

CHILD SEX TRAFFICKING IN THE UNITED STATES:

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IDENTIFYING GAPS AND RESEARCH PRIORITIES FROM A PUBLIC HEALTH PERSPECTIVE

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Introduction

Convened on May 1-2, 2013 on the campus of Johns Hopkins University in Baltimore, Maryland, the Symposium on Meeting the Needs of Child Trafficking Survivors brought together more than 300 leading U.S. and international specialists on commercial sexual exploitation of children (CSEC), child trafficking, and interested stakeholders. The symposium was organized by Johns Hopkins Bloomberg School of Public Health,

Goldman Sachs *10,000 Women*, the Advisory Council on Child Trafficking (ACCT), and the Moore Center for the Prevention of Child Sexual Abuse at Johns Hopkins Bloomberg School of Public Health. This bipartisan symposium was first announced by President Barack Obama at the Clinton Global Initiative in 2012 and recognized as one of several successful initiatives created to address the growing problem of human trafficking.

Participants in the symposium were asked to frame their research and observations within a public health context. The public health approach to violence prevention has been well established and well validated over the past three decades, but has been notably absent in policy development and application both at the federal and state level. The public health approach requires that lawmakers use data-driven solutions and best practices. At present, estimates of domestic child sex trafficking appear to stem primarily from small, non-representative samples (e.g., some estimates are extrapolated from victims identified in a single sting operation). In order to scale response and build capacity for prevention and treatment, lawmakers and advocates must formulate a scientific approach to determine scope and measure impact.

Further, the development of prevention and intervention programs must be informed by professionals with expertise in relevant areas of child welfare, child maltreatment, adolescent mental health, juvenile substance abuse, and juvenile delinquency. In the absence of this expertise, interventions may be ineffective or even detrimental. A public health model supports the widespread dissemination of effective programs of interventions as they were designed. It is worth noting that ineffective systems can easily drain effective programs of funding and resources. Current programs should also be evaluated to ensure that they are structured to support (and not inadvertently hinder) the children they serve.

The need for a public health approach to child trafficking was reinforced in the bipartisan keynote speeches from the following government officials:

- [The Honorable Robert McDonnell](#)
Governor of Virginia
- [The Honorable Martin O'Malley](#)
Governor of Maryland
- [The Honorable Renee Ellmers](#)
U.S. Representative (R-NC-2nd)
- [The Honorable Stephanie Rawlings-Blake](#)
Mayor of Baltimore
- [The Honorable Kathleen Sebelius](#)
Secretary, U.S. Department
of Health and Human Services
- [Todd Park](#)
Chief Technology Officer,
White House Office of
Science and Technology Policy

Day One of the Symposium also included remarks by Tory Burch, CEO of Tory Burch and President of the Tory Burch Foundation and Dina Habib Powell, Global Head of Corporate Engagement and President of the Goldman Sachs Foundation, both demonstrating the value of public-private

partnerships. Survivor Advocate Withelma “T” Ortiz Walker Pettigrew, Glamour Magazine’s 2011 “Woman of the Year” was a featured speaker. A college student at Trinity University in Washington D.C., “T” regularly testifies before Congress as an advocate for her fellow survivors of CSEC and on behalf of former foster youth. “T” asserted her belief that the foster care system helped prepare her for exploitation, as she learned via her multiple placements that she was viewed as a commodity by her caretakers. The lack of real parental attachment primed her for future exploitation. She urged lawmakers to reform foster care, which she posited increases the risks for child sexual abuse and child sex trafficking.

Elizabeth Smart, sexual violence survivor, author, and President of the Elizabeth Smart Foundation was another featured speaker. She provided compelling remarks in which she identified with victims of child sex trafficking who are afraid that they will be killed, or their families harmed, if they attempt to escape from their exploiters. She passionately defended victims of sexual violence who are stigmatized by society for not “trying hard enough” to escape their abusers. She described the tremendous fear and unrelenting physical and emotional trauma that prevented her from revealing her identity when she was first found by law enforcement. Elizabeth also addressed the recovery process, alluding to the challenges survivors of sexual violence face to overcome feelings of worthlessness and guilt after a sexual assault.

Academic presentations provided further context into the complexities involved and were offered by professionals including:

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- [Mark Latonero, Ph.D.](#)
Research Director,
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- [Mohamed Y. Mattar, S.JD](#)
Senior Research Professor
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Executive Director of
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Johns Hopkins School of
Advanced International Studies
- [James A. Mercy, Ph.D.](#)
Special Advisor for Global Activities,
Division of Violence Prevention,
Centers for Disease Control and Prevention
- [Linda M. Williams, Ph.D.](#)
Professor, School of Criminology
and Justice Studies,
University of Massachusetts Lowell

On Day Two of the Symposium, 55 working group participants, consisting of field specialists and experts across six distinct focus areas, reviewed pre-submitted prepared papers and participated in onsite deliberations. Participants underscored:

- The complexity of the CSEC problem.
- The wide range of views on raising awareness, reducing prevalence, and delivering services to survivors.
- The gaps in research and front-line understanding that impede practical solutions.
- The interdisciplinary array of decision-makers and subject specialists who must have a hand in an effective response.

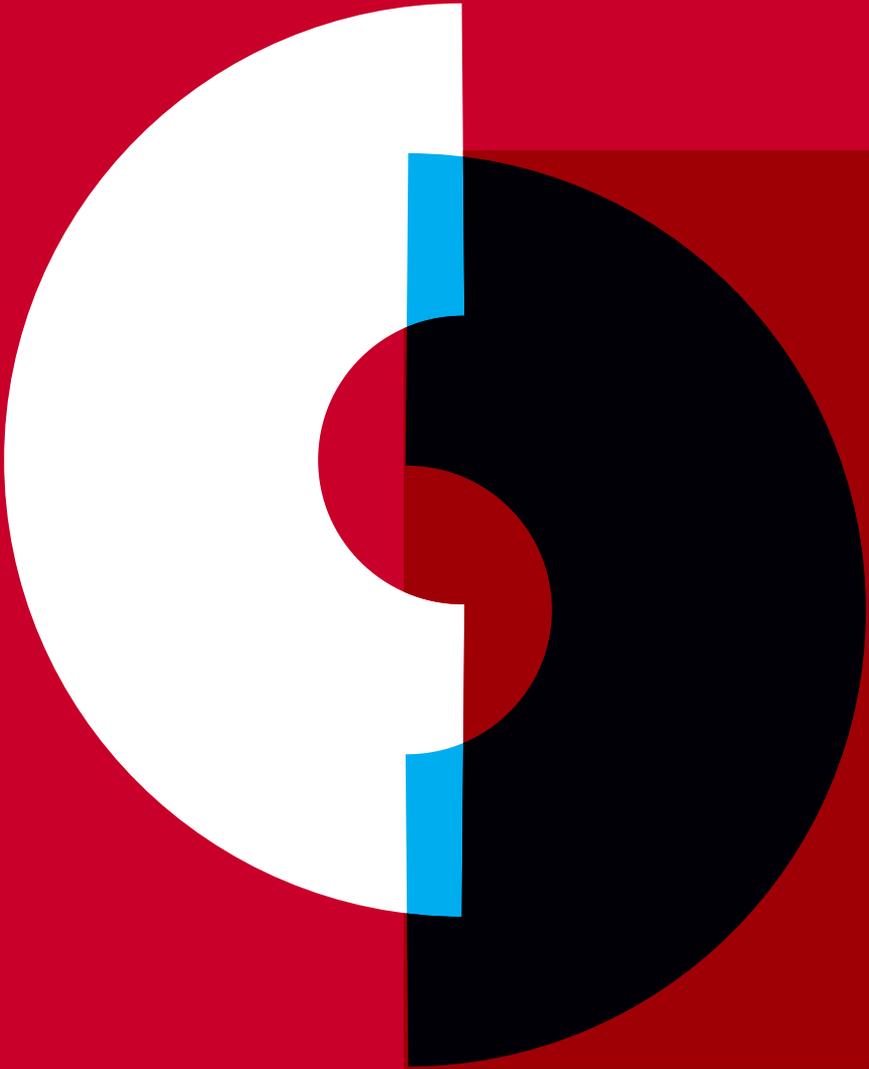
The six focus areas at the symposium reflected the cross-jurisdictional nature of the child trafficking discipline. They included mental health, law enforcement, first responders, technology, domestic research, and international research.

