WORKING TOGETHER
TO PROTECT
EXPLOITED CHILDREN

Holistic Needs of Commercially Sexually Exploited Children (CSEC)

Developed by the Child Welfare Council CSEC Action Team

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TABLE OF CONTENTS

I. Introduction 3

II. Immediate Crisis Response upon Identification 5

III. Ongoing Multidisciplinary Response 8

1. Health 8

a. Physical health 8

b. Mental health 9

c. Sexual/reproductive health/abuse 10

d. Substance abuse 11

2. Housing and placement 12

3. Civil legal advocacy. 14

4. Child welfare advocacy. 16

5. Support and skill development 17

a. Support networks 17

b. Education 18

c. Vocational and life skills 19

IV. Conclusion 20

I. Introduction

The Holistic Needs of Commercially Sexually Exploited Children (CSEC) highlights the range of needs for this vulnerable population. Although many commercially sexually exploited children are currently under the jurisdiction of county agencies, this document is intended for use with youth that are both system and non-system involved. Many of the needs referenced herein are not unique to CSEC, but rather are common to system-involved youth. While this document is not designed to detail the many legal requirements and entitlements for youth or the many laws and regulations governing the child welfare system, it is intended to serve as a reference point for identifying what needs should be considered in case planning.

Hopefully, this reference document will help counties identify what information and resources are needed to effectively respond the needs of child victims of commercial sexual exploitation. Counties may conduct a gap analysis,[1] or asset mapping[2] to identify the available services and any gaps in services.

It is important to recognize that most children will not follow a linear path from initial identification to leaving their exploitative relationship or situation. Commercially sexually exploited children will often cycle through the stages of exploitation many times before they are able to maintain a life outside of exploitation. In order to be effective, interventions and services must be trauma-informed, victim-centered, strengths-based, and culturally sensitive.[3] Each child's needs will differ depending on a variety of factors, including, but not limited to:

- Prior abuse and/or neglect
- Mode of exploitation[4]
- Stage of exploitation[5]
- Stage of change (based on the Stages of Change Model)[6]

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[1] In this case, a county's gap analysis would compare the aspirational level and quality of CSEC resources with the county's actual level and quality, for the purpose of identifying areas for improvement.

[2] In this case, a county would engage community stakeholders to identify both the resources that are most valuable for CSE children and the strengths of existing resources, for the purpose of collecting and sharing this information and identifying areas for improvement.

[3] *See* CAL. CHILD WELF. COUNCIL, CSEC ACTION TEAM, MODEL INTERAGENCY PROTOCOL FRAMEWORK (2015), *available at* http://www.youthlaw.org/fileadmin/ncyl/youthlaw/child_welfare/Model_Interagency_Protocol_Framework_040615_Final.pdf. [hereinafter PROTOCOL FRAMEWORK]; CAL. CHILD WELF. COUNCIL, CSEC ACTION TEAM, MODEL INTERAGENCY PROTOCOL, APPENDIX (2015), *available at* http://www.youthlaw.org/fileadmin/ncyl/youthlaw/child_welfare/Appendix_040615_Final.pdf.

[4] Forms of commercial sexual exploitation of children include: child sex trafficking, child pornography, and/or child sex tourism.

[5] Refers to the framework of exploitation as a series of stages with different risks and opportunities for intervention. *See* CATHY ZIMMERMAN. ET AL., HUMAN TRAFFICKING AND HEALTH: A CONCEPTUAL MODEL TO INFORM POLICY, INTERVENTION AND RESEARCH 328 (2011), *available at* http://www.mensenhandelweb.nl/system/files/documents/15%20apr%202014/Zimmerman%202003.pdf.

[6] *See* KATE WALKER, CAL. CHILD WELF. COUNCIL, ENDING THE COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN: A CALL FOR MULTI-SYSTEM COLLABORATION IN CALIFORNIA, APPENDIX B (2013), *available at* http://www.youthlaw.org/fileadmin/ncyl/youthlaw/publications/Ending-CSEC-A-Call-for-Multi-System_Collaboration-in-CA.pdf; Gretchen L. Zimmerman, A 'Stages of Change' Approach to Helping Patients Change Behavior, 61 Am. Family Physician 1409 (2000), *available at* http:// www.aafp.org/afp/2000/0301/p1409.html.

- Developmental age
- Chronological age
- Learning differences or cognitive abilities
- Relationship with exploiter(s)
- Attachments and community support system
- Familial connections
- Pregnancy or parenting status
- Housing status
- Immigration status
- Alcohol/drug abuse or other types of addiction
- Sexual orientation, gender identity, and gender expression (SOGIE)[7]
- Socioeconomic status

Although numerous additional services and supports are needed before California is positioned to sufficiently meet the needs of victims of CSE, the state has made dramatic strides in the past several years and is poised to do the same going forward.

