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1-1-2007

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Clawson, Heather J. and Goldblatt Grace, Lisa, "Finding a Path to Recovery: Residential Facilities for Minor Victims of Domestic Sex Trafficking" (2007). *Human Trafficking: Data and Documents.* Paper 10.
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U.S. Department of Health and Human Services,
Office of the Assistant Secretary for Planning and Evaluation

FINDING A PATH TO RECOVERY: RESIDENTIAL FACILITIES FOR MINOR VICTIMS OF DOMESTIC SEX TRAFFICKING

Heather J. Clawson, Ph.D. and Lisa Goldblatt Grace, LICSW

I. STUDY OVERVIEW

This is the first in a series of Issue Briefs produced under a contract with the Department of Health and Human Services (HHS), Office of the Assistant Secretary for Planning and Evaluation (ASPE), to conduct a study of HHS programs serving human trafficking victims. Funded in fall 2006, the purpose of this 12-month exploratory project is to develop information on how HHS programs are currently addressing the needs of victims of human trafficking, including domestic victims, with a priority focus on domestic youth. This project also consists of reviewing relevant literature, and identifying barriers and promising practices for addressing the needs of victims of human trafficking, with a goal of informing current and future program design and improving services to this extremely vulnerable population.

This issue brief focuses on minors who are victimized by sex traffickers across the United States and is intended to provide practical information about the characteristics and needs of these minors, and describe the type of residential programs and facilities currently providing services for this population. The promising practices discussed here were identified by directors and staff of residential facilities housing and serving minor victims of domestic trafficking, juvenile corrections facilities, programs for runaway and homeless youth, child protective services personnel, and law enforcement.

While many of the service providers and law enforcement officials we met with recognized that males and transgender youth are also victims of domestic sex trafficking, current emphasis and service delivery is focused on females. It was also the case that very few programs are identifying cases of domestic minor labor trafficking. Therefore, the information in this issue brief is limited to minor female victims of domestic sex trafficking.

II. INTRODUCTION TO THE PROBLEM

What are the impacts of domestic sex trafficking on minors?

While there is no consensus on the number of minor domestic sex trafficking victims in the United States, there is clear consensus that the impact of this crime on the victims is devastating. Girls who have been domestically trafficked experience physical, emotional, psychological, and spiritual repercussions from the trauma of sexual exploitation. Providers reported that victims often present with the following health-related issues:

- Physical health problems associated with beatings and rapes, including broken bones and the need for wound care;
- Reproductive health problems, including exposure to HIV and other STDs, pregnancies, and fertility issues;
- Malnutrition;
- Mental health problems, including PTSD and somatic complaints (headaches, chronic pain) resulting from the trauma, and others listed below; and
- Alcohol and other drug use, as well as addiction.

As described by several of the service providers during the course of the study, mental health symptoms resulting from repeated abuse include:

- Extreme anxiety and fear;
- Changed relationships with others (including the inability to trust);
- Self-destructive behaviors (including suicide attempts);
- Changed feelings or beliefs about oneself (including profound shame and guilt);

- Changed perception of the perpetrator (including establishing a traumatic bond); and
- Despair and hopelessness.

The themes of trauma, abandonment, and disruption are central to the narratives of minor victims of domestic sex trafficking. It was recognized that while these minors are victims of sexual abuse, domestically trafficked girls have experienced a different level of abuse and trauma. As described by one provider, *"Their level of trauma is much greater and their level of damage, severe."* These girls are in need of a new identity separate from "The Life." They also need to develop healthy attachments with peers, adults, and family members (whenever possible). Perhaps most important, these girls need to feel safe, both physically and emotionally.

What are current challenges and limitations to serving this population?