Prevention, while not a separate focus area, was a consistent thread across all the focus areas. Another overarching theme of the symposium was that the prevalence of child sex trafficking in the United States is unknown due to inadequate estimates; however, the scope is thought to be sufficiently high that the U.S. Department of Justice “recognizes that it is impossible to prosecute our way out of this epidemic,” as one participant wrote.

This Expert Assessment of Gaps and Priorities captures highlights of a detailed, nuanced discussion that traced the contours of a research agenda for confronting CSEC in all its dimensions, including a public health approach to prevention. The development of strategies and policies that focus on primary prevention of child sexual abuse can counter child sexual abuse before it occurs. This would open the door to program approaches that maximize human potential, rather than emphasizing interventions after abuse has occurred to make the best of a bad situation.

PART ONE:

**EXPERT
ASSESSMENT
OF GAPS AND
PRIORITIES**



Mental Health

Survivors of child sex trafficking are often resilient but face increased risk of severe mental health and behavioral problems. Although many services are offered to address these needs, few have been rigorously evaluated. It is critical to provide survivors with evidence-based interventions in the least restrictive settings possible, and to ensure that interventions do, in fact, effect positive change. As with any population, engagement is an important predictor of therapeutic success but can be problematic with exploited youth, who tend to mistrust “the system.”

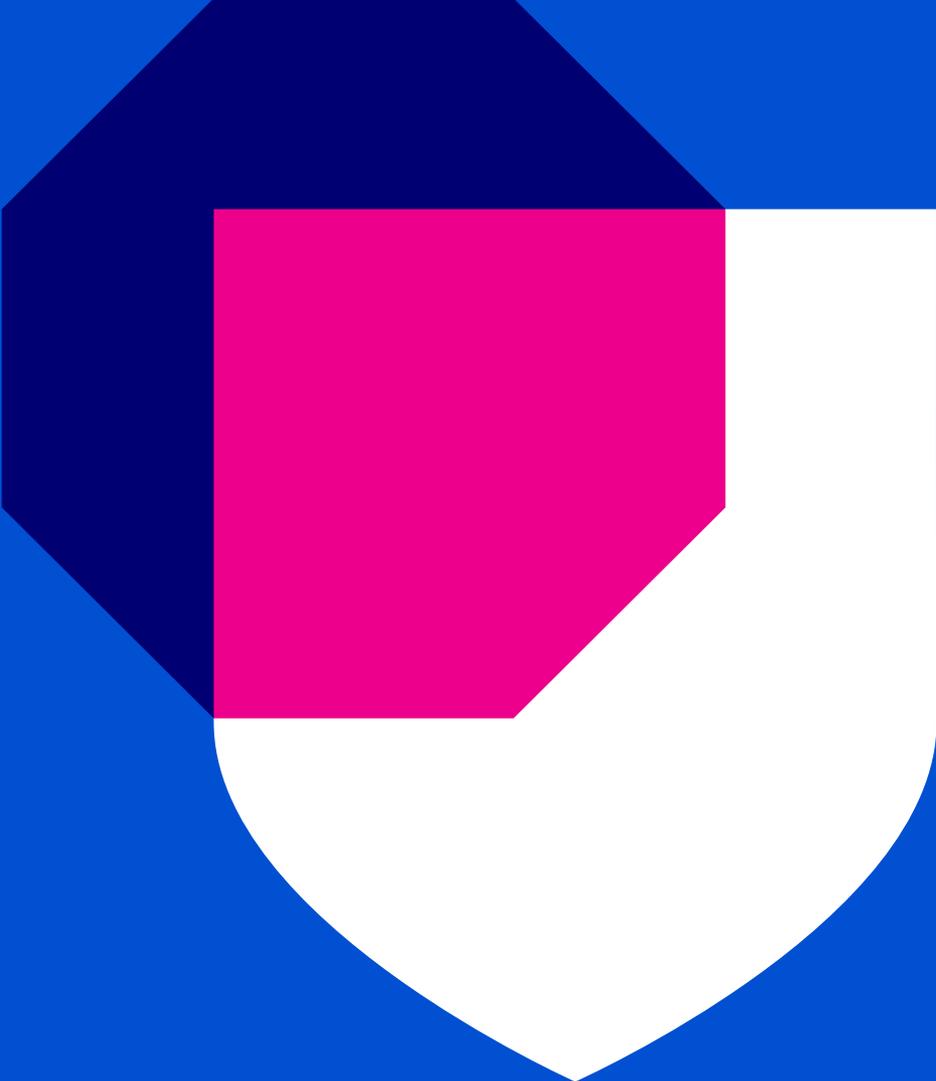
Mentorship programs have shown some success in helping exploited youth connect with therapists through peers and older role models who have successfully recovered. Trauma-focused therapies are needed for trauma-related symptoms, and current therapies must be evaluated through that lens. While it was initially designed to address the needs of child sexual abuse survivors, preliminary research also indicates that trauma-focused cognitive/behavioral therapy (TF-CBT), which targets post-traumatic stress disorder and related difficulties, has helped CSEC survivors overcome behavioral and emotional problems. The group suggested that:

- Before even factoring in the needs of CSEC victims, there are not enough trained providers to deliver trauma therapies for sexual abuse victims. Effort and incentives are required to encourage graduate students in psychology, counseling, and social work to pursue this course of study.
- Institutions should adopt coordinated, multi-disciplinary service delivery models that cover a continuum of primary, secondary, and tertiary interventions.
- Clinical practice should recognize that children receiving treatment for sexual trauma are part of a high-risk group for trafficking, with trafficking prevention incorporated in their treatment plans.

