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Treating Child/Youth Victims of Human Trafficking

Larimer County Department of Human Services

Final Report

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Treating Child/Youth Victims of Human Trafficking: Overview of the Literature; Review of Federal Administration for Children and Families Requirements, and Examination of Congregate Care as an Appropriate Placement Option

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Background

Human trafficking is defined as any instance when an individual is held against his/her will, whether through physical or emotional force, fraud, or coercion and is forced to work (Clawson, Salomon, & Grace, 2008). Humans trafficked for labor are forced to work a variety of remedial jobs with no pay and sub-standard and inhumane living conditions (European Union [EU], 2009; Fong & Cardoso, 2010; U.S. Department of Health & Human Services [USDHSS], 2009). Individuals trafficked for sex are often used as prostitutes or sex slaves (Fong & Cardoso, 2010). Both types of trafficked victims suffer a variety of traumas (Clawson et al., 2008). Both adults and children are trafficked for labor and/or sex. Though there is much overlap between child and adult victims in terms of trauma and treatment, child victims may require additional or specialized treatment.

Context

Colorado's child and adolescent trafficking victims require services through the county departments if the victim is determined to be abused as defined by 19-1-103(1)(a), C.R.S.; in an injurious environment [19-3-102(c), C.R.S.]; or court ordered into out of home placement (19-2-114, C.R.S.). Irrespective of how adolescent and child trafficking victims enter child welfare, the county department must assure that federal safety, permanency and well-being reasonable effort requirements are met[1].

The *Preventing Sex Trafficking and Strengthening Families Act* (2014) requires identification, documentation, and determination of appropriate services for any child or youth in the custody

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[1] Section 471(a)(15) of the Social Security Act outlines reasonable effort requirements:

- The child's health and safety is the paramount concern.
- Reasonable efforts will be made prior to the placement of a child in foster care to prevent the need for removing the child from the child's home and to make it possible for a child to safely return to the child's home.
- Reasonable efforts shall be made to place the child in a timely manner and complete whatever steps are necessary to finalize the permanent placement of the child.

Section 475 (5)(a) requires each child to have a case plan designed to achieve placement in a safe setting that is the least restrictive (most family like) and most appropriate setting available and in close proximity of the parents' home, consistent with the best interest and special needs of the child.

of a county department who is at risk of becoming a sex trafficking victim or who is a sex trafficking victim including those not removed from home, those who have run away from foster care, and those under 18 who are receiving Chafee Foster care Services.

In addition to other stipulations, the *Trafficking Victims Protection Act* (2008) specifies that victims of human trafficking should be protected against retaliation and are entitled to certain benefits such as housing and food (Sections 201-202). *The Colorado Act Concerning Human Trafficking* (2014) expunges the records of human trafficking victims, including criminal and juvenile records (Section 24). Although not yet passed in the senate, the *Strengthening Child Welfare Response Act* (2015) requires child serves to assess and offer services to child human trafficking victims. Therefore, all interventions given to such victims should adhere to these laws and guidelines as well as adhering to the moral and ethical obligations of agencies.

Effects on Victims

Table 1 gives a brief summary of the human trafficking effects on victims[2]. These effects are seen in both adults and children. Though the medical effects can be separated between labor and sex trafficking, the literature suggests that the psychological effects follow the theme of trauma, regardless of trafficking type.

Table 1: *The Medical, Psychological, and Functional Effects on Human Trafficking Victims*

Medical Effects	Psychological Effects	Functional Effects
Sex Trafficked Victims: • Sexually transmitted diseases • Unwanted pregnancy • Abortion complications *Labor Trafficking Victims:* • Physical damage • Hearing/Sight problems *Both types:* • Malnourishment • Disease or illness • Malnourishment • Bruises, lacerations	*All Victims:* • Inability to trust others • Anxiety/Panic disorders • Depressive disorders • Substance Abuse • Eating disorders • Post-Traumatic Stress Disorder • Conduct disorder (in children) • Any disorder associated with trauma • Dissociative disorder • ADHD	*All Victims:* • Lack of emotional control • Anger • Violence • Self-mutilation • Difficulty concentrating • Suicide ideation • Risk taking behaviors (sexual or otherwise)

[2] Briere & Elliott, 2003; Calam, Horne & Glasgow, 1998; Clawson et al., 2008; EU, 2009; Ijadi-Maghsoodi, Todd & Bath, 2014; Williamson, Dutch, & Clawson, 2010

Treatment Strategies

The literature on treating victims of trafficking emphasize to first address immediate medical needs (Ijadi-Maghsoodi et al., 2014) and survival and safety needs such as food and shelter, before treating psychological trauma and addressing behavioral issues (Clawson et al., 2008; EU, 2014; Fong & Cardoso, 2010). This helps to establish trust, which is the most important predictor of a positive course of treatment (EU, 2014). Victims also need to be empowered and receive supportive and culturally relevant treatment (Fong & Cardoso 2010). Child protective services workers and social services providers who neglect the cultural component may aggravate rather than relieve, the emotional and psychological damage done (Fong & Cardoso 2010). Standard treatment modalities of individual, family, and group therapy for child sexual abuse, which child protective workers refer to, may not be appropriate for trafficking victims. Family members may not be available and group work may require extra sensitivity to the victims' fear of exposure, lack of anonymity, and fear of deadly harm to family members (Fong & Cardoso 2010).