Law enforcement and health and social services providers working with this population acknowledged several challenges and limitations to effectively meeting the needs of these girls. Overarching challenges include:

- **Difficulty identifying victims.** The hidden nature of the crime and the use of the Internet by traffickers make identifying victims challenging. Additionally, the lack of standard protocols for identifying potential victims coming in contact with law enforcement, child protective case workers, street outreach workers, drop-in centers, school counselors, and emergency shelters was problematic. Perhaps the greatest challenge was the lack of recognition of these minors as victims. It was reported that many law enforcement, child protective services workers, and shelter providers believed that these girls had "chosen" to become involved in prostitution and therefore should be held accountable for their "criminal" actions. The stigma associated with prostitution was evident across many of the respondents in this study, including the minors themselves. It was reported that the girls did not view themselves as victims and, in many cases, stated that they did not want help. Viewing these minors as victims of domestic sex trafficking instead of "criminals" or "prostitutes" represents a huge paradigm shift that has occurred in statute, but not in practice.
- **Lack of understanding of domestic human trafficking.** A significant challenge reported by all was the lack of knowledge and understanding that human trafficking can occur domestically. Specifically, many providers described human trafficking as a crime that happened to immigrants. The relationship between the prostitution of minors and human trafficking was not well understood by most providers. Not only did this impact the ability to identify victims, but it impacted the ability of staff to provide appropriate services to meet the needs of these girls.

> *"Shelter providers are not trained to serve this population. Shelters are equipped for runaways; not trafficking victims."*
> – Law enforcement

- **Inadequate services.** Across the board, it was clear that the services provided to this population were inadequate. In some runaway and homeless youth shelter programs, the time restrictions on the length of stay imposed by funding sources made it impossible to build trust with the girls, let alone begin any meaningful treatment. Additionally, the diversity of the minors in shelter programs and group homes made it difficult to tailor services for a specific population. Within juvenile detention facilities, treatment plans were often aligned with the criminal charges—often crimes unrelated to prostitution (e.g., curfew violations, truancy, shoplifting, runaway)—and, therefore, they were ineffective in addressing the real issues facing these girls. For minors placed in foster care or group homes, once again, the sexual exploitation was often not recognized and, therefore, the trauma and related problems were not treated.

> *"The short-term nature of the stay is a real challenge for raising issues like prostitution. We provide a lot of band-aids."*
> – Service provider

- **Safety concerns.** The issue of safety for staff, other residents, and the girls themselves was expressed across sites. In the case of runaway and homeless shelters and drop-in centers, the location was often known to the trafficker. In fact, several sites reported cases of traffickers

recruiting girls outside the facilities or, in some cases, girls being sent into the shelters to recruit other girls. Not all programs were equipped to handle these situations.

Another challenge was the flight risk that these girls posed for law enforcement and the programs working with them. Law enforcement and providers described how a girl usually believed she was in love with her trafficker and felt compelled to return to him, out of this love or out of fear of retribution if she didn't return. This is a facet of the powerful trauma bond created with her abuser, which is one form of the Stockholm Syndrome—an extreme form of PTSD otherwise most frequently seen in torture victims. Additionally, providers reported that these girls often feel like there is nothing they are good at outside of "The Life"; which is the term girls often use to describe their experiences with prostitution. This belief that their value lies in being an object of sexual abuse—a belief often first developed as a child sexual abuse victim—often compels a victim to return to her perpetrator and "The Life." One residential provider spoke of the immediate gratification or lure associated with street life in general, and "prostitution" in particular; something difficult for any program to compete with. Furthermore, for the majority of girls, their current situation includes a sense of belonging that feels better than where they were before they were recruited and includes various "perks" such as trips to different states, nice clothing and jewelry, etc.

III. RESPONDING TO THE CHALLENGES OF SERVING THIS POPULATION: PROMISING PRACTICES FROM THE FIELD

Residential Facilities

The majority of domestically trafficked girls who were not living in their homes during the exploitation were being placed in a variety of settings, including residential treatment centers, child protective services-funded group homes and foster care placements, and juvenile corrections facilities. Additionally, many of these girls were flowing in and out of shelters for runaway and homeless youth and frequenting drop-in centers, often without detection as a victim of domestic sex trafficking by the staff. At the time of the study, we identified only four residential facilities specific to this population in existence across the country. These include Girls Educational and Mentoring Services (GEMS) Transition to Independent Living (TIL) program, Standing Against Global Exploitation (SAGE) Safe House, Children of the Night, and Angela's House (see the table at the end of this issue brief for more details). Despite the limited number of these programs, across sites, street outreach workers, shelter providers, residential facility staff, law enforcement, and child protective services workers spoke of the importance and priority need for more residential programs uniquely tailored to this population.