- Primary prevention efforts should include efforts to prevent men from sexually assaulting sex-trafficked youth, rape avoidance and self-defense training, and interventions for young children exposed to sexual abuse/violence, youth in foster care, and those at risk of becoming runaway/throwaway/homeless teens.
- Clinicians might benefit from efforts to “learn the language” of child sex trafficking.
- First responders need access to psychological first aid approaches and techniques.

Participants identified the following research priorities:

- Further research is required to pinpoint the most effective treatment models and conditions and adapt them to the needs of individual clients.
- Research should assess programs where mental health professionals go out on rape and sexual assault cases.
- While the majority of mental health interventions focus on victims and survivors, research and programming must also address traffickers and other perpetrators so as to reduce recidivism.
- The effort to eradicate CSEC includes a wider fight against sexism, racism, and violence.



Law Enforcement

Law enforcement is often the first to identify and remove children from exploitive situations such as child sex trafficking. In certain jurisdictions and states across the country, law enforcement has taken a proactive role in the identification, investigation, and protection of child victims of sex trafficking.

No uniform response to the problem of child sex trafficking exists. States have taken varied approaches, with some forming public-private partnerships to respond to the needs of the victims, while other states have passed specialized legislation to investigate and prosecute these crimes. Yet, not all states have comprehensive human trafficking statutes and as such they have creatively used existing laws to prosecute traffickers and to identify and protect victims.

The Federal Government has also made the identification and rescue of child victims of sex trafficking a priority, as evidenced by initiatives such as the Federal Bureau of Investigation's Innocence Lost Initiative, the U.S. Department of Justice's Project Safe Childhood, and the Department of Homeland Security's Blue Campaign. Nonetheless, challenges remain regarding the investigation, identification, and removal of victims from commercial sexual exploitation.

Jurisdictional issues, data collection and sharing, training, integration of victim services with law enforcement and prosecution, and too little focus on preventing child sex trafficking emerged as key impediments to consistent service delivery for CSEC victims. The working group participants identified the following challenges in addressing the needs of CSEC victims:

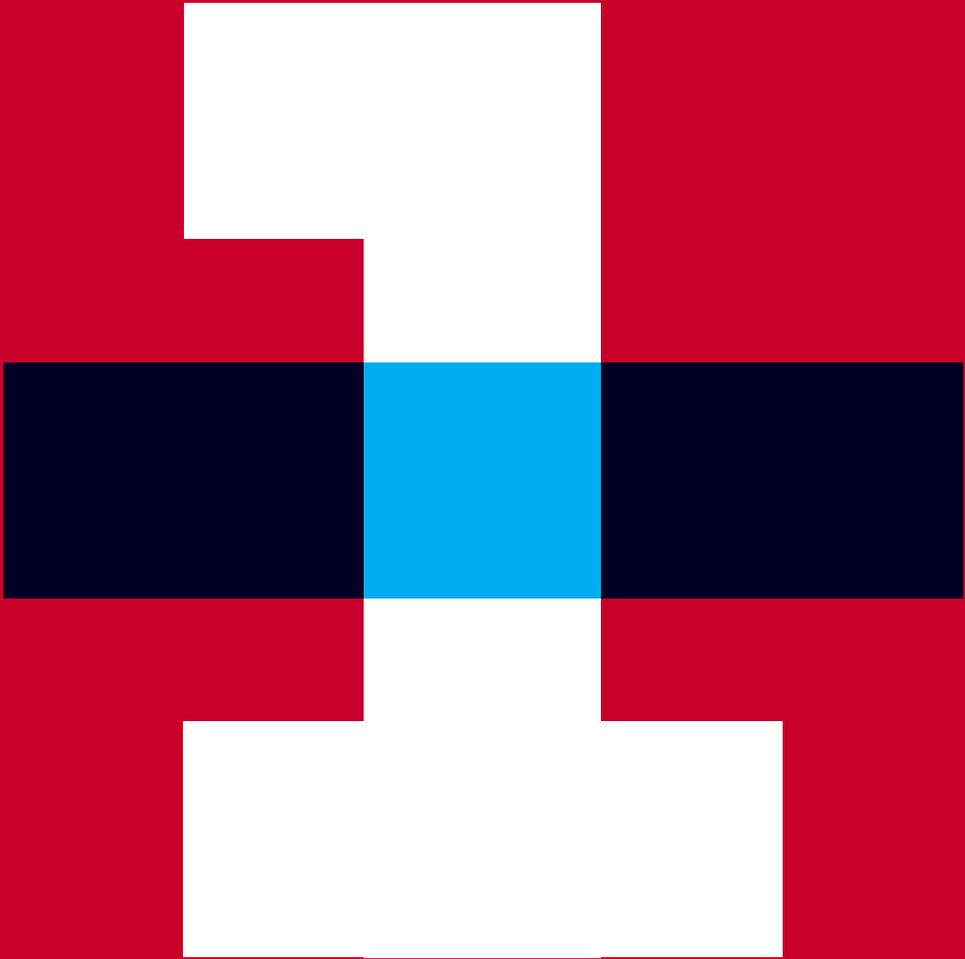
- Though reliable data is sometimes available at the regional level, there is no accepted national figure for the prevalence of CSEC. Key data gaps include misclassification, miscounting, or duplication of cases records, and a lack of common language—one participant pointed to 23 different definitions of “child.” None of these inconsistencies must ever be allowed to obscure the basic, bedrock fact that no child—no minor—is able to be a prostitute.

- Incomplete case data makes it more difficult to make the argument that child sex trafficking is an urgent and growing problem.
- U.S. legal systems vary in whether they refer child trafficking cases to juvenile justice or child welfare, and whether they treat a child as a victim or an offender. Children will be at a disadvantage as long as the two systems operate as separate silos.
- Sharing information across states and agencies would benefit law enforcement and victims alike. A single clearinghouse of best practices and resources would help agencies serve victims, make the case against offenders more effective, and keep up with gangs that operate across state lines. Clear incentives would help foster and enforce collaboration among multi-disciplinary teams.
- Law enforcement should have consistent access to a single, external resource when they encounter CSEC, or when a runaway is on the verge of being victimized.
- Access to victim services leads to more effective prosecution, but agencies must often support victims for a couple of years until their cases go to trial. Some courts' refusal to admit victim testimony from earlier in the investigative process is a serious procedural gap that plays to traffickers' advantage.
- Professional training is crucial to counter the trafficking risks many children encounter in settings that might be higher risk (e.g. group homes, foster care), and teach children, caregivers, and other stakeholders to recognize a predator.

