Innovative, Integrated, Collaborative Responses to Child Sex Trafficking Victims: *Letting Go May be the Toughest Part*

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Survivor Leader

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Texas Governor’s Office

2017 National Sexual Assault Conference
What are you looking to take away from this early morning workshop

...or what dragged you out of bed to get here this morning?

Join at

slido.com
#Texas
Live Poll Results Reflecting Profession and Preferred Workshop Objectives

- **What is your professional field/type of service?**
  - Victim advocate: 47%
  - Other service provider/NGO: 40%
  - SANE/physician/medical setting: 29%
  - Federal/state/local government policy/service/education/research: 20%
  - Law enforcement: 13%
  - Rape crisis/DV-PV shelter: 13%

- **What do you want to take away from this session? I'd like to learn about:**
  - Innovative, promising or best practices for screening, assessing or treating victims: 71%
  - How complex trauma impacts the victim's response to you: 43%
  - Texas statewide and regional collaborative models to build capacity and integrated models of survivor care: 21%
  - The victimization experienced by someone lured into Child Sex Trafficking: 14%
  - Fundamental knowledge about Child Sex Trafficking: 7%
Certainties of the Past

We were so sure of what we knew.
Confident that we knew all there was to know

• Policy, Statute and Legislation
  − Protected Innocence Initiative 2011
  − TX faltered: child victim protections, laws addressing traffickers
• Law Enforcement & Prosecution in Conflict
• Identification by Operation, Otherwise Hidden
• Restoration, Treatment and Resistance
• Victims Identifiable from Offenders
Outcomes of those Certainties?

Mostly lost opportunities

- Punishment: Society Judges
- Funding and Resources
- Miss-placed victim population targets
- Access to Services
- Victim Rights, Protections, Empowerment/Agency
- Data and Treatment Efficacy
- No shared language
Child Sex Trafficking Team
Creation of a Statewide Program
The Charge
House Bill 10 & House Bill 1446

- Assist agencies in leveraging and coordinating state resources
- Collect and analyze research and information
- Provide support for prosecutions
- Facilitate collaborative efforts to prevent, recover, and restore
- Coordinate with state and local law enforcement, state agencies, and service providers to identify child sex trafficking victims
- Coordinate with local service providers to create a customized package of services to fit the immediate and long-term rehabilitation and treatment needs
CSTT Vision and Mission

Our vision is a state where children are free from sexual exploitation. Our mission is to prevent victimization, help identify and recover survivors, provide them the services to help them heal and thrive, and bring them justice.
The University of Texas estimates that 79,000 children and youth are victims of sex trafficking in Texas currently.
79,000 is a statistic

1 is a tragedy

Julia’s experience
Silos of Engagement

Law Enforcement
Criminal Justice
Judiciary
Child Welfare
Juvenile Probation
Emergent Healthcare Episodes
Let’s be clear about where this was happening

...and if you’re from other parts of the United States

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Trafficking Victims – Perception of the Public and (still) Many Professionals

“The hardest thing is that you are in plain sight. We are not going to walk up and say ‘please help me.” CST survivor
 Trafficking Victims - Reality

“We aren’t crying. We are angry – stealing cars, selling drugs, fighting and just trying to survive.” CST survivor

Criminal Justice Division
Unidentified, but are you already serving them?

Certain vulnerabilities are more prevalent among CST victims

“Predators seem to sense when a child is vulnerable.” CST survivor

- physical or sexual abuse
- conflict at home or school
- Drug or alcohol use
- homeless, throwaway or runaway
- foster care or juvenile justice
Emerging opportunities for Private Emergency Rooms and Urgent Care Centers

• Nearly 88% of trafficking survivors reported having some kind of contact with the healthcare system while they were trafficked

• Health care providers may be the only professionals who come in contact with a victim while still under control of the trafficker

Annals of Health Law
(Isaac, R., Solak, J., Giardino, A., 2011)
Branding
Branding Ownership

…and now, more commonly, where else?
On Automatic

“After he’s gone, the invisible chains remain.” CST Survivor

Often, survivors frustrate caregivers when they don’t escape “the life” even if they escape their trafficker.

• Won’t take advantage of escape opportunities. Trafficker’s control is so complete that s/he traffics herself (“on automatic”)

• Start selling sex on his/her own.

• Triggering events, criminal record, safety concerns, inability to trust limit mainstream options to make a living.
Expectations of Survivors’ Response to Treatment

Thankful to have been rescued. Immediately feels safe and accepting of nurture and support.

Probation Officers, Judges, Child Welfare, Foster Parents and Shelters
Reality of Survivors in Treatment
Complex trauma.
What has been our Achilles Heal?

International
Refugee Minors
Legislators
Law Enforcement
Criminal Justice
NGO’s
Child Welfare
Juvenile Justice

Invisible, Resistant, and Intransigent Victims Blurring Lines with Offenders
“There’s a crack in everything. That’s how the light gets in.”

