitates reporting of potential human trafficking tips to specialized law enforcement agencies.

Other National and Nevada Helplines

LGBT National Youth Talk Line: **1-800-246-7743.** Provides telephone, online private one-to-one chat and email peer-support, as well as factual information and local resources. Free and confidential. For teens and young adults up to age 25. See website for hours: http://www.glbtnationalhelpcenter.org/talkline

National Suicide Prevention Lifeline*:* 1-800-273-8255. Provides free and confidential support for people in distress, and prevention and crisis resources. Available 24/7. Includes resources for youth and LGBTQ: https://suicidepreventionlifeline.org/

Crisis Text Line: **Text HOME to 741741.** Free 24/7 support for those in crisis. Text with trained Crisis Counselor: https://www.crisistextline.org/

Crisis Call Center: **1-800-273-8255.** Provides a safe source of support for individuals in any type of crisis. Available 24/7/365: http://crisiscallcenter.org/

Rape Crisis Center Hotline: **888-366-1640.** Offers free support in the aftermath of any type of sexual violence. Available 24/7/365. Trained advocates provide information and resources: http://www.therapecrisiscenter.org/

[xxxiv] Polaris. National Human Trafficking Hotline. Retrieved from: https://humantraffickinghotline.org/mission

Resource 9-E

SUPPORTIVE EMERGENCY SERVICES

Supportive emergency services include drop-in centers, emergency shelters for youth and community resources.

Safe Places – a program of the National Safe Place

Youth outreach program that provides access to immediate help and supportive resources for youth under 18 years of age. Each community designates specific locations (e.g., schools, fire stations, libraries) as Safe Place locations which display the Safe Place yellow and black sign.

How Safe Place Works: A teen enters any location with the Safe Place sign and tells a staff person they saw the sign and need help. The trained staff person will assist them, and a trained counselor will meet them at the site within 30 minutes. Additional information: www.nationalsafeplace.org/how-does-safe-place-work



Las Vegas – Safe Place locations are Terrible Herbst convenience stores, City of Las Vegas Fire Stations or any Regional Transportation Commission (RTC) bus; with the Nevada Partnership for Homeless Youth serving as the lead Safe Place agency. For help finding the closest Safe Place, call **1-866-U-ARE-SAFE** (1-866-827-3723). A trained Crisis Responder will meet the youth within 30 minutes.

Reno – Safe Place locations include McDonald's restaurants, the Reno Police Department substations, Family Resource Centers and any RTC bus; with the Children's Cabinet serving as the lead local Safe Place agency. For a complete list, see: www.childrenscabinet.org/family-youth/youth-programs/safe-place

How to find a Safe Place through a web search: Youth can enter their address or zip-code here: http://www.nationalsafeplace.org/find-a-safe-place

How to find a Safe Place through TXT 4 HELP: Nationwide, 24/7 text-for-support service that identifies closest Safe Place site and allows one-on-one texting with trained counselor. Information here: http://www.nationalsafeplace.org/txt-4-help

Drop-in Centers

Las Vegas – *NPHY Drop-In Center* (Nevada Partnership for Homeless Youth), 4981 Shirley Street, Las Vegas, NV 89119 (near the intersection of Tropicana Ave. and Maryland Parkway, across Tropicana from the Thomas & Mack Center). Associated with Safe Place. For youth ages 12 - 18, addresses emergency/survival needs while building path to self-sufficiency. Walk-ins welcome Monday - Saturday, 8 a.m. - 7 p.m. Phone: **702-383-1332**.

Las Vegas – *TEP Drop-In Center* (The Embracing Project), 800 East Charleston Blvd., Las Vegas, NV 89104 (big yellow house downtown on the corner of Charleston and 8th Street across from Legal Aid). For youth ages 13 - 19; receive or be linked to services that address basic needs, including access to shower, clothes, hygiene, food, etc. Walk-ins welcome Monday, 9 am - 6 p.m.; Tuesday through Friday, 9 a.m. - 8 p.m.; Saturday, 9 a.m. - 6 p.m. Additional information: www.theembracingproject.org Phone: **702-463-6929**.