[7] Sexual orientation, gender identity, and gender expression (SOGIE) represents the important intersections of these three important identities while also serving as a reminder that they are distinct and should not be conflated. Sexual orientation refers to a person's emotional, romantic, and sexual attraction to individuals of the same sex and/or a different sex. Gender identity refers to a person's internal, deeply felt sense of being male, female, both, or neither, regardless of the person's assigned sex at birth. Gender expression is the manner in which a person expresses gender through clothing, appearance, speech, and/or behavior. *See, e.g.*, *Sexual Orientation and Gender Identity Definitions*, Human Rights Campaign, http://www.hrc.org/resources/entry/sexual-orientation-and-gender-identity-terminology-and-definitions (last visited May 18, 2015); SHAHERA HYATT ET AL., SEXUAL EXPLOITATION AND HOMELESS YOUTH IN CALIFORNIA: WHAT LAWMAKERS NEED TO KNOW 2 (2012), *available at* http://cahomelessyouth.library.ca.gov/docs/pdf/SexualExploitedHomelessYouthIssueBrief.pdf; MEREDITH DANK ET AL., URBAN INST., SURVIVING THE STREETS OF NEW YORK: EXPERIENCES OF LGBTQ YOUTH, YMSM, AND YWSW ENGAGED IN SURVIVAL SEX (2015), *available at* www.urban.org/research/publication/surviving-streets-new-york-experiences-lgbtq-youth-ymsm-and-ywsw-engaged-survival-sex/view/full_report.

II. Immediate Crisis Response upon Identification

This section outlines the recommended Immediate Crisis Response that engages a youth within 2 hours from the point of identification through the first 72 hours, with the goal of stabilization.[8] An Immediate Crisis Response is distinguished from the Initial and Ongoing Responses in the speed and intensity of the response as well as the purpose.[9]

Children who have been commercially sexually exploited come to the attention of agencies and providers a number of different ways. In some cases, at the time of identification, the child is still in imminent danger and requires immediate stabilization and safety measures put in place. For example, a child identified by an emergency room nurse during hospital treatment for conditions related to his or her exploitation, such as chronic sexually transmitted infections or broken bones from physical abuse by an exploiter, would require an Immediate Crisis Response. A child encountered during a law enforcement prostitution raid is another example of a youth in need of an Immediate Crisis Response.

In developing an Immediate Crisis Response, a multidisciplinary team (MDT) should be assembled.[10] This Immediate Crisis MDT may include a social/case worker, probation officer, sexual assault responder and/or an advocate with specialized CSEC training, medical professional, and a legal (dependency and/or delinquency) professional to address immediate legal questions during the response.

After a child is identified as a victim of commercial sexual exploitation, the team should address the child's time-sensitive needs.

1. Meet the child's basic needs including emergency housing/shelter/placement, food, clothing, and rest/sleep.
2. Conduct a child abuse investigation and evaluate whether the child falls within the jurisdiction of the child welfare system under Welfare and Institutions Code Section 300.[11]
3. Develop a short-term safety plan. Due to a history of trauma, when a child is triggered, the situation can quickly escalate into a crisis. This could happen at any point during a child's recovery, and could potentially be ongoing until the child feels ready, safe, and

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[8] Although county child welfare agencies are only required to respond within 24 hours when there is an imminent safety risk to the child, many child welfare agencies respond to investigate the allegation of abuse within 2 hours. Because commercially sexually exploited children often run away and are difficult to engage, the CSEC Action Team recommends that this initial engagement occur within 2 hours. The 72-hour period is a promising practice and not a statutory requirement for county participation in the state-funded CSEC Program; *see* LA CNTY., LAW ENFORCEMENT FIRST RESPONDER PROTOCOL FOR COMMERCIALLY SEXUALLY EXPLOITED CHILDREN (CSEC) (on file with the CSEC Action Team).

[9] *See* CAL. CHILD WELF. COUNCIL CSEC ACTION TEAM, INTERAGENCY PROTOCOL MEMORANDUM OF UNDERSTANDING TEMPLATE (2015) (on file with the CSEC Action Team). [hereinafter MOU TEMPLATE].

[10] *See* PROTOCOL FRAMEWORK, *supra* note 4; CAL. WELF. & INST. CODE § 16524.7(d)(2) (indicating that a multidisciplinary approach is a requirement of the state-funded CSEC Program).

[11] *See* CAL. WELF. & INST. CODE § 16501(f); CAL. DEP'T. OF SOC. SERV., MANUAL LETTER NO. CWS-93-01: CHILD WELFARE SERVICES PROGRAM INTAKE 59 (2011), *available at* http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/cws2.PDF.

supported to sever his or her ties to the exploiter. The MDT should, with the input of the child, develop a safety plan that is tailored to fit the victim's needs, which includes ways to remain safe while in and after leaving an exploitative relationship. Safety plans must take transportation of the child into account, as it may not be safe for victims to utilize public transportation.