Participants identified the following research priorities:

- Better gathering and sharing of data on the scope of child sex trafficking.
- Development of a national clearinghouse of law enforcement tools, techniques, and best practices.
- Coordination and harmonization of legislation across jurisdictions.
- Preservation of victims' testimony.
- Delivery of a full continuum of victim services, including a court-appointed special advocate (CASA) who stays with the victim throughout the legal process and coordinates efforts with other service providers.
- Private sector funding and support.
- Training, toolkits, and checklists for state and local law enforcement, prosecutors, judges, court personnel, first responders, 911 call center staff, emergency room personnel, school social workers, and other front-line disciplines.
- Training modules that focus on reducing demand for sex trafficking.
- Community awareness and support, including outreach to schools, hotels, hospitals, and taxi drivers.

All participants identified an overwhelming need for training and funding in order to properly respond to child sex trafficking. Law enforcement plays a significant role in the investigation, identification and ultimately the recovery of children from commercial sexual exploitation as well as the prosecution of traffickers and exploiters. Many working group participants noted that a victim-centered approach ensures the best interest of the victims and the best outcomes.



First Responders

First responders play a crucial role in the effort to counter and prevent child sex trafficking. Professionals in a wide range of disciplines may have the opportunity to intervene and prevent a child's trajectory into victimization.

However, without uniform standards, definitions, and accountability across state lines for first responders, expediting and improving identification measures that result in rescue and recovery is difficult. Training and awareness efforts are crucial, especially those that target law enforcement, the juvenile justice system, lawyers, judges, pediatricians, family physicians, social services, runaway and homeless youth shelter staff, child advocacy centers including forensic interviewers, and hotline call center staff.

Training must include information regarding the pathology of CSEC, child sex trafficking, and risk factors that should compel reporting and intervention. Without knowledge of what to look for, and who is at risk, these professionals may fail to ask the questions that could lead to disclosure and timely intervention.

Children that are “brought in” to the system regularly on status offenses like truancy or running away, or on prostitution charges, should be automatically screened by first responders for child sexual abuse and child sex trafficking. Minors in the child welfare system, believed to be at an increased risk, should be regularly screened by social workers and mental health professionals for child sexual abuse and child sex trafficking. This is imperative for purposes of rescue, but also for research—the need and scale for recovery and treatment options cannot be quantified without a better idea of scope.

Priorities identified by cross-disciplinary working group participants at the symposium included:

- First responders must have specific training in CSEC. All law enforcement, not just U.S. Immigration and Customs Enforcement (ICE) or Special Victims Unit (SVU), and all Child Protective Services (CPS) workers must be trained to screen for CSEC and sex trafficking. These trainings must be updated regularly as knowledge and technology in the field advances, and because of high turnover rates.
- Access to Child Advocacy Centers (CACs) is crucial. CACs are best equipped to deliver multidisciplinary case management, including specialized forensic interviewers who will address protection and demand by garnering evidence in a legally permissible way. Forensic interviewers are trained to minimize trauma, and their involvement should eliminate the need for multiple interviews across disciplines.
- There must be advocacy and education about CACs at the federal level.
- Mandatory reporting protocols must take into account differences in tradition and culture between law enforcement and victim advocacy.
- There is a need for additional education and research to promulgate uniform definitions and interview questions for at-risk youth. Screening should be formalized and incorporated into protocols for all service providers working with youth.
- The U.S. Department of Health and Human Services (HHS) must re-examine who qualifies as a “caretaker” so that traffickers and victims are not missed due to narrow and outdated definitions. Currently, calls to

departments of social services will not trigger a sex trafficking or CSEC investigation unless the child victim was sold for sex or sexually abused by a “caretaker” as defined by law. Those cases are turned over to law enforcement, and child-specific trauma services and protocols may not be uniformly initiated. Child protective services professionals believe many child sex trafficking cases are missed and screened out because of first responder confusion regarding what falls under their jurisdiction and what does not.

- The best practices that address the complex tension between first responders that turns on how a sex trafficking victim is “brought in” must be evaluated and considered. Law enforcement believes physical restraint and the ability to arrest the minor victim must remain an option for removing the child from exploitation and abuse. Victim advocates believe these cases must be addressed without physical restraint or arrest, and assert that child sex trafficking is the only crime where the victim is arrested.
- Incentives are required to encourage first responders to adopt technology advances and update their systems and protocols. Funding and capacity are an impediment to innovative collaboration and modernization, as seen when The National Center for Missing and Exploited Children (NCMEC) was unable partner with a local CAC and use NCMEC’s updated facial recognition protocols due to a lack of capacity and funding.

- Incentives are required to encourage first responders to regularly address sex trafficking as a point of order in the weekly and monthly multidisciplinary team meetings that take place in most jurisdictions. Routine discussion will force cross-system awareness and increase the likelihood of prevention and successful intervention.

The first response model must be reconfigured to focus on the changing landscape of CSEC. Anecdotal evidence indicates that child sex trafficking is proliferating at alarming rates, driven in part by increased access to technology. To replace anecdote with hard numbers and accurately quantify the size and scope of the problem, uniform screening techniques for first response across all jurisdictions is essential. It will take funding and political will to address this public health issue via research and evaluation so that state and local responses are informed and rooted in science and rigorously tested best practices. Without a cross-system approach and timely adjustment of policies and procedures, opportunities to prevent CSEC and effectively intervene on behalf of victims will continue to be missed.



Technology

The pyramid analogy is used to demonstrate that the greatest number of people are affected at the base and the fewest at the tip. The intensity of interventions typically increases as we approach the tip where the fewest people with the greatest needs are depicted. Technology can be either a boon or a barrier in the effort to eliminate human trafficking. Discussion pointed to a pyramid of complementary research activities.

Starting at the base of the pyramid and working toward the peak are the following foci:

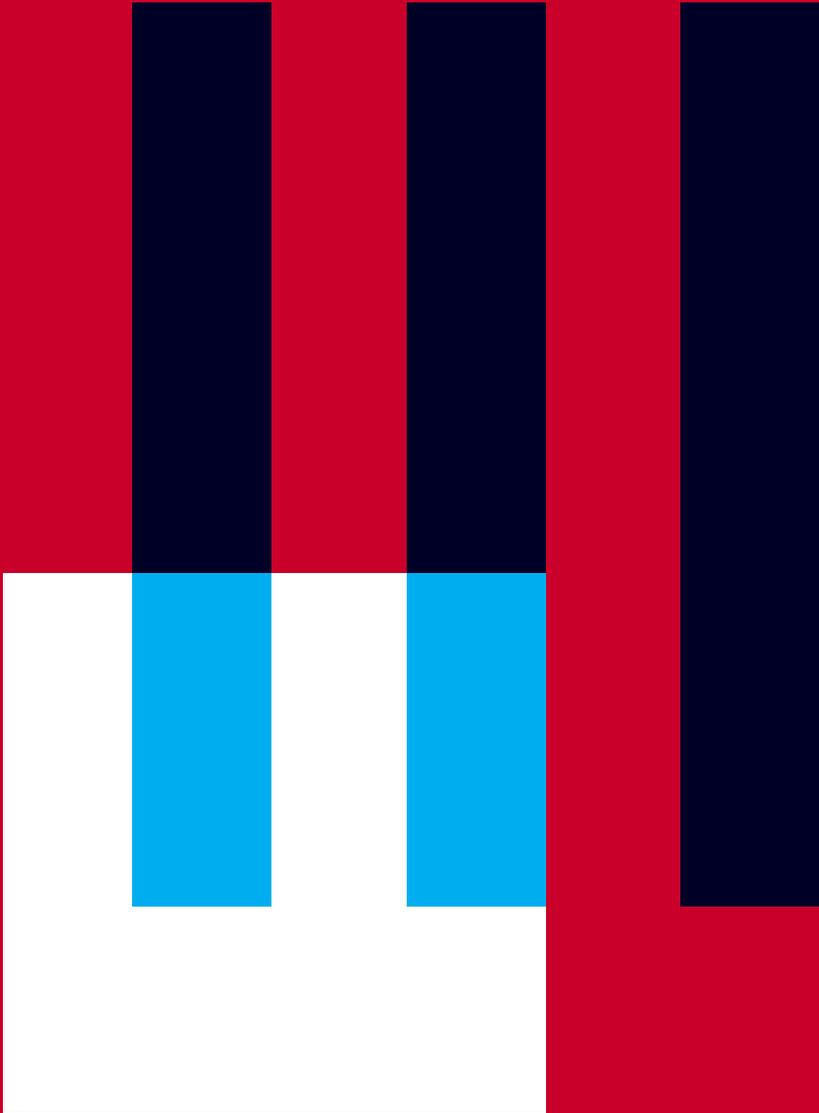
- An effort to educate the general public on the risk of child sex trafficking.
- The regulatory and enabling environment, including web and social media technologies that facilitate human trafficking.
- Screening and active identification, much of it enabled by technology.
- Rescue, prosecution, and law enforcement.
- Counseling, recovery, and rehabilitation.

Participants identified the following priorities for future research:

- A central repository of data on domestic child sex trafficking sites.
- An inventory of available screening and enforcement technologies, to help jurisdictions build on past experience.
- More frequent, proactive social media engagement and monitoring.
- New mechanisms for identifying victims without using their real names.

- Better understanding of the role of gangs in child sex trafficking.
- Victim-focused and interdisciplinary analytics.
- A public health approach to victims' rights and survivor support.
- An inventory of hotel rooms used for child sex trafficking.
- More effective use of technology to raise awareness among high-risk youth, including mobile applications to reach out to victims.

One participant offered up the grand vision of a national, interoperable, open source database for sharing information, including material from closed websites, to connect multiple organizations. Another participant said a public health approach to CSEC prevention could point toward an “intentionally separate information-sharing system” where stakeholders (e.g. in the fields of education, child welfare, and foster care) could flag children at risk and connect them to services. Discussion covered an array of technologies that either enable CSEC or support efforts to track, control, and prevent it.



Domestic Research

In light of all available research, no study currently exists that accurately determines the number of child sex trafficking victims. While many studies claim to be able to extrapolate the number of CSEC victims, each study is characterized by significant flaws that render the extrapolated figures suspect. More rigorous research is needed to obtain accurate estimates of CSEC incidence and prevalence.

For instance, most studies' sampling left out significant or crucial categories of CSEC victims, such as children who are controlled by pimps or missing from foster care. All working participants agreed that while none currently exists, a national prevalence number is possible and necessary.

CSEC research would also be vastly improved by constructing a new field to study demand, with a research agenda focusing on buyers. Although buyers drive an unceasing demand for more victims and thus have the greatest impact on the problem, virtually no research exists on their behavior. Participants agreed unanimously that the inability to accurately identify both CSEC victims and perpetrators is the greatest barrier to intervention.

Priorities identified by working group participants include:

- A center of excellence is required to advance knowledge of the prevalence of CSEC victims. The center would centralize all current research and conduct a crucially needed prevalence study.
- A three-stage process is required to credibly determine the number of CSEC victims with the greatest statistical accuracy:

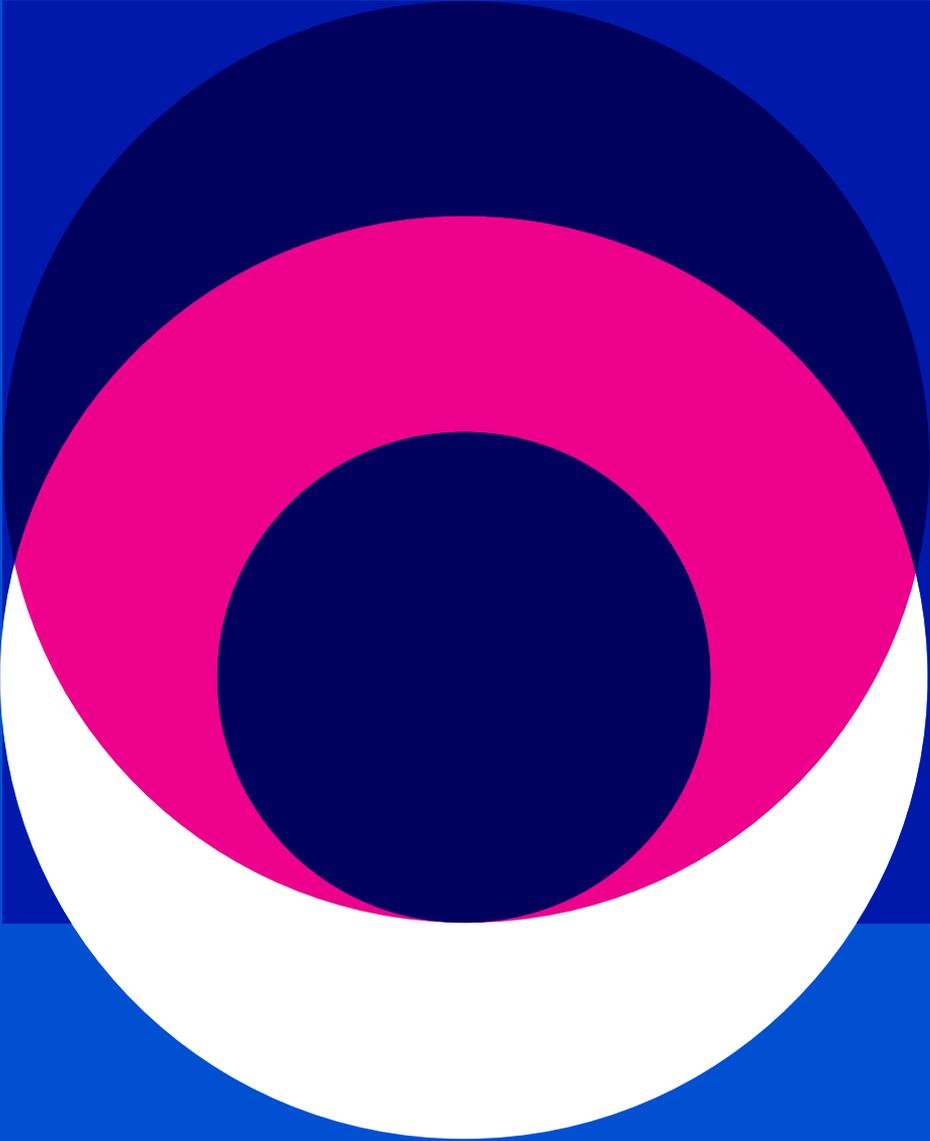
Stage One: Accumulate and amalgamate all current studies as an interim reference point while ongoing studies continue, and add questions on CSEC to key existing surveys, such as the U.S. Department of Housing and Urban Development's Annual Homeless Assessment Report, the Center for Disease Control's Youth Risk Behavior Surveillance System, the General Social Survey, and various high school participant surveys.