Reno – *Eddy House,* 423 East 6th Street, Reno, NV 98512 (RTC: Bus 2 at the East 6th Street/Record Street Stop). Associated with Safe Place. Northern Nevada's central intake and assessment facility for homeless, runaway, foster and at-risk youth, ages 12 - 24. Drop-in Center provides care and comfort services (e.g., basic hygiene, survival and technology needs), a safe space to spend time and linkage to additional services. Walk-ins welcome Monday through Friday, 10 a.m. - 5 p.m. (Check website for an expansion of hours as their goal is to become a 24/7 resource.) Additional information: http://eddyhouse.org/ If in need of assistance, youth can drop in, call **775-384-1129** or email info@eddyhouse.org

Reno – *Awaken,* 435B Spokane Street, Reno, NV, 89512. Drop-in center for those in the sex industry or victims of sex trafficking. Services offered include counseling, mentorship, celebration events, personal case management, support groups, trips and outings. Additional information: **775-393-9183** or http://awakenreno.org/for-industry-girls/drop-in-center/

Youth Emergency Shelters

Las Vegas – *NPHY Emergency Shelter.* For homeless youth, ages 12 - 18, in need of immediate shelter. A confidentially-located, residential-style emergency shelter, fulfilling youth's survival needs and positioning them to transition to stable housing. For information: http://www.nphy.org/what-we-do/emergency-shelter or **702-383-1332**.

Reno – *RHYME* (Runaway and Homeless Youth Mentoring and Equipping). Support to youth who have run away from home, are thinking of running or have been pushed out of the home by another family member. Includes potential shelter/housing, food, clothing, etc. Case management support is available to help reunify the family or find a parentally-approved safe alternative living arrangement. For 24/7 help, call: **1-800-536-4588**. A Children's Cabinet program: http://www.childrenscabinet.org/family-youth/youth-programs/rhyme

Resource 9-F

RUNAWAY REPORT FORM

Adapted with permission from Washoe County Human Services Agency.

<table>
<tr><td colspan="3">Youth's name:</td><td colspan="3">DOB:</td></tr>
<tr><td colspan="3">Identification or driver's license #:</td><td colspan="3">Law enforcement agency called:</td></tr>
<tr><td colspan="3">Runaway police report number:</td><td colspan="3">Agency staff name:</td></tr>
<tr><td colspan="3">Agency staff phone number:</td><td colspan="3">Agency staff email:</td></tr>
<tr><td colspan="3">Date and time of run:</td><td colspan="3">Address youth ran from:</td></tr>
<tr><td colspan="3">Home phone:</td><td colspan="3">Youth's cell phone number:</td></tr>
<tr><td colspan="6">Other names and nicknames youth goes by:</td></tr>
<tr><td colspan="6">Social media profile name(s) and password(s) [Please circle: Snapchat / Instagram / Facebook / YouTube / Twitter]:</td></tr>
<tr><td colspan="3">Physical description, clothing, car:</td><td colspan="3">Personal items taken:</td></tr>
<tr><td>Height:</td><td>Weight:</td><td>Hair color:</td><td>Eye color:</td><td>Race:</td><td>Sex:</td></tr>
<tr><td colspan="3">Scars, birthmarks or tattoos:</td><td colspan="3">Piercings:</td></tr>
<tr><td colspan="3">Medical conditions/diagnosis:</td><td colspan="3">Medications:</td></tr>
<tr><td colspan="3">Services in place:</td><td colspan="3">School and grade:</td></tr>
<tr><td colspan="3">Gang affiliation/name:</td><td colspan="3">Probation status:</td></tr>
<tr><td colspan="3">Any addresses youth might run to:</td><td colspan="3">Relatives of youth address, phone number, email and employer:</td></tr>
<tr><td colspan="3">Names, phone numbers and addresses of anyone youth may have contact with (friends, etc.)</td><td colspan="3">Has NCMEC been notified?
☐ Yes ☐ No