4. Ensure the victim's emergency health needs are met. Obtain emergency medical coverage, such as Medi-Cal, if appropriate. Emergency health needs may include:
   - *Acute medical needs:* immediate medical care to address physical health issues resulting from violence, trauma, abuse, and/or neglect. These include injuries, pain, sexually transmitted infections and HIV, post-exposure prophylaxis, pelvic inflammatory disease, malnourishment, drug and alcohol dependency, and pregnancy. In the case of recent sexual assault, also see "Forensic medical needs," below.
   - *Acute mental health needs:* immediate care for Post-Traumatic Stress Disorder (PTSD), psychosis, depression, anxiety, acute mania, delusions, agitation, violent outbursts, suicidal ideation, or other behaviors presenting risk of harm to self or others that may require hospitalization.
   - *Forensic medical needs:* evaluation and documentation of injuries related to sexual violence. A forensic medical exam, which includes a sexual assault evidence kit (sometimes referred to as a "rape kit"), may be necessary to gather and preserve evidence of sexual assault.[12] The child must consent to the examination.[13] This forensic exam and interview may occur at a child advocacy center or a hospital with sexual assault response units/teams.
   - *Acute dental needs:* immediate care for dental issues such as pain, broken or extruded teeth, and broken braces or wires poking the cheek, tongue, or gums.
   - *Substance abuse treatment:* screening and initiation of intervention/treatment for alcohol or drug dependency.
5. Identify the legal custodian of the child.
6. Build rapport with the child and encourage his or her participation in developing a safety plan and deciding on placement.
7. Provide a CSEC-trained advocate or survivor-mentor for the child.
8. Seek a restraining order against the trafficker(s), if appropriate and necessary for the child's safety.
9. Provide interpretation/translation services as needed.
10. Ensure emotional/therapeutic support is provided by a clinical psychotherapist or other mental health professional who is trained to assist exploited children or other vulnerable populations, such as victims of sexual assault.

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[12] After receiving a clear explanation of the process and providing informed consent, some commercially sexually exploited children may decide to obtain a forensic exam. Due to its invasiveness, the procedure will likely be traumatic to the child and every effort should be made to connect him or her to supportive individuals such as rape crisis advocates. Additionally, many children, once they are no longer being exploited, are more likely to be re-victimized in other ways, and can be highly vulnerable to violent or exploitive relationships. These children will need help recognizing the signs of unhealthy relationships and accessing supports to leave abusive situations.

[13] CAL. FAM. CODE §§ 6927, 6928.

Once these needs are met and the child it out of immediate danger, an Ongoing Multidisciplinary Response (Section III) should continue to monitor the case and support the youth. However, the Immediate Crisis Response team members may also provide the ongoing services outlined in the next section.

III. Ongoing Multidisciplinary Response

Section III outlines a broader range of ongoing needs that CSE children will have beyond upon initial identification. Active and flexible case management is an essential tool that can be used to engage the child and coordinate care. CSEC-specific case management may include identification, assessment of needs, coordination of care, evaluation, and advocacy for services to meet a child's needs holistically. Once children who are survivors of sexual exploitation are identified, they require intensive engagement and a victim-centered and strengths-based approach to develop trust and establish rapport with treatment providers. Without this trust, children may resist services.[14] Children will also need ongoing support, either individualized or as part of a broader case review process.[15]

It is important to note that it is often in the child's best interest to receive services in the community, rather than in a setting where children are confined such as locked treatment facilities or juvenile hall. Institutional settings may trigger the child by confirming what the trafficker has told him or her: that he or she will be treated as a criminal or as mentally ill. This confinement may add additional barriers to engagement.

1. Health

This section provides an overview of ongoing health needs and is divided into physical health, mental health, sexual/reproductive health/abuse, and substance abuse. Commercially sexually exploited children often are exposed to environments and situations that pose significant health risks, including: sleep deprivation, malnourishment, prolonged drug use, and forced sexual activity. Due to the violent tactics often used by exploiters to control children and adolescents, a child may require medical services that address unhealed injuries (e.g., poorly healed broken bones, nerve damage). Further, given the sexual nature of their exploitation, survivors will most likely require medical attention that addresses their reproductive health, including screening for sexually transmitted infections/diseases (STIs/STDs), HIV, and pregnancy.

a. Physical health

After a comprehensive medical evaluation has been completed,[16] children should have access to ongoing, long-term care with practitioners who, ideally, are trained in and employ trauma-informed approaches to treatment and service delivery and have expertise in child abuse, human

