



## How can child protection agencies identify and support **youth involved in or at risk of commercial child sexual exploitation?**

[The second largest criminal industry](#) worldwide (second only to drug dealing and tied with the illegal arms industry), human trafficking is the fastest growing of all criminal enterprises. The [commercial sexual exploitation of children \(CSEC\)](#) is one form of human trafficking, affecting thousands of children and youth in the United States every year. (Exact numbers are difficult to estimate, given the clandestine nature of the crime.)

Although CSEC historically has been under the purview of law enforcement, the child welfare system increasingly has been called on to identify and serve victims. Recent federal legislation, including the [Justice for Victims of Trafficking Act of 2015](#) and the [2014 Preventing Sex Trafficking and Strengthening Families Act](#), underscores that shift. The Preventing Sex Trafficking Act requires child welfare agencies to develop policies and procedures for the identification of children at risk or victims of CSEC, and to provide appropriate services. Given the high risk for CSEC among children who [run away](#) from foster care, the act also includes a number of related provisions.



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CSEC is a complex problem requiring an intensive and unwavering commitment among agencies addressing the issue. Developing and implementing compassionate and effective responses requires [multi-system collaboration](#) among child protection, law enforcement, judicial, healthcare, education, and mental health systems, with financial and policy support from local, state, and federal governments.

## Risk factors

[Child welfare involvement](#), [running away](#), and [child sexual abuse](#) are some of the primary risk factors for sexual exploitation. [Studies show](#) that between 70% and 90% of CSEC youth have a history of child sexual abuse. One survivor aptly noted that being in foster care was [a training ground for human trafficking](#), as it taught her that she was attached to a check.

Other [risk factors](#) include: emotional or physical abuse; parental alcohol and substance use (sometimes [parents traffic children](#) to pay for alcohol or drugs); difficulties at school; exposure to domestic violence; history of exploitation in the family or community; and neglect (lack of supervision, care, and basic necessities). [LGBTQ youth](#) are also at particularly high risk, in part because, having been rejected by their families, they may be experiencing homelessness and engage in sex to meet their basic needs of survival. Youth in foster care seeking connection with other adults also can fall prey to the tactics of human traffickers, who target children with minimal social support and low self-esteem.

Of course, many youth in foster care have several of these risk factors but do not necessarily become involved in CSEC. Youth should be appropriately screened for risk and exploitation, rather than assumed to be at risk or exploited.

## Screening

Identification of victims can be particularly difficult because youth involved often [don't consider themselves victims](#) or are rehearsed in delivering a script with false statements. All screening must be conducted in a culturally competent, respectful manner, empowering victims to become survivors and restoring

their self-esteem and sense of dignity. [Victim-centered interviewing](#) can be helpful, as can employing the language that youth use, such as taking part in “the game” or “working.” Providers may need to spend time building a trusting relationship before youth feel comfortable disclosing CSEC.

Several organizations have created screening tools for identifying children who are victims or at risk of CSEC:

- The WestCoast Children’s Clinic integrated feedback from over 100 stakeholders to [develop and validate the Commercial Sexual Exploitation-Identification Tool \(CSE-IT\)](#).
- The Urban Institute developed and tested the [Human Trafficking Screening Tool](#) (both long and short form), which appears to be effective in identifying CSEC victims.
- Shared Hope International’s [Child Sex Trafficking Warning Signs](#) lists potential warning signs of children who are being groomed or trafficked, and the behaviors of pimps and traffickers.
- YouthCare created a [one-page guide](#) for the identification of youth at risk of CSEC, including warning signs and guiding principles for engagement.

## Prevention

Child protection agencies and advocates have developed prevention programs, some of which are intended for the general youth population and some of which are intended for youth at risk of CSEC. One program, [My Life My Choice](#), has [demonstrated effectiveness](#), and offers a curriculum designed for girls ages 12 to 18 that includes an in-depth examination of girls’ vulnerabilities and supports them in shifting behaviors that may lead to exploitation. It was developed and reviewed by survivors of exploitation and is designed to be co-facilitated by a survivor of exploitation. To date, facilitators from 33 different states have been trained in this curriculum.

Love146’s prevention curriculum, [Not a #Number](#), raises awareness, teaches about recruitment strategies and vulnerabilities, and equips participants to safely handle potential (or existing) exploitative situations. The

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curriculum is designed for youth of all genders between the ages of 12 and 18, and it has been piloted in Connecticut, Florida, and Texas.

## Considerations regarding placement in congregate care facilities

Research indicates that placement in congregate care is associated with [poorer outcomes](#) compared to placement in family foster care, and [placing youth in congregate care settings increases the risk for future CSEC](#). In particular, traffickers have been known to [target congregate care facilities](#) because they know they can find vulnerable children. A 2007 study commissioned by the U.S. Department of Health and Human Services found that congregate care facilities were not able to meet the needs of youth impacted by CSEC or keep them safe from traffickers. The study found that congregate care providers often did not recognize cases of CSEC, and as a result, services were not provided and trauma was not addressed. Congregate care providers also demonstrated a lack of understanding of human trafficking as a domestic issue, experienced difficulty identifying victims, provided inadequate services, and expressed concerns about safety for youth and staff (given possible interactions with traffickers).