> *"We need an integrated program that doesn't institutionalize."*
> – Service provider
>
> *"We lack a good quality facility for U.S. kids."*
> – Law enforcement
>
> *"The girls really have no place to go."*
> – Service provider
>
> *"There needs to be a whole new model; using the old model is setting these kids up for failure."*
> – Law enforcement

The following are promising components or elements for a residential facility as identified across sites by shelter providers, law enforcement, case workers, and the directors and staff of the four residential facilities serving minor victims of domestic sex trafficking. While there is no research yet validating these shared observations, we believe nonetheless that this information can help provide a guide or road map in the development of new residential facilities or, in some cases, to help others tailor their existing programs to better meet the needs of this population, even if only temporarily until more appropriate placement can occur.

Population Served. While there was variation in the populations served by existing residential programs, providers and law enforcement agreed that residential facilities should be designed to serve homogeneous populations. While the current focus across sites is on female minor victims of domestic trafficking, there was acknowledgment that the need for similar facilities for males and transgender youth exists. Several of the runaway and homeless youth shelters noted challenges trying to house this population among mixed age and mixed gender populations. In terms of size, the current programs range from 6 beds to 24 beds. Most providers advocate for smaller programs of congregate care settings regardless of the population. It was reported that minor victims of

domestic sex trafficking have difficulty navigating relationships and, therefore, need—and are more likely to benefit from—a smaller, more intimate setting. This extends to believing that no more than two girls should share a room; a model similar to domestic violence shelters. Advocates for larger programs believe in the ability to serve a greater number of young people more economically. As described by Children of the Night, *"The cost of staff for 10 kids is half the cost of staffing for 11, so if you have 11, you might as well have 20."* It was expressed, however, that a larger program must have appropriate space to allow for smaller subgroups to interact. The age of the residents at current facilities for this population ranged from as young as 11 to as old as 21. It was suggested that facilities consider grouping residents by similar age and/or stage of recovery. This could be done through different units within a single residence or through different facilities. Finally, there were some exclusion criteria or conditions under which the existing residential facilities and alternative placements, including runaway and homeless youth shelters and domestic violence shelters, would not serve minors. While these varied by program, the criteria often included the presence of a severe mental disorder (psychotic, suicidal), active and severe substance abuse and addiction, and severe violent behavior (homicidal, threat to others). These girls were determined to need the intensive treatment often available through hospitalization, staff-secured residential treatment facilities for minors with emotional and/or behavioral disorders, or inpatient substance abuse treatment facilities. However, providers remarked on the paucity of beds available for a minor with either no insurance or Medicaid and the lack of in-depth understanding of the experiences of victims of domestic sex trafficking among staff at these other facilities.

Length of Stay. Providers and law enforcement working with this population advocated for a minimum length of stay at an appropriate facility of at least 18 months. This was also echoed by survivors. While one of the existing programs reported a shorter length of stay (3 to 6 months), they operated under a flexible policy that allowed for longer stays if needed. The 18-month length of stay was recognized as sufficient time to build trust with the girls, provide the necessary therapy to address their trauma, and to begin "working their treatment plan" and rebuilding their lives. Providers also advocated for continued connection to the program following exit and long-term aftercare services.