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[14] *See* WALKER, *supra* note 6.
[15] *See* MOU TEMPLATE, *supra* note 9.
[16] *See generally* JORDAN GREENBAUM ET AL., ASPAC PRACTICE GUIDELINES: THE COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN: THE MEDICAL PROVIDER'S ROLE IN IDENTIFICATION, ASSESSMENT AND TREATMENT (2013), *available at* http://www.kyaap.org/wp-content/uploads/APSAC_Guidelines.pdf; Kimberly S. Chang et al., *Using a Clinic-based Screening Tool for Primary Care Providers to Identify Commercially Sexually Exploited Children*, 6 J. OF APPLIED RESEARCH ON CHILDREN (2015), *available at* http://digitalcommons.library.tmc.edu/cgi/viewcontent.cgi?article=1235&context=childrenatrisk.

trafficking, and/or sexual assault and domestic/intimate partner violence (DV/IPV). When appropriate, the following services should also be provided:

- Dental
- Vision
- Tattoo removal
- Reconstructive medical treatment (e.g., burn and facial disfiguration treatment)
- Physical therapy
- Occupational therapy
- Transgender-related health care (e.g., hormone therapy)
- Screening/intervention for eating disorders
- Screening/intervention for self-harming behaviors

b. Mental health

All commercially sexually exploited children require access to mental health services to address issues related to exploitation and other traumatic experiences from their childhood. The approach to each child's mental health should be trauma-informed and individualized to the child's unique mental health needs and experiences.[17] Efforts should be made so that children can access mental health services that are community-based, where the same clinician works with the child through all placement changes, and where services are always available to the child no matter if she or he is not in placement or is just returning.

Working with victims of commercial sexual exploitation requires a long-term commitment. Often, these children have experienced complex trauma, and some are currently experiencing trauma, which may require even more intensive services. Providing mental health services to the child's caregivers and family are also essential for the child to heal. Mental health providers should work in collaboration and participate in the child's MDT whenever possible.

When determining a commercially sexually exploited child's mental health needs, consider the following:

- Crisis intervention
    - Develop a crisis safety and response plan
    - Ensure a response unit is in place that can mobilize immediately in coordination with hospitals, and/or community-based providers
    - Provide respite services that can offer temporary relief to parents/guardians/caretakers who are caring for sexually exploited children

[17] *Trauma Informed Approach and Trauma-Specific Interventions*, SUBSTANCE ABUSE AND MENTAL HEALTH ADMIN., *available at* http://www.samhsa.gov/nctic/trauma-interventions (last visited May 14, 2015) (recognizing that trauma-informed services "realize the widespread impact of trauma and understands potential paths for recovery; recognize the signs and symptoms of trauma in clients, families, staff, and others involved with the system; respond by fully integrating knowledge about trauma into policies, procedures, and practices; and seek to actively resist re-traumatization").

- Long-term community-based treatment
    - Provide consistency for the child through changes in placement, episodes when the youth is not in placement, and when the youth returns to or is held by his or her exploiter or exploitive situation
- Intensive mental health services
    - Mental health assessments
    - Psychotherapy (individual and family)
    - Clinical case management
    - Individual rehabilitation
    - Psychoeducation
- Medication assessment/management
- Caregiver support and psychoeducation
- Additional mental health assistance prior to, during, and after high-risk retriggering events (e.g., court proceedings)
- Entitlements to mental health services (e.g., Early Periodic Screening, Diagnosis, and Treatment (EPSDT); Mental Health Services Act; and Intensive Care Coordination with In-Home Behavioral Services through the Katie A. vs. Bontá settlement terms[18])
- Educationally-Related Mental Health Services (ERMHS) through the local school districts
- Specialized residential service providers with mental health component

c. Sexual/reproductive health/abuse

During a child's exploitation, an exploiter may use physical beatings and rape as methods for controlling the child. Additionally, these children are in contact with many sexual partners with varying degrees of protection. As such, evaluating the sexual health of the victim is critical.

Children in California have a number of legal rights related to reproductive and sexual health. For example, under the laws governing minor consent to health care, a minor of any age can consent to diagnosis and treatment for sexual assault, contraception, abortion, and pre-natal care; and minors 12 or older can consent to mental health treatment and residential shelter services, treatment for infectious diseases (including HIV and other sexually transmitted diseases, tuberculosis, hepatitis, etc.), and treatment for alcohol and drug abuse.[19]

Additionally, children and non-minor dependents in foster care are entitled access to age-appropriate, medically accurate information about reproductive health care, the prevention of unplanned pregnancy, and the prevention and treatment of sexually transmitted infections at 12 years of age or older.[20]

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[18] *Katie A. v Bontá*, 433 F.Supp. 2d 1065 (C.D. Cal. 2006) (settlement terms provide intensive home- and community-based mental health services under Medicaid for children in foster care or at risk of removal from their families).
[19] CAL. FAM. CODE §§ 6920-6929; National Center for Youth law, *California: A Minor's Right to Confidential Abortion* (2006), *available at* http://www.teenhealthlaw.org/fileadmin/teenhealth/teenhealthrights/ca/06_CA_AbortionLaw.pdf.
[20] CAL. WELF. & INST. CODE § 16001.9.