Report #:</td></tr>
<tr><td colspan="3">Suggested locations to distribute flyers of youth:</td><td colspan="3">Is youth suspected of being trafficked:
☐ Yes ☐ No</td></tr>
<tr><td colspan="6">Any information the MDT should know about the youth?</td></tr>
<tr><td colspan="6">Is there a current photo of youth? If yes, insert picture of runaway below:
☐ Yes ☐ No</td></tr>
</table>

Resource 9-G

RETURNING CHILD DE-BRIEFING

Adapted with permission form Washington State Department of Social and Health Services.

This interview is best conducted by an adult with whom the child has a trusting relationship. It is recommended that this debriefing tool be used each time a CSEC returns from a runaway episode.

NAME OF CHILD		PERSON I.D.
INTERVIEWER		
DATES MISSING FROM: TO:	DATE OF DE-BRIEFING	☐ Youth refused to participate

1. Do you feel you are in danger now? *If yes, conduct safety assessment and plan.*

   ☐ Yes ☐ No

2. Who should be contacted to let them know you have returned? *Give child choice to call.*

3. When did you last eat?

   Can I get you something to eat? ☐ Yes ☐ No

4. Were you harmed in any way?

   ☐ Yes ☐ No

   Comments:

5. Were you the victim of a crime? *Check all that apply.*

   ☐ No.
   ☐ Sexually assaulted.
   ☐ Belongings stolen.
   ☐ Physically assaulted.
   ☐ Robbed by someone with a weapon.
   ☐ Forced to do something you didn't want to do.

   Comments:

6. How is your health?

   ☐ Good ☐ Fair ☐ Need assistance

   Comments:

7. Do you need any urgent health care? *Check all that apply.*

- ☐ No.
- ☐ Physician.
- ☐ Dentist.
- ☐ Vision.
- ☐ Other.
- ☐ Drug/alcohol treatment.
- ☐ AA/NA.
- ☐ Behavioral health/counseling.
- ☐ Planned Parenthood

Comments:

8. Where did you stay when you were gone? *Check all that apply.*

- ☐ Friend's place.
- ☐ Streets.
- ☐ Shelter/hostel.
- ☐ Parent's place.
- ☐ Other family member's place.
- ☐ Other.
- ☐ Other youth's place.
- ☐ Stranger's place.
- ☐ Another adult's place.
- ☐ Girlfriend's/boyfriend's/partner's place.
- ☐ Past caregiver's place.

Comments:

9. What activities did you engage in while on the run? *Check all that apply.*

- ☐ Did drugs/drank alcohol.
- ☐ Hung out on the streets.
- ☐ Saw my parents.
- ☐ Involved in crimes (theft, etc.).
- ☐ Other.
- ☐ Left the state to see family/friend.
- ☐ Engaged in sexual activities.
- ☐ Saw my girlfriend/boyfriend/partner.
- ☐ Saw other family.

Comments:

10. How did you get food and/or money while on the run? *Check all that apply.*

- ☐ Friends.
- ☐ Girlfriend/boyfriend/partner.
- ☐ Parents.
- ☐ Other family.
- ☐ Other.
- ☐ Steal/shoplift.
- ☐ Sold drugs.
- ☐ Worked.
- ☐ Sex for money, food, shelter.

Comments:

11. Were you involved in anything that put you at risk?

☐ Yes ☐ No

Comments:

12. What made you decide to leave? *Check all that apply.*

- ☐ To be with friends.
- ☐ To see parents.
- ☐ To live with parents/other family.
- ☐ To see other family members.
- ☐ To see girlfriend/boyfriend/partner.
- ☐ Not feeling safe in placement.
- ☐ To get away from caregiver.
- ☐ Other.
- ☐ Conflict with program.
- ☐ Didn't mean to run, got mad and left.
- ☐ School problems.
- ☐ To get high/to drink.
- ☐ To have some excitement.
- ☐ To avoid arrest.
- ☐ To avoid detention.