Voluntary Stay. Most providers felt strongly that recovery from the trauma and victimization cannot happen until a victim is ready and willing to work on her recovery. These providers advocated for a voluntary residential program in which participants could opt in once they were invested in exiting "The Life." Survivors interviewed universally advocated for voluntary placement, *"The girls need to make the choice themselves."* Furthermore, providers acknowledged that being ready to use the services and support in a residence takes time. For example, providers at SAGE report, *"Bringing girls into the group home slowly has shown benefits in terms of buy-in."* For Children of the Night, their success rate is reportedly higher among residents who voluntarily enroll in their program compared to court-mandated placements. Whether advocating for a voluntary or mandatory program, everyone recognized that this population is prone to run away or relapse, similar to the phenomenon in substance abuse treatment programs. Unlike some residential treatment programs and group homes funded through the child protection system within the United States and several of the runaway and homeless youth shelters, all of the dedicated programs for minor victims of domestic sex trafficking (and other forms of commercial sexual exploitation) had a policy to allow girls to return after they run away from the facility. One survivor stated, *"[Programs] need to be able to hold a space open for someone to come back."* Programs also reported having specific protocols in place to work with running as part of each girl's treatment plan and provided intensive one-on-one case management during heightened risk periods for running (e.g., initial intake, specific points in therapy, etc.).

Program Location. There is a great deal of debate among providers as to the appropriate setting for a stand-alone residential program for domestically sex-trafficked girls. Currently, three out of four of the residential programs are sited within urban areas, although all of these programs are away from "the track" or known areas of street prostitution. Angela's House is located two hours from any urban areas in a rural community. All of the current programs, however, have geographic connections to urban areas from where most of the girls are referred. Those providers that advocate for a program within city limits believe that locating a program within the city

allows girls to retain any healthy emotional supports already in place, including any family members, therapists, outreach workers, and school personnel. The girl may also be in a position to better access supports that an urban area can provide, such as a diversity of medical providers, therapists, educational opportunities, recreational opportunities, and job training and employment opportunities. In addition, these providers believe that her real recovery can only occur within the context of her triggers; a victim must learn how to navigate the environment to which she will undoubtedly return.

> *"It was nice to be away from urban noise … the country is really therapeutic. … [It was] nice to be home at night and not worry that I will bump into the pimp. … You stay in the mindset of hustling in the city."*
> – Survivor

Providers who advocate for programs sited outside of an urban environment believe that anyone with PTSD is better able to begin recovery away from the daily triggers. For combat veterans, this would be outside of the area of war; for girls who have been the victims of domestic sex trafficking, this would be away from the areas of their exploitation. Furthermore, these providers believe that the distance will provide an added measure of security from traffickers and other predators, and decrease the likelihood that a girl on the run from a program will easily find her way back to the area in which she was trafficked for sex.

In some cases, the decision as to where to locate a residential facility may be driven by availability and cost. Some of these providers found that they were constrained by which neighborhoods would allow their program to be located there and the costs associated with housing in each neighborhood.

Security of Facility. There was universal agreement that any residential facility needed to be secure in order to establish physical and emotional safety for these girls, which is an essential ingredient for their recovery. Ensuring the safety of the facility and staff themselves was also a priority. Examples of security measures to put in place at a residential facility were identified from the existing residential facilities, domestic violence shelters, and many of the runaway and homeless youth shelters. These measures included: undisclosed location, security cameras and alarm systems, 24-hour staffing and presence of security guards, unannounced room searches and drug screens, limited phone use, supervised or no access to the Internet, locked doors at all times with staff and residents buzzed in and out of the facility, pre-approved/screened contact lists, etc. For some runaway and homeless youth shelter programs currently housing this population, the staff noted that close relationships with local law enforcement and ongoing safety training for staff and residents were key elements to ensuring a safe environment. Not only are these security measures important for programming, they are also important items to consider when developing a program budget.

Additionally, the development of safety plans for each resident, similar to practices employed by domestic violence shelters, was practiced and recommended across the residential programs. Girls are taught to find safety zones for themselves (e.g., within a local convenience store or a fire station) that they can use to flee their trafficker or simply avoid an old acquaintance. These safety plans are put in place to address both the possibility of running and to navigate day-to-day life after exit.