A victim's general sexual health examination should include the following:

- STI/STD screening and treatment
- HIV testing and treatment; linkage to care
- Post-exposure prophylaxis for HIV
- Emergency contraception
- Comprehensive contraception counseling and provision
- Pregnancy testing
- Unbiased and comprehensive pregnancy options counseling
- Abortion services
- Prenatal care and education
- Healthy relationships and reproductive health education
    - Offer culturally-competent, SOGIE-affirming, medically-accurate education on safe sex and healthy relationships

The child should also receive services specific to victims of sexual assault. A sexual assault-trained advocate or team should offer counseling and be on hand to guide the child through a forensic exam, if pursued. The following may be included as part of these services:

- Forensic exam and interview[21]
- Counseling
- Access to sexual assault support groups

d. Substance abuse[22]

Given that exploiters often use drugs to control victims, and that drugs and alcohol can become coping mechanisms for dealing with abuse and trauma, commercially sexually exploited children may need support in overcoming substance dependency issues. When determining a sexually exploited child's substance dependency needs and plan for recovery, the following should be considered:

- Screening and appropriate intervention/treatment for alcohol and drug abuse/addiction
- Housing service providers flexible enough to support children recovering from substance abuse

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[21] For more information on forensic medical exams, refer to "forensic medical needs" in Section II on page 6.

[22] *See, e.g.*, Joan Reid & Alex Piquero, *On the Relationships Between Sexual Exploitation/Prostitution, Substance Dependency, and Delinquency in Youthful Offenders*, CHILD MALTREATMENT J. (2014); HEATHER J. CLAWSON & LISA GOLDBLATT GRACE, FINDING A PATH TO RECOVERY: RESIDENTIAL FACILITIES FOR MINOR VICTIMS OF DOMESTIC SEX TRAFFICKING (2007), *available at* http://aspe.hhs.gov/hsp/07/humantrafficking/ResFac/ib.pdf; Donna M. Hughes, *Fact Sheet: Domestic Sex Trafficking and Prostitution in the United States* (2005), *available at* http://www.uri.edu/artsci/wms/hughes/dom_sex_traff.doc; Nancie Palmer, *The Essential Role of Social Work in Addressing Victims and Survivors of Trafficking*, 17 ILSA J. INT'L & COMP. L. 43–56 (2010).

2. Housing and placement

Providing shelter and a safe space to children who have been exploited is critical to their stabilization. There are many factors to consider when placing sexually exploited children, including:

- Who is the caregiver(s)?
- Is the caregiver(s) a relative or friend of the child's exploiter?
- Is the caregiver(s) implicitly or explicitly complicit in the child's exploitation?
- Is the caregiver(s) trained to parent sexually exploited children?
- Does the caregiver(s) appreciate/understand that the child is a victim and does the caregiver(s) appreciate the complexity and challenges of the child's situation and needs?
- Is the caregiver(s) and/or placement affirming of the child's SOGIE?
- Does the caregiver(s) speak the same language as the child?
- Does the caregiver(s) have adequate support?
- Does the caregiver(s) work outside the home and will the child be required to be out of the house all day?
- Is the caregiver(s) willing to accept services for the child and him/herself?
- What is the plan for respite care when the caregiver(s) or child needs support?
- What is the level of supervision the child needs?
- What is the intensity of services needed?
- Does the placement pose a safety risk for the child (i.e., is it located in an area known for exploitation/recruitment by exploiters)?
- Does the child's exploiter(s) have access to the placement?
- Where is the placement located in relation to where the child has been exploited?
- Where is the placement located in relation to existing community centers and support networks?
- Is there a recruitment risk?
- Does the child pose a risk for other children in the home/placement (e.g., the child is a known recruiter)?

Placement options will change as Continuum of Care Reform is implemented, which may include new treatment placements specific to exploited children.[23]

Wherever a child is placed or housed, it is important that steps are taken to prepare that child to go to a new placement and to transition back from a placement. Too often, poor transition planning undermines the progress a child may have made while in a placement. In the absence of adequate support, the child may return to his or her exploiter.

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[23] *See* CAL. HEALTH AND HUMAN SERV. AGENCY & CAL. DEP'T OF SOC. SERV., CALIFORNIA'S CHILD WELFARE CONTINUUM OF CARE REFORM (2015), *available at* http://www.cdss.ca.gov/cdssweb/entres/pdf/CCR_LegislativeReport.pdf.