Comments:

13. Did you have a plan about how to take care of yourself and did it work out? *Check all that apply.*

- ☐ Yes, I had a plan and it worked out.
- ☐ Yes, I had a plan and it did not work out.
- ☐ No.
- ☐ Other.

Comments:

14. What did you hope would happen when you left? *Check all that apply.*

- ☐ Visit family.
- ☐ Visit friends.
- ☐ Use drugs/drink alcohol.
- ☐ Other.
- ☐ Change in placement.
- ☐ Nothing.
- ☐ Not be in foster care anymore.

Comments:

15. What made you decide to return? *Check all that apply.*

- ☐ Got picked up by law enforcement.
- ☐ Family.
- ☐ Friends.
- ☐ Tired of running.
- ☐ Other.
- ☐ Needed assistance.
- ☐ Caseworker.
- ☐ Attorney.
- ☐ CSEC advocate-mentor.

Comments:

16. Is there anything or anyone that would have prevented you from running away? Check all that apply.

- ☐ Change in placement.
- ☐ Listen to me.
- ☐ Listen to music.
- ☐ Other.
- ☐ Family visits.
- ☐ Sibling visits.
- ☐ More time with caseworker/staff.

Comments:

Resource 11-A

CONSIDERATIONS IN IDENTIFYING APPROPRIATE PLACEMENTS

The following information is provided to assist MDTs in identifying a placement that best fits a given CSEC's needs.

The "fit" of a placement resource must be ensured by answering the following questions:

- Does the provider have appropriate CSEC-, trauma- and culturally-informed, and victim-centered training and practices?
- Does the provider understand the CSEC's holistic and complex needs?
- Is the provider able to fully implement the CSEC's safety plan?
- Is the level of support and supervision appropriate to the needs of the CSEC?
- What is the level of support available to the provider to support the continuity of the placement? Is the provider willing to accept support and services to maintain the placement?
- Is the provider willing to coordinate with other service providers and participate as a member or guest of the CSEC's MDT?

The descriptions below highlight specialized CSEC placements that show promise.

Specialized CSEC Treatment Foster Care. Caregivers are trauma- and CSEC-informed and have 24/7 case management support. Only one or two youth are placed in the home. Other key components include:

- Securing the home with an advanced alarm system that will both alert the foster parent of an intruder and if CSEC leaves the home without permission.
- Support for caregivers available 24/7.
- Support and advocacy for CSEC available 24/7, e.g., via a CSEC mentor-advocate.
- Individual and/or group therapy.
- Psychosocial rehabilitative services.

Specialized CSEC Group Homes. Group home care is provided by shift staff with 24/7 coverage. Key components include:

- No more than 6 youth in a home.
- Highly trained staff with youth development programming (peer to peer).
- Focus on education and employment.
- Legal support.
- Individual therapy.

Specialized CSEC Residential Treatment Centers (RTC). This level of programming may be required for CSEC with extensive medical needs and/or who are a danger to self or others. The RTC may be a locked or staff-secure facility located in state or out of state. It may provide a stand-alone, CSEC-specific program or be a subset within a larger program. Key components include:

- Evidenced-based practices and therapies, such as Stages of Change, Motivational Interviewing, Cognitive Behavior Therapy, Dialectical Behavior Therapy and Eye Movement Desensitization and Re-processing.
- Highly trained CSEC- and trauma-informed staff.

- Onsite education.
- Programming to assist transitioning to less restrictive placements, e.g., specialized foster care or group homes.