Program Staffing. Across sites, providers commented that programs for domestically sex-trafficked girls must be run by individuals who "live and breathe trafficking" in contrast to administrators lacking that expertise and specialization. Because domestically sex-trafficked girls have been exploited primarily by males, programs believe it is important to begin their recovery in an all-female environment and therefore advocate for hiring only female staff. One survivor commented on the need to create a "community of women." However, some providers do advocate for the appropriate use of male staff to demonstrate the possibility of a relationship with a male that is nonexploitative. As described by providers, it is of primary importance that staff truly

> *"These girls require staff to 'be real,' use lots of humor, have street credibility, and be able to compassionately confront their behaviors without judgment."*
> – Case manager

> *"Staff must be culturally competent—knowledgeable about the culture of the street."*
> – Service provider

> *"[Girls] need a person who truly understands where [they've] been—either by being a survivor themselves or immersing oneself in the culture, language, experience."*
> – Service provider

understand minor victims of domestic sex trafficking and the impact of their life experience. All providers agreed that staff need to be able to be consistent, nonjudgmental, and treat victims with the utmost respect.

This need to hire staff with an authentic understanding of "The Life" and a natural ability to connect with domestically sex-trafficked girls has led to some providers advocating for the hiring of survivors. Both SAGE and GEMS prioritize hiring women who were sexually exploited, including minor victims of domestic sex trafficking and have successfully exited "The Life." SAGE explains the rationale for using a "peer support model" as follows: —*"Clinicians spend 75% of their time establishing trust, while peers can* ***start*** *from a place of trust."* One provider remarked that someone who has exited *"can convey hope in a way those of us who haven't been there cannot,"* while another commented that survivors show that *"people can survive and pull themselves out."* Among the benefits of survivor mentoring is that hearing the life story of someone who has been trafficked for sex often paves the way for girls to open up.

Regardless of whether a program employs survivors or not, it is important for all staff to be well trained in understanding sexual exploitation, the realities of prostitution and sex trafficking, the methods of recruitment, the physical/psychological/spiritual impact of the trauma, potential methods for exit, an overview of youth development programming, and appropriate boundaries and healthy working relationships.

Services Provided. While not all programs were able to offer all services onsite, there was agreement regarding the range of services that needed to be available to residents. These include:

- **Basic needs.** Each of the programs currently housing domestically sex-trafficked girls meet the basic needs of all residents, similar to runaway and homeless youth programs. That is, each program provides clothes that fit appropriately (including undergarments); food; shelter, including showers; and a safe place to sleep.
- **Intensive case management.** One of the most central services offered by the existing residential facilities is intensive case management. Girls are paired with staff with an emphasis on their relational development—their connection to the staff person builds simultaneously while the services are provided. As described by one provider, this requires *"lots of time commitment—she needs 24-hour access to her advocate/case manager."* Girls are referred to and supported through the complexity of their life situations by case managers (i.e., legal services, medical services, etc.). The case managers work in collaboration with girls to develop Individual Service Plans. The overall goal of treatment was described by providers in a variety of ways, but all related to the general mental and physical health-related goals of building self-worth, self-respect, and self-efficacy. As described by GEMS, this treatment must be delivered within the context of "understanding the developmental hindrances of having been under the control of someone [her trafficker] for so long."

> *"The objective [of the program] is to teach the girl how to value herself."*
> – Case manager
>
> *"To get these girls to like who they are, girls need to know it is OK to take care of yourself."*
> – Provider
>
> *"You are getting these kids back in their bodies."*
> – Case manager