When determining a child's housing/placement needs, first identify where the child is in the stages of exploitation and consider the factors laid out above. Housing for commercially sexually exploited children may include:[24]

- Foster homes: typically a private home of a certified or licensed caregiver referred to as a foster parent, who will care for the child
- Group homes:[25] group homes are facilities that provide 24-hour non-medical care, programming, and supervision to children in a structure environment; some group homes are geared toward particular populations (e.g., pregnant and parenting)
- Intensive therapeutic foster homes: foster parents in this program receive more supervision and are specially trained to implement unique treatment plans for foster children with certain mental and behavioral health needs
- Safe houses: safe houses offer a place for individuals to reside while receiving case management and a range of services before transitioning back out into the community. A safe house's location is often confidential
- Voluntary protective/secure placement (community treatment facilities): a safe, temporary facility that provides supportive, therapeutic programs for individuals
- Residential treatment/specialized residential treatment centers: for children with extensive mental health needs
- Shelters: emergency housing, which can be specific to or incorporate the following:[26]
    - *Family*: emergency housing designated for the exploited child and his or her adult guardian, when appropriate (e.g., domestic violence shelters)
    - *Domestic/Intimate Partner Violence (DV/IPV)*: emergency housing for victims of intimate partner violence in a confidential location, oftentimes allow children
    - *Child-specific*: emergency housing designated for children and often has age requirements
    - *Pregnant and parenting*: emergency housing and support services for pregnant young people or teen parents and their children
    - *Sexual orientation and gender identity affirming*: emergency housing that is SOGIE affirming and competent[27]

[24] Note that the following list includes placements for youth that are system involved (either in the child welfare system, juvenile justice system or both) as well as youth who are not system involved. Eligibility for placements varies based on jurisdictional status. *See* CAL. WELF. & INST. CODE § 16001.9(a)(9) (specifying that children who are dependents of the child welfare system pursuant to Cal. Welf. & Inst. Code § 300 may not be placed in locked settings). Also note that this list includes options such as emergency shelters that are not licensed community care facilities, and therefore do not qualify as permissible placements options for system involved youth. *See* CAL. HEALTH & SAFETY CODE § 1502.35(k) ("A runaway and homeless youth shelter is not an eligible placement option pursuant to Sections 319, 361.2, 450, and 727 of the Welfare and Institutions Code"); *See also* CAL. WELF. & INST. CODE § 361.2(2) (delineating the permissible placement options for dependent youth) and CAL. WELF. & INST. CODE § 727(a)(3) (delineating permissible placement options for wards of the court).

[25] Through the Continuum of Care Reform (CCR) and pending legislation (AB 403), California is trying to change the structure and purpose of congregate care.

[26] Shelters are often utilized by youth who may not be system-involved are may want to avoid system involvement.

[27] *See e.g.*, CHILD WELF. LEAGUE OF AM. ET AL., RECOMMENDED PRACTICES: TO PROMOTE THE SAFETY AND WELL-BEING OF LESBIAN, GAY, BISEXUAL, TRANSGENDER AND QUESTIONING (LGBTQ) YOUTH AND YOUTH AT RISK OF OR LIVING WITH HIV IN CHILD WELFARE SETTINGS (2012), *available at* http://familybuilders.org/sites/default/files/pdf/recommended-practices-

- Transitional housing and services: housing and services for up to 24 months that focus on preparing the client for less intensive services once they complete the program. Programming can include healthy relationship building and boundary setting, independent living skills, money management and budgeting, and job training and preparation
- Witness protection services housing/placement: secure, temporary housing with confidential location for witnesses waiting to testify who are perceived to be in danger. It is important to note that witness protection housing is often in a hotel or motel room, which can be triggering for victims of commercial sexual exploitation
- Psychiatric hospitalization: includes involuntary admission for a child exhibiting a danger to him/herself or others and voluntary admission for a child seeking to stabilize in a highly structured, safe environment
- Drug/alcohol treatment programs: programs designed to treat individuals with alcohol and/or drug dependency; can be inpatient or outpatient-based
- Out-of-county placement: if appropriate placement is not available in the county of origin, or distance from exploiter is believed to be necessary to keep the child safe
- Out-of-state houses/placement: sometimes secure, temporary housing located out-of-state
- Respite care: short-term accommodations, so as to give caregivers temporary relief

3. Civil legal advocacy

Civil legal advocates can play a critical role in increasing the resources available to exploited children because they can provide a range of services, such as securing public benefits, sealing delinquency records, providing educational advocacy, and procuring official identity records (e.g., birth certificate). This advocacy can help stabilize a child and his or her family and ensure they have the resources and support they need. Civil attorneys will need to carefully coordinate with other attorneys representing youth in child welfare and juvenile justice proceedings to ensure that their advocacy does not conflict with the child's court case.

When determining a commercially sexually exploited child's civil legal advocacy needs, consider the following:

- Public benefits: apply for public benefits when appropriate, including: Medi-Cal; Supplemental Security Income (SSI); CA Women, Infants and Children Program (WIC); CalWORKs; General Relief; and CalFresh (California food stamps program)
- Crime victim advocacy: Pre-trial, especially to consult about plea deals and the risks and benefits associated with testifying against one's trafficker
    - Witness protection, including responding to subpoenas
    - Accompaniment when law enforcement is present

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youth.pdf; LAMBDA LEGAL ET AL., NATIONAL RECOMMENDED BEST PRACTICES FOR SERVING LGBT HOMELESS YOUTH (2009), *available at* http://familybuilders.org/sites/default/files/pdf/LGBTHomelessYouthBestPractices.pdf.