Stage Two: Conduct a snapshot survey of all victims currently served by state and federally-funded programs, through a mechanism like the Yearly National Census on Domestic Violence, to require detention facilities, service providers, and shelters to report the numbers of trafficked children on their caseloads and waiting lists.

Stage Three: Conduct a credible national prevalence study, designed and evaluated by a team of expert statisticians, epidemiologists, first responders, and methodologists, funded by a private or federal innovation award, and making use of crowdsourcing methods to reach a hidden/fragmented population of victims (like injection drug users and undocumented workers).

- Demand must be established as a new and central focus for research, including a general study on buyers and an evaluation of demand programs and strategies.
- A national study is needed to quantify the children who are missing from the child welfare system. These children are most at risk as future CSEC victims, but they are not accounted for once they have been identified as missing. This makes it difficult to count children formerly in foster care who are now being trafficked, but the number could be very large.
- Create a General Study on Impact and Access to CSEC Victim Services. At present, there is no comprehensive inventory of services generally available to victims, nor any recommendations on which package of services is effective for victims, how to encourage victims to take advantage of the services available to them, or the best point of contact to deliver services.

The entire scope of CSEC is hampered because the field has yet to create a credible national survey of victims. Without those figures, state and federal lawmakers have been at a loss to fund intervention, treatment, and prevention programs for victims. Leading researchers acknowledge that a comprehensive survey will take a couple of years to design and execute, but the field cannot move forward without it. Just as important, the number of victims will never be reduced without a comprehensive understanding of buyers and their behavior. Collecting data on these two fronts is an imperative first step to combating child sexual exploitation.



International Research

The international research track discussed models for research, rescue, prevention, and public awareness that are taking place in different parts of the world, in widely varied national and local settings.

From countries like Cambodia and Sweden, to small villages dealing with the community impact of trafficking and the stigma that often awaits returning survivors, international research points to many emerging practices that require further study and wider dissemination. The main focal points were CSEC prevalence, identification of victims, services for survivors, the impact of prevention and demand reduction campaigns, and training for public officials.

A participant declared that “CSEC includes child prostitution, child pornography, child sex tourism, and child sex trafficking. Because these are all interconnected, any comprehensive and effective response should address these forms of exploitation.”

Participants identified the following general research priorities:

- Lack of data on child sex trafficking and its prevalence.
- Limited availability of evidence-based program responses.
- Common psychological characteristics of child victims, traffickers, and clients.
- The need for comprehensive child protection laws around the world and the impact of country responses.
- Inconsistencies in the statutes of limitations in U.S. state and federal legislation.
- The role that has opened up for the private sector as an advocate for corporate social responsibility.
- Alignment between existing laws and international standards.
- New developments in technology and the Internet.

- The role of media in producing positive or harmful messages about women and sex, particularly in “hotspot cities.”
- Evaluations of the role of media in producing positive or harmful images of women and sex.
- Who profits from the business of trafficking, and how to disrupt the business process.
- The health and development outcomes of child sex trafficking victims, including determinants of ongoing suffering and resilience.
- The impacts of long-term, integrated, multidisciplinary service delivery.
- The health and mental health services, transition housing, education, job training, and phased, long-term services available to support reintegration for survivors.
- Health outcomes for victims who return to their home villages.
- Demand reduction, including mechanisms for prosecuting the purchaser of sexual services, both prostitution and pornography.
- The impact of prevention and awareness campaigns, particularly those that rely on radio to deliver a prevention message.

Program evaluation emerged as a serious challenge, with a couple of participants pointing to the near-impossibility of conducting randomized, controlled studies or researching outcomes over the longer term. Participants identified a series of priorities for international research, including:

- Methods of negating damaging attitudes toward women.
- Profiles of traffickers.
- Better longitudinal data on the effectiveness of different interventions.
- The prevalence and outcomes of sex trafficking of boys.
- Efforts to mine data and insights from court cases and prosecutions.
- Impacts of trafficking at the village level, including options for reducing stigma faced by trafficking survivors.
- Models for community-based street outreach and care.
- Mechanisms for greater trust and cooperation among law enforcement, social services, and NGOs.
- The role of NGOs in a variety of national settings, international and domestic.
- The impact of different types of media and public awareness campaigns.

Conclusion

Each of the working groups underscored the need for further research and identified key areas where that effort should focus. The Symposium working groups represent a key component in the public health battle against child sex trafficking and child sexual abuse. In order to make substantial progress in the prevention, identification, and treatment of child victims of sex trafficking, these gaps and research priorities must be addressed. Funders, the Administration, Congress, and stakeholders at all levels are urged to develop initiatives that can meet the needs established by the bipartisan and multidisciplinary complement of symposium participants, and create

action plans that address priorities in their areas of jurisdiction. This report can be used as a template and guide in these efforts.

Some of the issues and principles identified by participants are reflected in legislation now pending before the U.S. Congress, but many are missing. Still others will need to be accomplished via enforcement, research, funding for capacity, and regulatory reform. Part two of this report illustrates how this information can be used as a guide as it assesses the various legislative efforts initiated in 2013 and measures those efforts against the key priorities identified in each of the six research areas discussed at the Symposium.

PART TWO:
**PUBLIC POLICY
ASSESSMENT
OF LEGISLATIVE
IMPACT**

Introduction

Defining the Scope of the Public Policy Assessment of Legislative Impact

The mission of the Advisory Council on Child Trafficking (ACCT) is specific to domestic child sex trafficking; thus the research and recommendations made in this Public Policy Assessment of Legislative Impact (Assessment) are specifically for this subset of human trafficking. The Trafficking Victims Protection Act (TVPA) of 2000 defines general sex trafficking as “the recruitment, harboring, transportation, provision, or obtaining of a person for the purposes of a commercial sex act, in which the commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age” (22 USC § 7102; 8 CFR § 214.11(a)). “Child sex trafficking includes any minor (under the age of 18) involved in commercial sex. This type of trafficking exists within the broader commercial sex trade, often at much larger rates than most people realize. Sex traffickers frequently target vulnerable minors with histories of abuse and then use violence, threats, false promises, lies, debt bondage, or other forms of control and manipulation to keep them involved in the sex industry.” Children who are wards of the state or in the foster care system are some of the most vulnerable targets for traffickers.