Although the literature identifies treatments for specifically classified disorders, there appears to be a gap in the research that addresses all the effects of human trafficking. Trauma-focused cognitive behavioral therapy (TF-CBT) is an evidence-based treatment approach shown to help children, adolescents, and their caregivers overcome trauma-related difficulties, including post-traumatic stress disorder (PTSD). It may incorporate cognitive therapy and restructuring, behavioral interventions (e.g., exposure therapy), thought stopping, and breathing techniques. It is designed to reduce negative emotional and behavioral responses following child sexual abuse, domestic violence, traumatic loss, and other traumatic events (Child Welfare Information Gateway, 2012).

Other therapeutic interventions shown to be effective for treating PTSD include Eye Movement Desensitization Therapy, which is based on cognitive restructuring and bilateral stimulation through rapid eye movement during imaginal exposure, and stress inoculation training, which is helping patients learn to breath, relax, and stop their thoughts (Cohen & Deblinger, 2004; Cohen & Mannarino, 2008; Deblinger, McLeer & Henry, 1990; Deblinger, Steer & Lippman, 1999; Williamson et al., 2010).

Treatment Do's and Don'ts

Table 2 provides a list of do's and don'ts when treating a victim of human trafficking. Overall, the victim has been in a terrible state of powerlessness and invalidation and thus has reasons to mistrust others. Therefore, the goal is to empower this person and help her/him gain trust in others. As such, treatment should focus on empowerment. This can be difficult if the victim

does not recognize her/his own victimization or if the victim feels shame or fears retaliation. A caseworker or caregiver with strong interpersonal skills is most likely to establish trust with a victim and help that victim advocate for her/his own recovery (Clawson, et al., 2008).

Table 2: *The Do's and Don'ts when Treating a Victim of Human Trafficking*

Do's	Don'ts
• Empower the victim • Listen to the victim • Believe the victim • Encourage the victim to get physically screened for diseases or other problems related to being trafficked • Encourage the victim to undergo a psychological assessment • Implement research-based treatments such as TF-CBT or others (see above) that is appropriate given the assessment results • Encourage the victim to take medications related to trauma • Show the victim that you are trustworthy	• Force the victim into a locked treatment facility • Ignore the victim • Invalidate the victim • Force the victim to be screened physically or psychologically • Implement any treatment plan that does not have strong empirical evidence of effectiveness given the assessment of the victim • Force the victim to take medications • Re-victimize the individual by betraying her/his trust, taking away her/his power or otherwise invalidating that person

Congregate Care Placement

In the event there is no available family or kin to safely care for a child/youth victim of human trafficking, out of home placement may be necessary. Research suggests that children in congregate care settings are at increased risk for maltreatment compared to children placed with families (Euser, Alink, Tharner, van Uzendoorn, & Bakermans-Kranenburg, 2013, 2014). In a study comparing the prevalence of maltreatment in foster and residential care to the prevalence in the general populations, Euser et al. (2013, 2014) found that sexual and physical abuse occur more frequently in residential care than in the general population. Although the incidence of sexual abuse was higher in residential care than in either foster care or the general population, there was no difference in sexual abuse between foster care and the general population. Furthermore, the rate of self-reported physical abuse in residential care was almost double that of foster care and triple that of the general population of same age adolescents. The high rate of physical and sexual abuse among maltreated children living in residential settings is a fundamental violation of the principle of "first, do no harm" (Alink, Euser, Tharner, van Uzendoorn, & Bakermans-Kranenburg, 2012). Information below shares the potential consequences for placement of a child/youth victim of human trafficking in group care or in a locked setting.

Group Care

In a policy statement by the American Orthopsychiatric Association (Dozier et al., 2014), several key points are made regarding the use of group care for children and adolescents served by child welfare including victims of trafficking.

- In principle, group care should never be favored over family care. Group care should be used only when it is the least detrimental alternative, when necessary therapeutic mental health services cannot be delivered in a less restrictive setting.