- Restitution
- Temporary restraining order, long-term restraining order, criminal protective order, temporary restraining order and an injunction prohibiting harassment, accompaniment to any ongoing investigation/criminal trial or proceedings
- Victims of crime (VOC) compensation enrollment to ensure ongoing access to medical and mental health care, relocation, etc.

- Reentry[28] legal services: sexually exploited children often have outstanding issues related to their juvenile or criminal cases
  - Outstanding tickets
  - Fines
  - Restitution
  - Sealing delinquency records/expungement
- Education
  - General education advocacy
  - Special Education assessment and advocacy
  - Truancy
  - School attendance
  - School discipline
- Housing: unlawful detainer actions, advocating to lawfully break a lease based on exploitation or domestic violence
- Immigration: there are several forms of immigration relief that may be available to an undocumented, commercially sexually exploited child. It is critical that an immigration attorney with trafficking expertise screen a child to determine whether the youth is eligible for immigration relief, including, but not limited to Special Immigration Juvenile Status (SIJS), U-Visa, T-Visa, and VAWA. Please note the following:
  - SIJS, the most common form of relief for undocumented children in the dependency system, is not always the best immigration option for trafficked children. There are strategic considerations regarding which option to pursue
  - U-visas are another form of relief for which trafficked children are eligible. There is currently a waiting list for U-visas
  - T-visas are a form of relief for trafficked children that allow parents and siblings to enter the United States lawfully and allow the parent and child to reunify, if that is what the child wants. T-visas have additional benefits such as access to federal benefits for the child and the ability to adjust legal status more quickly to receive a Green Card
- Family law: custody and visitation issues when the exploiter is the parent of the victim's child and/or when there are multiple parents and children
- Child welfare[29]
  - Involve the survivor as parent, child, or both

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[28] *What is Reentry?*, Office of Just. Programs, Bureau of Justice Assistance, Ctr. for Program Evaluation and Performance Measurement, (last visited May 14, 2015) (defining reentry as "the transition of offenders from prisons or jails back into the community), *available at* https://www.bja.gov/evaluation/program-corrections/reentry1.htm.

[29] *See infra* Section III, Child welfare advocacy, pp. 15.

- Identity theft
- Consumer fraud
- Outstanding medical bills
- Civil assessment for potential damages
- Changing identity and/or gender: procurement of identity records/support for transgender children interested in filing for a name and/or gender change and changing gender markers and names on their identity documents

4. Child welfare advocacy

Sexually exploited children involved with child welfare have dependency attorneys, and sometimes dependency investigators, involved in their cases. These advocates can help a child understand and play a critical role in his or her case and safety plan, as well as provide essential legal advocacy as decisions are made in the dependency courts regarding the allegations in an existing or new petition, placement, services, entitlements, permanence or the option for extended foster care. When determining a child's advocacy needs with respect to their child welfare involvement, consider the following:

- Case plan
- Safety plan
- Permanence
- Monitoring well-being
- Education
- Support of sibling and extended family relationships
- Family finding
- Foster care benefits
- Extended Foster Care (AB 12)[30]
- Access to appropriate services including substance abuse treatment, special education entitlements, and access to higher education and vocational training
- Specialized training on victim witness protection and other advocacy issues may be needed for dependency attorneys working with exploited children, especially if no auxiliary legal service provider is available

Additionally, it is common for commercially sexually exploited children with open dependency court cases to also have: criminal charges pending in delinquency court, to be on informal or formal probation, or to be participating in diversion program. Accordingly, the dependency attorney must maintain active communication with the relevant personnel, including the public defender, probation officer, district attorney or other staff regarding the youth's case plan, a

[30] Extended Foster Care, or AB 12, extends foster care for children up until age 21.

California Welfare & Institutions Code Section 241.1 hearing, terms of probation, and other relevant orders issued by a court other than the dependency court.

It is incumbent on the dependency attorney to ensure that any conflicts in court orders are resolved, that the dependency court orders take into consideration community service or other expectations that the delinquency court has placed on the child and that the child, caregiver and social worker are aware of these requirements and expectations. The dependency attorney should ensure that the child has access to all services needed to be in full compliance with their dependency case plan and any orders issued from other courts.