The goal of this Assessment is to compare current domestic legislation to the opinions of experts on domestic child trafficking presented at the Symposium. The Symposium’s six working group categories were used for research areas. The end product of this Assessment includes appraisals of legislation, as well as recommendations on areas that policy has not yet addressed.

Research Areas

Law Enforcement - The learning points from the law enforcement working groups can be broken up into the following categories: law enforcement training, victims' needs, and collaboration.

First Responders - From the perspective of first responders, there is a need for more awareness training, research into Internet and Communications Technology (ICT) usage, development of victim treatment protocols, and reforms in the juvenile justice system.

Technology – ICT should be analyzed from three perspectives: legal understanding of electronic evidence, use by perpetrators and victims, and collaboration between law enforcement agencies and NGOs.

Mental Health – It must first be established which treatments work, how to identify victims, and then support caretakers and the treatment community.

Domestic Research - Research needs to be conducted on traffickers, best practices for inter-agency cooperation, identification of victims, and the actual effectiveness of public program fighting domestic child sex trafficking.

International Research - International research highlights the importance of coordination among groups involved in anti-trafficking, increased use of social workers, high quality trauma care, and a victim-centered approach in law enforcement and reintegration.

Legislation

Approach 1 – Identification of Victims -

First responder identification of victims informs the government about the size of the problem, which helps determine how much funding and other resources are allocated to help victims.

Approach 2 – Foster Care System -

Promotion of age-appropriate activities in the foster care system gives youth positive outlets, which helps keep them away from sex-traffickers.

Approach 3 – Training and Collaboration -

There should be holistic training programs for law enforcement and first responders, as well as collaboration between public and private organizations.

Approach 4 – Prosecution and Compensation of Victims -

Increased fines and prison terms make trafficking risky, as well as compensation for victims.

Approach 5 – Reintegration -

Trafficking forces victims into crimes that ruin their credibility with employers and damage reintegration, so victims should be able to expunge such crimes from their public records.

Analysis

Few of the indicated best practices are included in current legislation and many are not addressed at all. The exception is the Justice for Victims of Trafficking Act (H.R. 3530/S. 1738), which is the most comprehensive bill in the federal landscape. It addresses identification of victims, prosecution, compensation of victims, reintegration of victims, training of law enforcement officials and first responders, and collaboration between public and private organizations.

Findings and Recommendations

Although there was not one bill that included all of the best practices, it is more important to determine the effectiveness, cost, and implementation difficulty of the best practices before attempting to promote all or some of them.

The list of legislation analyzed includes: Strengthening the Child Welfare Response to Trafficking Act (Child Welfare Response Bill) (H.R. 1732/S. 1823), Child Sex Trafficking Data Response Act of 2013 (Child Sex Trafficking Data Bill) (S. 1118/H.R. 2744), End Sex Trafficking Act of 2013 (Demand Bill) (H.R. 2805/S. 1354), Improving Outcomes for Youth At Risk for Sex Trafficking Act of 2013 (IOYouth Bill) (S. 1518), and Justice for Victims of Trafficking Act of 2013 (JVTA Bill) (H.R. 3530/S. 1738).

A. Law Enforcement (out of 3 criteria)

These sums highlight best practices that are addressed in the bills analyzed. In the law enforcement section, the best practice of victim-centered approaches is covered in five bills, and the best practice of training law enforcement officials about child trafficking is included in seven bills, indicating that these two topics have more attention from legislators. On the other hand, coordination between agencies, and between agencies and NGOs, is only fully included in three federal bills, despite seeming to be low cost and low risk. None of the legislation covered in this Assessment include all three best practices within their text:

1. Training law enforcement personnel about child trafficking topics was included in the IOYouth Bill, Child Sex Trafficking Data Bill, JVTA Bill, and Demand Bill.
2. A victim-centered approach in the criminal justice system was included in all of the bills, except for the Demand Bill.
3. Agency collaboration across state lines and collaboration between public and private organizations to coordinate

victim services was included in the Child Welfare Response Bill, IOYouth Bill, and Child Sex Trafficking Data Bill. The JVTB Bill focused specifically on collaboration between public and private organizations.

According to these findings, the recommendations to improve law enforcement's capacity in addressing child sex trafficking are lacking in this selection of legislation. Training law enforcement personnel appears to be the only recommendation that might have a significant cost, while the remaining involve agency practices with services already available to other victims of crime.

B. First Responders (out of 10 criteria)

In the first responders section, more attention is given to providing services to minors than research on ICT use. For instance, four bills include the best practices of researching victim-treatment protocols and providing long-term services. However, some best practices are only addressed once, such as the best practices of meeting short-term victim needs and informing victims of their rights and available services. None of the bills involves researching ICT use by victims or running awareness campaigns for at-risk minors. The best practices presented in the first-responders section range across a spectrum of subject areas. This perhaps explains why some practices are included in several bills and others are not addressed at all:

1. Research on how perpetrators used ICT was not covered in any of the federal bills.
2. Research on how victims use ICT was not covered in any of the federal bills.
3. Researching protocols based on best practices and scientific testing for treating victims was included in the Child Welfare Response Bill, IOYouth Bill, JVTB Bill, and Child Sex Trafficking Data Bill.

4. Providing long-term victim services was addressed in the Child Welfare Response Bill, IOYouth Bill, JVTa Bill, and Child Sex Trafficking Data Bill.
5. Providing short-term victim services was addressed only in the JVTa Bill.
6. Promoting multi-disciplinary services and coordination by agencies and NGOs was included in the Child Welfare Response Bill and IOYouth Bill, with a partial inclusion in the Demand Bill.
7. Providing awareness training for employees working in transportation hubs and professionals serving children was partially included in the federal bills, which all addressed professionals serving children but not employees in transportation hubs.
8. Providing awareness training and campaigns for at-risk minors was not included in any of the bills.
9. Reforming the juvenile justice system to avoid revictimization and criminalization of trafficking victims was only partially addressed in the JVTa Bill, which allowed victims to be convicted but eligible to have their records expunged later.
10. Creating protocols to inform victims of their rights and available services was not covered in any of the federal bills.

Some of these best practices are more expensive, will take more time to implement, and have varying degrees of effectiveness. Given that there are several recommended here, the first responder best practices should be considered under weighted rankings, rather than be given equal importance.

C. Technology (out of 4 criteria)

Next, the technology section has few of its best practices included in any of the laws. Only the best practices of sharing data between agencies was fully included once. None of the other best practices were fully included, indicating that this section seems to receive less attention from legislators:

1. Data sharing between agencies was addressed in the Child Welfare Response Bill and partially in the JVTA Bill.
2. Data sharing between agencies and NGOs was not included in any of the bills, but the JVTA Bill did address coordination between these two groups.
3. Training the criminal justice system about ICT was also not included in any of the bills.
4. Updating laws for ICT evidence and usage was only partially included by the IOYouth Bill, which provides funding for foster care children to receive cell phones and computers.