Leonard Cohen
CSTT Approach

Child-centered: Children purchased for sex are victims* and survivors* and are treated with dignity, provided agency, informed of their rights and empowered with their options.

Collaborative:

Collective efforts create greater impact.

Value local stakeholders’ knowledge

Engage/Promote Survivor Voices

Continuously improving: Solid strategy relies upon learning from others, sharing what we’ve learned and continuous improvement.

*CSTT uses both “victim” and “survivor” to refer to individuals who were trafficked, depending upon their restoration or wellness status.
Building Capacity Statewide

Working Statewide to Protect, Recognize, and Bring Justice

- Develop and fund statewide prevention strategies,
- Improve the identification of victims by implementing a common screening tool
- National Human Trafficking Hotline partnership to increase awareness, reporting, law enforcement linkage and useable data
- Build specialized treatment placement capacity within DFPS and TJJD
- Improve legislation and policies

2018:
- Disrupt the demand side of the market for sex trafficking victims.
- Improve skills of those fighting and treating child sex trafficking
- Evaluate practices for promising efficacy.
Funding offered statewide

Three formal RFA’s for services across Texas, based on essential elements needed to be successful

1. Community-Based Drop-In Programs
2. Specialized Foster Care Programs
3. Advocacy Programs

And coming soon…

1. Prevention Education Programs.
2. Programs to Build Resiliency in High Risk Youth
Texas’ size and diversity, and the diversity and urgency of victims’ needs necessitates a concurrent approach.

Working **Statewide** to **Protect**, **Recognize**, and **Bring Justice** to Victims

Working **Locally** to Develop Regional Models to **Recover** and **Restore** Survivors

- **Fill Gaps**
- **Fill Common Gaps, Prepare Regions for Models**
- **Build Capacity Statewide to Prevent, Recognize and Bring Justice**
- **Build Models in Identified Regions**

African Proverb:

*IF YOU WANT TO GO FAST, GO ALONE. IF YOU WANT TO GO FAR, GO TOGETHER.*
Developing Regional Continua of Care

Building Regional Models to **Recover** and **Restore** Victims

- From immediate rescue or identification to long-term restorative services
- All regions include:
  - child-centered, individualized, non-punitive, trauma-informed approach;
  - collaboration Inter-agency multi-disciplinary teams
  - Local Care Coordinators as *airport traffic controllers*
  - ongoing training and support from CSTT;
  - ongoing collaboration, accountability and continuous quality improvement.
Continuum of Survivor Care

“It takes time because you have been deeply defined by someone with power and control over you – you feel powerless.” CST survivor

Recognize  Recover  Restore  Build Resilience

Relapse is expected
Regional Model Development Process

- Strengths and Gaps Analysis with All Stakeholders – Initial priorities
- Regional Model v Survivor Care Continuum v Multi-Disciplinary Team
- 4-Day MDT training - initial action plans for care continuum
- Model designing partners identified – inclusion consideration: jurisdiction, proximity, resources needed, prevention v intervention
- Referral resource v model-designing partner v core MDT member
- Other coalitions and task forces
- Survivor leader(s’) representation
- Priorities refined – Workgroups established
Funding to fill gaps in model regions

Priority needs identified by stakeholders, starting with continuum

Everyone engaging CST victims and survivors represented, especially law enforcement and prosecution

Rapid workgroup platform reflects urgency

Agencies filling essential roles on continuum recommended by workgroup partners

Non-Competitive funding

Fast track cooperative working agreements
Houston Regional Child Sex Trafficking Continuum of Care

Meet Emergency Needs
The child is recovered or identified, care coordinator and advocate engaged, and child’s immediate needs met (0-48 hours).

- Child identified or recovered
  - Care Coordinator
  - Advocate onsite with child
  - Child agrees to emergency medical services?
    - Yes
      - Home or placement safe?
        - Yes
          - Return Home or prior FC or JJ placement
        - No
          - Specialized Placement TIC CST shelter or inpatient MH/SA
  - No
    - Emergent/Urgent Medical Care SANE / FI / MH, SA assessments

Provide Urgent Care
In crisis, RRT plans and delivers stabilizing services for 1-7 days. Care Coordinator leads service delivery and advocate supports.

- Crisis? (LE recovery or runaway)
  - Yes
    - Rapid Response Team (RRT)
      - Staffing within 24 Hours
      - Service planning and coordination for initial 7 days
    - Specialized or stepdown placement needed?
      - Yes
        - Specialized Placement RTC or STFC
      - No
        - Return Home or prior FC or JJ placement
  - No
    - Multi-Disciplinary Team (MDT)
      - Ongoing medical and MH, SA services
      - Family therapy
      - Legal representation
      - Support for credit recovery, debt issues, and financial security
      - Supportive housing
      - Custom educational and vocation services
      - Mentoring
      - Transition into the community
      - Opportunities for survivor leadership

Support Restoration
Interagency MDT develops and regularly updates individualized, trauma-informed care (TIC) plan for treatment, support and LE engagement.