5. Support and skill development

a. Support networks[31]

Developing and sustaining a robust support system is critical to successfully exiting exploitative relationships and/or situations. It is critical to engage the youth in identifying where to draw from in building a healthy support system. Consider the following individuals or networks:

- Survivor mentor
- Adult, community-based mentors
- Faith communities and faith-based organizations
- Family location services such as family finding
- Parent or partner support/parenting programs
- Teen pregnancy and parenting support groups
- Peer support
- Independent living program
- Racial/ethnic and linguistic communities and organizations (including Tribal communities)
- Immigrant communities and organizations
- SOGIE-affirming communities and organizations
- Dependency attorney and others affiliated with the attorney office
- Court Appointed Special Advocate (CASA)

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[31] LINDA M. WILLIAMS & MARY E. FREDERICK, PATHWAYS INTO AND OUT OF COMMERCIAL SEXUAL VICTIMIZATION OF CHILDREN: UNDERSTANDING AND RESPONDING TO SEXUALLY EXPLOITED TEENS (2009), *available at* http://traffickingresourcecenter.org/resources/pathways-and-out-commercial-sexual-victimization-children-understanding-and-responding.

b. Education[32]

School and educational settings may trigger children who were first exploited at school or have missed so much school that acquiring enough credits to graduate seems unattainable. School can also be triggering because peers may label exploited children with pejorative names, engage in bullying behavior, or discriminate against the children based on other students' knowledge of their exploitation and/or level of educational attainment. Exploiters also discourage school attendance to isolate the children, reduce their self-worth, and further the exploitation. When determining an exploited child's educational needs, consider whether the youth:

- Is enrolled in school
- Is eligible for partial credit recovery or AB 216
- Has or needs an Individualized Education Plan (IEP) and 504 Plan (for a child with special needs and learning disabilities), and whether the IEP is being adhered to
- Has disciplinary issues related to truancy that require legal counsel
- Has safety and health issues related to bullying and violence
- Needs English as a Second Language (ESL) accommodation
- Needs tutoring services
- Should consider alternative high school graduation options/GED
- Is connected to post-secondary education supports such as on-campus support programs (e.g., Guardian Scholars)
- Should consider accessing school-based mental health services

c. Vocational and life skills[33]

Maintaining a life outside of exploitation can be a struggle for many survivors. It is important to develop skills and support systems that will ensure children can be successful in mainstream society. Such skills can be developed through community-based programs, internship opportunities, and employment. When determining a child's vocational, life-skill, and self-care needs, consider the following:

- Independent living skills, which include meeting basic needs
- Professional development
- Alternative healing
- Spiritual support
- Parenting support (e.g., child care, parenting classes)
- Physical safety training

[32] *See California Foster Care Education Law Fact Sheets*, Cal. Foster Youth Educ. Task Force (2014), *available at* www.cfyetf.org/publications_11_3259084835.pdf.

[33] SUZANNE PIENING & THEODORE CROSS, CHILDREN'S ADVOC. CTR. OF SUFFOLK CNTY., FROM "THE LIFE" TO MY LIFE: SEXUALLY EXPLOITED CHILDREN RECLAIMING THEIR FUTURES (2012), *available at* http://www.suffolkcac.org/assets/pdf/From_the_Life_to_My_Life_Suffolk_Countys_Response_to_CSEC_June_2012.pdf.

- Financial literacy
- Social, creative, and recreational activities
- Medical, dental, and mental health care
- Transportation
- Communication (e.g., cell phone, computer access)
- Access to social and recreational activities that are affirming of the child's culture and SOGIE
- Identifying documents
    - Transgender children may require support in having a legal name and/or gender marker on an identification changed; incongruence between gender markers/names on legal documents and an individual's gender identity poses a barrier to securing employment

IV. Conclusion

California counties have varying levels of resources to meet the needs of commercially sexually exploited children as outlined in this document. Building awareness of these needs, the current services available to victims of commercial sexual exploitation, and the providers working with this population is an important step forward for supporting interagency coordination. Counties may choose to conduct a gap analysis or asset mapping, and share the results with relevant county parties and providers. The CSEC Action Team would be interested in the results of these efforts as they will inform its understanding of CSEC-response strengths and gaps across the state.[34]

For counties that conduct an analysis of their CSEC resources, the following data points will be critical to capture for each service and/or placement provider with relevance to CSEC:

- Organization name
- Name, email, and phone number of intake/referral staff
- Location
- Counties/areas served
- Type of provider (placement or service provider)
- Programs offered by the provider (e.g., individual counseling, mentorship programs, vocational programs)
- Clients served (e.g., probation, child welfare, or non-system involved; age range, gender)
- Additional security measures (e.g., 24-hour staff)
- Training staff has received on CSEC
- Funding limitations for serving youth (e.g., must be under jurisdiction of dependency/delinquency)
- Organizational strengths for serving commercially sexually exploited children
- Organizational barriers for serving commercially sexually exploited children

The placements and service providers identified by the Steering Committee can be the start to a statewide resource list that can be utilized by public agencies and community-based partners.

[34] For guidance on approaches to assessing or mapping county resources, or to share the results of these efforts, please email CSECActionTeam@youthlaw.org. Sharing information is voluntary, and there is no implied commitment of funding to meet identified needs.