The [2018 Family First Prevention Services Act](#) imposes restrictions on the use of congregate care for children and youth, limiting Title IV-E reimbursements for stays longer than two weeks unless the setting is a [qualified residential treatment program](#) or unless other specific criteria are met, including risk for or involvement in CSEC. That is, Title IV-E reimbursements can continue beyond two weeks for “a setting that provides high quality residential care and supportive services to children and youth who have been or found to be or

are at risk of being sex trafficking victims.” [Federal guidance on implementation](#) clarified that the statute does not define high quality residential care, supportive services, or what it means to be “at risk of becoming” sex trafficking victims. Title IV-E agencies therefore have the flexibility to define each of these.

As Title IV-E agencies implement the Family First Act’s provisions related to CSEC, taking a broad definition of youth “at risk of trafficking” may lead to too many youth placed in congregate care settings, leading to poorer outcomes and potentially greater risk of CSEC involvement. Hence, **jurisdictions should carefully consider definitions and related policies that do not unintentionally expand the role of congregate care facilities in serving CSEC-involved youth and youth at risk of CSEC**. Additionally, in the absence of specific standards for program quality and supportive services, agencies are responsible for [developing high standards of practice and ensuring that high-quality services are available](#) for youth in those placement settings.

The state of **Ohio**<sup>1</sup> has been working intensively to address human trafficking, forming a [Human Trafficking Task Force](#) that includes representatives from 10 state agencies and a [Human Trafficking Commission](#) that raises awareness, increases identification of victims, expands support services, and develops protocols for responding to trafficking (such as the [Child Response Protocol Toolkit](#)). In deciding how to approach the Family First Act’s provisions for CSEC-involved youth or youth at risk of involvement, Ohio determined that all youth in residential settings should receive the same high-quality services that are provided through Qualified Residential Treatment Programs (QRTPs), whether or not they meet the criteria for exemption. As a result, Ohio will be requiring all child-serving residential facilities to adhere to the standards of QRTPs.

We were talking through the requirements of the QRTPs and felt like, if all the other facilities are going to be held to this standard, why shouldn’t facilities that are serving trafficked youth also be held to these same quality standards?”

— BHUMIKA PATEL,  
ANTI-HUMAN TRAFFICKING COORDINATOR, PUBLIC CHILDREN SERVICES ASSOCIATION OF OHIO

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## Services for victims of CSEC

Just as the evidence base for successful CSEC prevention programs is still emerging, so too is the evidence base for services for identified victims of CSEC. While there are nine programs for CSEC victims listed in [California's Evidence-Based Clearinghouse for Child Welfare \(CEBC\)](#), all are categorized as “not able to be rated,” meaning more research evidence is needed.<sup>2</sup> Another promising program (not listed in the CEBC) was developed in [Minnesota](#). Runaway youth participating in the [Runaway Intervention Program](#) (an intensive support program encompassing case management, strengths-based home visiting, and group support led by experienced nurses) [demonstrated](#) significant decreases in emotional distress and risk factors.

Until more evidence-based interventions are created for CSEC survivors, modifications of effective interventions for similar vulnerable youth populations may be helpful, including [trauma-focused cognitive-behavioral therapy](#) (which has been shown to be effective for survivors of child sexual abuse), [multisystemic therapy](#) (which engages multiple systems to care for youth using an ecological approach), and the [Adolescent Community Reinforcement Approach](#) (which has been shown to be effective in increasing social stability and participation in services among youth experiencing homelessness

and youth who have run away). The [general consensus](#) is that successful efforts require [cross-agency collaboration](#) and that interventions should be multi-disciplinary, trauma-informed, and delivered within a system of care.

It also can be helpful to consider [harm reduction principles](#) in working with this population, as not all youth involved in CSEC may be ready to completely leave “the game,” but their safety needs to be ensured (through education and resources for safe sex and protection). An approach using harm reduction principles can build youth’s sense of control, autonomy, and self-determination, moving them towards a decision to leave the sex trafficking life.

## Resources

The Child Welfare Capacity Building Collaborative assembled [Resources to Support Implementation of the Sex Trafficking Provision of P.L. 113-183](#), which includes background information, descriptions of federal legislation, examples of state policies and programs, guidance on implementation, and resources for service providers. In addition, the Collaborative’s publication, [Identifying Minors and Young People Exploited through Sex Trafficking: A Resource for Child Welfare Agencies](#), provides a list of risk factors for



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CSEC, considerations when planning to implement a risk assessment or identification tool, “ground rules” for identifying youth who are involved in CSEC (e.g., asking permission, being non-judgmental), and information about existing screening and risk assessments.

Child Welfare Information Gateway’s publication, [Responding to Child Victims of Human Trafficking](#), includes a summary of federal legislation, information about the responsibilities of state agencies, and requirements for specialized training. It also

includes a summary of state laws (current through December 2018).

Loyola University’s Center for the Human Rights for Children’s handbook, [Building Child Welfare Response to Child Trafficking](#), includes chapters on identification and investigation, screening tools, case management tools and resources, legal protections and advocacy, human trafficking resources, and integrating response protocols and services within child welfare.

To learn more, visit [Questions from the field](#) at [Casey.org](#).

- 1 Based on conversation with Bhumika Patel, Anti-Human Trafficking Coordinator, Public Children Services Association of Ohio, December 18, 2019.
- 2 One of these programs is My Life My Choice, which is both for survivors and youth at risk of CSEC. As mentioned above, this program does have a peer-reviewed article.

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