With the increasing relevance of ICT in the commission and prevention of trafficking, this lack of legislative attention in the technology field is significant. Data sharing between agencies and NGOs would require the creation of databases and new security protocols, but this information sharing will have both immediate and future benefits. On the other hand, training judges and prosecutors about ICT evidence and usage will require more time and funding. Lastly, changing laws to reflect modern uses of ICT may be challenging with its need for both legislative awareness and consensus, but it will have long-term and broad positive effects.

D. Mental Health (out of 4 criteria)

In comparison to the technology section, the mental health best practices seem to have been given more attention, considering how often they were included in legislation. Four bills address the need for more infrastructure of treatment center networks and additional training for caretakers and first responders. However, only two bills include the need for evidence-based approaches to treatment, and none of the bills include alternative approaches to therapy. Three out of four criteria under mental health were fulfilled by at least one piece of legislation:

1. Evidence-based treatments were included in the Child Welfare Response Bill, JVTB Bill.
2. Additional training of caretakers and first responders was included in the Child Welfare Response Bill, IOYouth Bill, JVTB Bill, and Child Sex Trafficking Data Bill.
3. No bill addressed promoting alternative approaches to traditional therapy.
4. Infrastructure for treatment center networks was also included in the Child Welfare Response Bill, IOYouth Bill, and Child Sex Trafficking Data Bill.

The absence of this the alternative treatment criterion is not necessarily a bad sign. Policy has taken other goals as priority, mainly additional training and beefing up treatment infrastructure. In the case of treatment, the right steps are being taken and hopefully the last criterion of exploring alternative treatments can be explored once the infrastructure can handle it.

This Assessment’s recommendations fall under two categories: evidence and research, and institutional support. Under evidence and research there needs to be: testing with significant sample sizes and Trauma-Focused Cognitive Behavior Therapy needs testing. There also needs to be test effectiveness across spectrum. Testing and research can be divided into: identification/outreach, crisis centers/therapy, and long-term care/prevention. Institutional support suggests a need for a victim-centered approach that goes beyond treatment to legislation and prevention. More care centers are needed both in major cities and outside of high-traffic areas. Cross-department support and quality training should also be implemented.

E. Domestic Research (out of 5 criteria)

The domestic research section shows that all of the best practices are included in at least two bills, except for two best practices that were not included in any of the bills. One of these best practices advocates for studying the impact of public programs on helping victims and reducing trafficking, which is a critical element in determining the effectiveness of prevention and treatment policies. The most frequently included best practice is improving identification of victims and trafficking operations, both within and across state lines. Three out of five criteria supported by domestic researchers are fulfilled by at least one policy:

1. Traffickers’ behavior and business practices are not being researched, although the Demand Bill calls for harsher and swifter punishment for perpetrators.
2. Researching the impact of public programs on helping victims and reducing trafficking was not covered by any policy.

3. Collaboration between child welfare agencies and law enforcement was included in the Child Welfare Response Bill, Child Sex Trafficking Data Bill, and IOYouth Bill.
4. Additional funding for domestic research was specifically allocated in the IOYouth Bill.
5. Improving identification of victims was included in the Child Welfare Response Bill, Child Sex Trafficking Data Bill, and IOYouth Bill.

This Assessment finds that there is progress being made in accordance to what domestic researchers are asking for and policy is on the right track. However, a key recommendation that is being left out of current and pending legislation is researching the effectiveness of different prevention, prosecution, and treatment programs.

F. International Research (out of 9 criteria)

The international research section ranges from the extremes of some best practices included in several bills to other best practices included in just one bill. The most popular best practice is a victim-centered approach. On the other end of the spectrum, the best practice of high quality trauma care is only partially included in the IOYouth Bill, which prescribes funding to research trauma care and to provide such care to victims. Similarly, the best practice of collecting specific data on the number of trafficked victims is only partially included in one bill. The analysis in this Assessment suggests that some best practices in the international community are receiving significantly more attention than others, which might speak to the practicality and ease of adapting

particular international policies domestically. The domestic and international research criteria inevitably overlap; that being said, all criteria used for international research are covered by at least one policy:

1. High quality trauma care funding and supply is not included in any piece of legislation, but the IOYouth Bill includes funding for trauma/understanding trauma.
2. Collaboration specifically between NGOs and law enforcement is included in the JVTB Bill. The IOYouth Bill supports non-profits like child advocacy groups.
3. Special facilities for victims (i.e. rooms in jails when they are being questioned, after care, etc.) are not covered by any of the federal legislation.
4. More data on specific number of trafficked victims is asked for in the Child Sex Trafficking Data Bill.
5. More research into the role of local factors on the problem and the effect of intervention is not covered by any of the federal legislation.

In short, three out of nine criteria were indeed fulfilled, but not in a major way. A recommendation on the international research front is to incorporate all of these on a larger scale and perhaps in one comprehensive bill. The remaining four criteria are more extensively covered:

1. A more victim-centered approach by law enforcement is included in the Child Welfare Response Bill, Child Sex Trafficking Data Bill, JVTB Bill, and IOYouth Bill.
2. The Child Welfare Response Bill, IOYouth Bill, JVTB Bill, and Child Sex Trafficking Data Bill ramp up coordination among law enforcement, health service providers, NGOs, social workers, communities, etc.

3. Long term social care to help with rehabilitation and reintegration into society:
 - a. The Child Welfare Response Bill informs foster parents about how to care for kids, and looks at residential placement.
 - b. The IOYouth Bill calls for therapeutic foster care program.
 - c. The JVTA Bill says it is important to acknowledge the impact of a criminal record on victims' ability to get jobs and reintegrate into society.
 - d. The Child Welfare Response Bill, IOYouth Bill, JVTA Bill, and Child Sex Trafficking Data Bill include comprehensive training for interacting with victims.
4. The JVTA Bill calls for law enforcement training.

In general, the recommendations of this Assessment concerning international research are: coordination and information-sharing among anti-trafficking groups, early involvement of social workers and pairing of workers with victims for long-term care; high quality treatment and aftercare facilities; comprehensive training for social workers and law enforcement; and interventions should be specific to local environments.

Conclusion

Progress on anti-trafficking is being made, but there is still much we do not know.

The practices this Assessment recommends to support in addition to the legislation that is being considered:

1. Standard definition of child sex trafficking and punishment.
2. Coordination between law enforcement and private groups.
3. Awareness training for law enforcement, professionals serving children, at-risk minors, prosecutors, and judges.
4. Statistical testing of different treatment strategies, especially long-term effectiveness of these strategies.
5. Swifter and more severe punishments (fines, prison durations) for traffickers.
6. Better ways of identifying victims.
7. Further research into the effectiveness of public programs combating and treating domestic child sex trafficking.

The legislation that is currently under consideration is a start to tackling the problem of child sex trafficking and they can fall into four buckets: identification of victims, focusing on the foster care system, prosecution, and re-integration and compensation of victims.

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