- Individualized Wrap-Around Care
  - In-home care and family support
  - Specialized Therapeutic Foster Care (STFC)
  - Residential treatment center (RTC)
  - Inpatient / community BH/MH/SA
  - Medical, MH, SA services
  - Educational services
  - Drop-in programs
  - Access to Crime Victims Compensation
  - Safety planning
  - Re-engagement after run/relapse
  - Street outreach

Build Resiliency
Provide aftercare for continued stability and wellness in the long term.

- Long-Term Aftercare
  - Ongoing medical and MH, SA services
  - Family therapy
  - Legal representation
  - Support for credit recovery, debt issues, and financial security
  - Supportive housing
  - Custom educational and vocation services
  - Mentoring
  - Transition into the community
  - Opportunities for survivor leadership

Care Coordinator: point of contact, activates advocate, notifies & convenes Rapid Response Teams and Multi-Disciplinary Teams, communicates plans & decisions
Advocate: engages with child immediately upon recovery, maintains supportive, trust-based relationship and contact throughout restoration and aftercare
CSTT Administrator: system accountability, adding resources & services to continuum, continuous improvement, liaison with regional governance structure
So, *Where is CST Victim Care Heading?*

What seems to be working?
What is subjecting itself to the rigors of scientific validation?
Improvements over the past, do they represent the future?
What are considered innovative, promising or Best Practices?
Keeping *GREAT* from becoming the enemy of *GOOD!*
Essential Elements & Promising Practices
Begging, borrowing or buying from across the country
- Our Approach

- Interagency Multi-Disciplinary Teams
- Care Coordinator
- Advocates
- Drop-In Centers
- National Expert T & TA
- Survivor Leadership
- Locally Driven
- New braided funding
- Uniform screening
- Trauma-Informed
- Specialized CST Foster Care

Criminal Justice Division
So, Where are the Promising Practices?

Screens v Assessments
Fidelity v Broad or Universal Implementation
Correlation v Association

Screening and assessment tool examples

- Commercial Sexual Exploitation Identification Tool (CSE-IT or West Coast Tool)
- Child and Adolescent Needs and Strengths (CANS)
- Child and Adolescent Needs and Strengths - Commercial Sexual Exploitation (CANS-CSE)
- Tier 1 Tool: Allies Against Slavery
- Administration for Children and Families, Urban Institute
- Intervene and iCARE
- First Responder Tool
- Trafficking Victim Identification Tool (VERA Institute)
Promising Treatment Models for CST Victims

• Harm Reduction Models that may support youth’s need to remain exposed at times to dangerous circumstances

• Stages of Change theoretical models proven successful with addiction treatment and other forms of Intimate Partner Violence
  – Broad platform Motivational Interviewing (MI)
  – More clinically applied Dialectical Behavior Therapy (DBT)

• Relational trauma informed care
  – Attachment theories extending beyond clinical modalities of treatment
  – Neurological changes to brain anatomy and functioning
  – Trust-Based Relational Intervention (TBRI)
  – SERVE Model: A Brain Based Approach for Complex Traumatic Stress
  – Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

• Eye Movement Desensitization and Reprocessing (EMDR)
SERVE Model
Bonnie Martin, LPC

www.SERVEsurvivors.com

- Symptom Normalization (neurons that fire together wire together-after surviving danger has passed)
- Education about the brain’s development and stress response
- Regulation of the body and thoughts
- Validation of anger and grief
- Empowerment of an integrated self (promote resiliency)
“The miracle isn’t that I finished. The miracle is that I had the courage to start.”

John Bingham
Core dynamics for treating CST victims

• Slow, long-term treatment
• Repeated episodes of regressive cycling backwards into trafficking and self-destructive lifestyle choices
• Hyper-sensitivity to arousal or triggering stimuli
• Inability to emotionally regulate based on Amygdala-driven behaviors, unresponsive to logical consequences or analysis
• Clinicians/Caregivers must be authentic in interactions due to victims inability to trust others and difficulty reading social/emotional cues
• Systems approach utilizing multiple modalities
• Sensory or body awareness techniques when ready
• Non-verbal modalities such as trauma yoga, dog and equine therapies
• Residential environment offer stimulating and calming opportunities
How does my agency know if I should get involved in Texas or in my home state’s efforts?

 ✓ Your state or county participating in development of, or already implementing a plan?
 ✓ Current level of engagement with CST victims or survivors?
 ✓ Resources available for CST-specific recovery or restoration?
 ✓ Agency services for intervention and treatment, rather than prevention alone (next phase)?
 ✓ Systems (e.g. school, judiciary) play significant role in care continuum?
 ✓ Have the bandwidth for specialized efforts for this population?
“Getting a plan together is the key.”

What will you do when you rescue (or identify) the survivor.

“The rest will fall into place”

Julia Walsh
Questions?

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