- **Mental health counseling/treatment.** Across sites, providers and law enforcement agreed on the need for trauma-informed ongoing mental health services, with a variety of specific treatments receiving particular emphasis (i.e., cognitive behavioral therapy (CBT), dialectical behavioral therapy (DBT), eye movement desensitization and reprocessing (EMDR)). In addition, programs sought to tailor their program to ensure trauma-informed care. One example is that SAGE provides each resident with a portable CD player and headphones as a means of offering one particular coping and self-soothing tool. In addition, across sites, providers mentioned the need for trained staff to provide crisis management around the clock. As one outreach program described it, vulnerable youth, in general, and sex-trafficked minors, in particular, *"need someone there all the time to help them stop and process the crisis."*
- **Medical screening/routine care.** Given the physical health needs of this population, all

programs provided medical screening for STDs, pregnancy, and other health-related problems, often through local medical providers sensitive to this issue or onsite nurse practitioners. Depending on the source of referral to the program, many of the girls receive medical screening (and emergency treatment, if required) prior to entering the facility (e.g., detention facility, child protective services). For more critical or emergency needs while staying at the facility, programs access local urgent or emergency care facilities. Mobile health clinics and local teen clinics were also utilized by several of the runaway and homeless youth shelters housing this population.

- **Life skills and job training programs.** Across sites, providers agreed that programs serving domestically sex-trafficked girls should integrate some type of life skills, job training, and career development process as part of a girl's treatment plan. This may include check writing, bank account management, learning to pay phone bills, and other types of financial literacy. As described by SAGE, a primary goal when working with these girls is to *"deconstruct their relationship with money."* Within the GEMS program, girls can become involved in a pre-employment and employment program. Girls can apply for hourly work in the office or as part of outreach, building skills they can take with them. Furthermore, girls are offered a stipend in the form of a $5 coupon for attending workshops, classes, or helping out in general. They are then able to cash these coupons with staff once every other week. GEMS seeks to communicate to girls *"you can do things that aren't harmful to yourself and still get compensated and* keep *the money."*

- **Youth development programming.** Many programs, both those serving minor victims of domestic sex trafficking and other forms of commercial sexual exploitation and those serving vulnerable youth in general (runaway and homeless populations), discussed the importance of creative youth development-oriented programming that builds on the strengths of each young person—programming that helps her "find her gifts." As described by one resident, a program needs to provide multiple types of educational opportunities for victims to "keep her engaged and busy." Another provider described that "it can't be boring—it has to be a meaningful alternative [to 'The Life']." As reported, the most important piece of this creative programming was to involve the young people in its development—the "key is that kids are included in determining what they want to do." Several of the runaway and homeless youth programs and drop-in centers provided engaging programming informed by youth and often led by youth, including music production, art and poetry, and sports and recreation.

Examples of Innovative Youth Programming

The "Hopes & Ropes Program" at Angela's House is a risk-taking program in which residents experience the challenge of a ropes course in the context of their personal recovery. Furthermore, volunteers come on site to offer a variety of group programming, including book groups and a self-confidence building program called Cirque Du Monde.

The On Track Program at the drop-in center Youth on Fire (developed by the Children's Trauma Recovery Foundation) encourages youth to write and record music that tells their own narrative.

At GEMS, girls are offered a variety of educational and recreational opportunities, including Yoga and poetry writing. In addition, girls can choose to be involved in a youth leadership group in which they develop programming for GEMS, speak out about exploitation (their own and in general) to legislators and providers, and conduct public awareness and advocacy campaigns.

At Children of the Night, residents are able to express their programmatic ideas, concrete needs (i.e., special snacks), and program concerns (i.e., staff who are being disrespectful) through a weekly Resident's Council run by the Executive Director.

- **Education.** The educational programming offered by the existing residential facilities varied. Some programs opt for referring girls to mainstream schools, GED programs, or vocational schools. Other programs offer educational programming through a collaborative arrangement with a local day-treatment provider. These models were also similar for the runaway and homeless youth shelter programs. All of the programs agree that it can be difficult to serve all of the girls in the same educational program, given the differences in their cognitive abilities, past school experiences, and interests. Children

of the Night offers one example of a successful onsite educational program for residents. Children of the Night has developed their own school, under a different name to avoid the stigma associated with trafficking for sex or sexual exploitation through prostitution. Each child is tested in English, math, and social studies so that they can work according to their ability. Children of the Night is a recipient of the Kumon Math & Reading program where the youth do math problems and reading skills development each night for small monetary rewards. They have had good success with this program, improving math abilities, as well as literacy. The school utilizes an intensive independent-living curriculum and a copyrighted keyboarding program that quickly teaches students to touch type. They offer a lot of one-on-one tutoring and educational support. They have recently developed a relationship with the Los Angeles Unified School District whereby a motivated youth who completes the Children of the Night education program, passes the GED, and completes 10 hours of education on site at the local high school can receive a Los Angeles Unified School District High School Diploma.