- Healthy attachments with a parent figure are necessary for children of all ages and help to reduce problem behaviors and interpersonal difficulties. The availability of positive, stable supports has been identified as one of the most important factors in promoting resiliency in traumatized individuals (Kaufman, 2007). Attachment to an adult requires the adult to be consistently available to the child over an extended period of time. Shift care interferes with accessibility to a parent figure (Hawkins-Rodgers, 2007).

- Group care itself may be related to an increased likelihood of problem behavior. In a large scale study by Ryan and colleagues, it was determined that youth placed in group care settings were 2.4 times more likely to be arrested. Modeling, contagion effects, and lack of adequate regulation all may contribute to negative outcomes (Dishion & Dodge, 2005).

- Group care prevents children from having access to peers who are coping well with everyday life, and who could provide positive peer support.

Locked Facility

Some literature suggests that placing a victim of trafficking in a locked treatment facility may result in a lack of trust and may even re-victimize that person, thus impairing treatment. Therefore, treatment should be aimed at empowering the victim, not forcing things upon her/him, especially since that person's victimization came precisely from being disempowered (Clawson et al., 2008).

Implications

The decision to place child/youth victims of human trafficking in a locked facility or group care, without considering both the best interests of safety, permanency and well-being and reasonable efforts to use the least restrictive placement, violates federal Administration for Children and Families (ACF) and Colorado requirements. Colorado's child welfare funding will not reimburse counties for the care of children/youth placed in locked facilities, as this is not

allowed by federal ACF. Cost of care in locked facilities would be 100% county-only funding. Additionally, Medicaid funding is not available for children/youth in locked facilities except when they are placed in detention pending placement in foster care.

As the system contemplates the placement types that offer the best chance for success, we share the story of a Larimer County mother regarding her daughter's involvement with the child welfare/juvenile justice system, and, eventually, with human trafficking.

> *I am the mother of a beautiful 18 year old who is a survivor of human trafficking. My daughter started using marijuana at the age of 15. Shortly after that is when she got her first of three charges that landed her in the delinquency system and then eventually the child welfare system. She then continued her downward spiral and was placed in a girls' group home. When my daughter arrived there she was the seventh girl of six that were already placed there with only one adult to supervise all seven girls. A few days later another girl arrived so this was now eight girls to one adult. A couple days went by, I had a visit with my daughter and had dropped her off, kissed her goodbye, and told her I'd see her tomorrow. Not knowing that I would get a call around 11 pm that same night telling me my daughter had run from the home with another girl. They ended up in Denver and my daughter was on the streets for most of the month of June 2014. This is when she became a victim of human trafficking. My daughter was told she would have to "earn" her keep so she would have a place to stay. This went on for almost three weeks. That month was one of the longest and most terrifying months of my life. The best and most relieving phone call I had ever received was the call I got saying my daughter was detained. She was ALIVE!!! She was then placed in another group home for girls, but this group home specialized on the emphasis of young girls who had been victims of human trafficking. Again it was my daughter plus four other girls. And once again she ran and became the victim of trafficking again. She went to jail was sentenced to one to two years in DYC. She was doing awesome up to about a week ago when she ran once again from a home that had eight girls.*
>
> *Not pointing the finger at any one person or persons because the Lord only knows that my child knows right from wrong, but I truly feel as parent who has been a part of both systems for almost three years now, there is need for someone to step back and take a look at these homes and how many kids are placed there at one time. Most kids who end up in the system have sustained trauma as young children and require a lot of one on one and total understanding. I raised two myself and I know firsthand how hard, frustrating and time consuming it is. I feel that placing a youth or child in a situation only*

opens the door for more damage than good in most cases. They are put in placement to get help and better them so they grow into productive successful young adults. I truly feel that smaller ratio group homes and more educated staff and or foster parents would be the way to go. With less youth in a home one can focus better on their needs and what is going on that day, hour or even moment when a youth is needing that one on one process. I have found in my daughter's experience that smaller group settings worked so much better for her. She was able to get that attention and help at the moment she needed it instead of feeling like just a number or another one of the kids. These services were put in place to help our youth, so let's do them a favor and look at what can and needs to be done to better serve them so they don't become a victim in the future.

In conclusion, victims of human trafficking have the same rights as other children/youth in the child welfare system which include: being treated with dignity, sensitivity, and respect; living with family whenever safely possible; being placed in the lowest level of care possible to meet their needs if family placement is not possible; and having reasonable efforts made to meet their safety, permanency, and well-being. The trauma informed, evidenced-based practices currently being implemented in Larimer County are designed to assess the child/youth's needs and determine the most appropriate level of service provision or placement. Thus, child/youth victims of trafficking should be assessed and treated like any other child/youth who has experienced trauma.

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