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Appendix A

ACRONYMS

ACF	Administration for Children and Families
CAC	Child Advocacy Center
CANS	Child and Adolescent Needs and Strengths
CAP	Confidential Address Program
CASAT	Center for the Application of Substance Abuse Technologies
CC	Clark County
CIP	Court Improvement Program
CCDFS	Clark County Department of Family Services
CCDJJS	Clark County Department of Juvenile Justice Services
CISP	Comprehensive Individualized Service Plan
CJATF	Children's Justice Act Task Force
CMA	CSEC mentor-advocate
CSEC	Commercially sexually exploited child(ren) or commercial sexual exploitation of children, depending on context.
DA	District Attorney
DCFS	Division of Child and Family Services (Nevada)
DHHS	Department of Health and Human Services (Nevada)
DMST	Domestic Minor Sex Trafficking
DPBH	Division of Public and Behavioral Health (Nevada)
ECPAT	End Child Prostitution and Trafficking
GED	General Education Diploma
GEMS	Girls Educational and Mentoring Services
HPV	Human papillomavirus
ICE	Immigration and Customs Enforcement
ICWC	Indian Child Welfare Committee
IMS	Information Management System
JJOC	Juvenile Justice Oversight Commission
JVTA	Justice for Victims Trafficking Act
IC & RC	International Certification & Reciprocity Consortium
IOFA	International Organization for Adolescents
LGBTQ	Lesbian, gay, bisexual, transgender, questioning

LVMPD	Las Vegas Metropolitan Police Department
MOU	Memorandum of understanding
MDT	Multidisciplinary team
NCAI	National Congress of American Indians
NCIC	National Crime Information Center
NCJTC	National Criminal Justice Training Center
NCJFCJ	National Council of Juvenile and Family Court Judges
NCMEC	National Center for Missing and Exploited Children
NHTTAC	National Human Trafficking and Training Technical Assistance Center
NOCSM	Nevada Online Commercial Sex Market
NRIT	Nevada Rapid Indicator Tool
OJJDP	Office of Juvenile Justice and Delinquency
OVCTTAC	Office of Victims of Crime Training and Technical Assistance Center
PL	Public Law
SAC	Statistical Analysis Center (Nevada)
SMBC	Sierra Mountain Behavior Consulting
SNHTTF	Southern Nevada Human Trafficking Task Force
STD	Sexually transmitted disease
STI	Sexually transmitted infection
TDF	The Dreamcatcher Foundation
TOT	Training of Trainers
TVPA	Trafficking Victims Protection Act
UMC	University Medical Center
UNITY	Unified Information Technology for Youth
UNR	University of Nevada Reno
VAT	Victims Assistance Training
VINE	Victim Information and Notification Everyday
VOCA	Victims of Crime Act
WOW	Children of the Night's With Out Walls
WCHSA	Washoe County Human Services Agency
WCDJS	Washoe County Department of Juvenile Services

Appendix B

HOW TO FIND SERVICES IN NEVADA FOR CSEC

Nevada 2-1-1

Nevada 2-1-1 helps Nevadans connect with the services they need, including places to find emergency food, housing and emergency shelter locations, children's services, support for people with disabilities, and mental health and counseling services. A program of Money Management International. Additional information: http://dhhs.nv.gov/Programs/Grants/Programs/2-1-1/

Ways to identify services:

Call from anywhere in Nevada: **2-1-1**

Call from anywhere: **1-866-535-5654**

Text your 5-digit zip code to **898-211** to chat with an Information and Referral Specialist.

Search online: https://www.nevada211.org/

Nevada VINE *(online portal referred to as VINELink)*

Nevada Victim Information and Notification Everyday (VINE) provides two services: Information on an offender's custody status and a Service Provider Directory.

Notification of offender's custody status. Information on offender custody status is available in multiple languages through a toll-free number, online, mobile app and TYY for the hearing impaired. Automated notifications are available through app, text, email or phone; registration is required to receive automated notification. Information: http://ag.nv.gov/Hot_Topics/Government/Nevada_VINE/

Phone: **1-888-2NV-VINE** or **888-268-8463**; TYY: **1-866-847-1298**

VINE mobile app: https://apprisssafety.com/solutions/vine/vinemobile/

Nevada VINE's online access: https://vinelink.vineapps.com/login/NV

Service Provider Directory. Available through the VINE mobile app or online access website (links above). Create an account or search as a guest. Search for a service provider by organization name or by topic.

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I. Introduction

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