- **Family involvement/reunification.** Many of the providers acknowledged the importance of involving biological family members or other appropriate support people in the lives of girls when a healthy relationship is possible. One child protective services official commented that many providers assume that there is no family of origin to whom the girl can return. While the outcome may never be returning home, it was expressed that through counseling and education, there may be an opportunity to maintain some type of family relationship. It was clear, however, that because of the extensive abuse histories of most domestically sex-trafficked girls, programs need to provide structured, safe environments in which families can reconnect. Angela's House has visiting time for one hour, one day per week with "authorized" family members in a local church. The visits are supervised by Angela's House staff. Family therapy is offered at another time during the week in a more central location. Children of the Night is able to facilitate reunification when appropriate. Staff supervise telephone visits with parents that have not been accused of sexual or physical abuse. If the parent attends five counseling sessions on their own (Children of the Night will help them find a clinic that charges on a sliding scale) and there is a family reunification program on file with child protective services, Children of the Night will fly the parent to Van Nuys, pay for their hotel, and supervise the first day of a reunion, allowing the child to stay in the hotel with the parent. In some cases, when a child incorrectly believes that reunification is possible, Children of the Night will facilitate this process so that the child may have a more realistic view of viable placement options following residential treatment.

Other Factors Needed for Success

While providers and law enforcement stressed the need for residential facilities for this population as a priority, they also recognized that a residential facility alone would not be enough to effectively serve these girls. There was universal agreement that the residential facility needed to be situated along a continuum of care that began with prevention education and outreach to at-risk populations, teachers and school counselors, health and human services professionals, juvenile justice and child welfare systems personnel, parents, and communities at large. The residential facilities also need to be connected to existing community-based programs, including youth drop-in centers and emergency shelters, given their contact with this population and the importance of these programs as an identification and referral source for the facilities. Finally, providers and law enforcement alike noted the need for long-term aftercare services, including support groups, mentoring, individual counseling, and education. It was believed that once we had in place well-designed and well-funded residential facilities to house these girls, we could begin to work on the other aspects of the continuum.

It was acknowledged, however, that one program alone was unlikely to be able to provide the entire continuum of services needed. Collaboration, specifically among law enforcement, juvenile courts and probation, schools, child protective services, and direct service providers (including runaway and homeless youth shelters), was echoed as an essential ingredient for successfully meeting the needs of these girls. In fact, providers and law enforcement alike in Atlanta, Boston, New York, San Diego, San Francisco, and Washington, DC, attributed their

current successes to collaboration, open communication, a common language and shared definition of domestic sex trafficking and minor victims, information sharing, trust, and ultimately a genuine desire to help this most vulnerable population.

Both Boston and Atlanta have created databases for use by multiple agencies (law enforcement, child protective services, juvenile courts and probation, schools, and other providers) to identify and flag minors at risk for or already victims of sexual exploitation, including sex trafficking, and to track services and activities for each minor across agencies. These systems are designed to promote information sharing, timely response and increased protection of minors, and coordination of services.

Finally, funding to support new programs or enhancements to existing programs along the continuum was viewed by the field as critical for this movement. In fact, one of the residential programs had to close its doors until new funding became available. Not only were resources scarce, but limitations on funding with respect to who could be served (e.g., age, city/county of residency) and how long services could be provided (e.g., 14 days, 30 days, 90 days) created significant obstacles that limited access to much needed services for this population.

IV. SUMMARY

Minor victims of domestic sex trafficking are frequently in need of services, including out-of-home placement. Providers and law enforcement across multiple cities are advocating for more options for residential facilities in which these girls can receive support, comprehensive services, and a start on the path to recovery. But there is a great need across all sectors of society to recognize that minors exploited as “prostitutes” by a “pimp” meet the statutory definition of a “minor victim of sex trafficking” and therefore deserve the humanitarian protections called for under Federal statutes. This change in paradigm is made more difficult, however, by the historical treatment of prostitution and prostitutes as a criminal matter, and the denial of minor victims themselves that they are “victims” of sex trafficking and sexual exploitation. Providers and law enforcement agree that there is not a “one size fits all” model to serving domestically sex-trafficked girls. Different levels of care and different types of care are needed to ensure long-term stability and exit. However, as presented here, those few programs that are currently providing tailored services for this population identify certain common components or elements that show promise of being effective. At a minimum, it is suggested that these programs need to be safe, trauma informed, population specific, and adequately funded. Furthermore, programs currently housing domestically sex-trafficked girls, such as runaway and homeless youth shelters, detention facilities, and group homes, need additional training and access to appropriate resources to better serve this population. It was stressed that the future safety and stability of this vulnerable population of girls rests on our ability to provide a “home” in which they can recover from the trauma of their trafficking situation and be given a chance at a new life free from exploitation.

The issue briefs in this series and the final study report can be downloaded from the following Web sites:

http://aspe.hhs.gov/hsp/07/HumanTrafficking/

http://www.icfi.com/markets/social-programs/

RESIDENTIAL FACILITIES FOR MINOR VICTIMS OF DOMESTIC SEX TRAFFICKING

Program: Girls Educational and Mentoring Services (GEMS) Transition to Independent Living (TIL)

Description: Founded in 1999 by Rachel Lloyd, a survivor of commercial sexual exploitation, GEMS seeks to prevent sexual exploitation among adolescent girls, assist girls in exiting prostitution, and support girls as they rebuild and stabilize their lives.

Location: New York City

Population Served: Girls ages 16–21

Length of Stay: Up to 18 months

Number of Beds: 9

Services Provided: Basic needs, case management, counseling, medical screening, education, life skills and job training

Operating Costs: $500,000 annually or approximately $55,000/resident

Contact: Rachel Lloyd, Rachel@gemsgirls.org

Program: Standing Against Global Exploitation (SAGE) Safe House

Description: Founded in 1992 by Norma Hotaling, a survivor of commercial sexual exploitation, SAGE provides trauma and addiction recovery services to young women who have been sexually exploited.

Location: San Francisco

Population Served: Girls ages 12–17

Length of Stay: Up to their 18th birthday

Number of Beds: 6

Services Provided: Basic needs, case management, counseling, medical screening, education, life skills and job training

Operating Costs: Approximately $64,000 annually per resident

Contact: Norma Hotaling, NormaH@sagesf.org

Program: Children of the Night

Description: Founded in 1979 by Lois Lee, Children of the Night operates a residential facility serving boys, girls, and transgender individuals who have been exploited through prostitution.

Location: Van Nuys, California

Population Served: Boys, girls, transgender girls, and gay-identified boys ages 11–17

Length of Stay: Up to their 18th birthday; alumni organization serves youth over the age of 18

Number of Beds: 24

Services Provided: Basic needs, case management, counseling, medical screening, onsite education, life skills and job training, family reunification

Operating Costs: Approximately $2 million annually (includes outreach services)

Contact: Lois Lee, LLee@childrenofthenight.org

Program: Angela's House

Description: Established in 2001, Angela's House is a collaborative effort between the Juvenile Justice Fund and Inner Harbour, a psychiatric residential treatment facility for minors

Location: Rural community outside Atlanta

Population Served: Girls ages 12–17

Length of Stay: 3–6 months (exceptions for longer stays allowed)

Number of Beds: 6

Services Provided: Basic needs, case management, counseling, chemical dependency treatment, medical screening, onsite education, life skills and job training, family reunification

Operating Costs: Not available

Contact: Kaffie McCullough, Kaffie.McCullough@fultoncountyga.gov