

Section 36. Sex trafficking services

If a determination is made that a child or young adult is a victim of sex trafficking or at risk of being a victim, the caseworker must identify and refer to appropriate services.

Procedure

A. Information needed

To determine what services to refer either a child/young adult victim of sex trafficking or one at risk of being a victim, it is helpful to gather the following information:

- Age - Depending on whether he or she is a child or young adult, different services may be indicated. If applicable, it may be helpful to know the age of entry into “the life” (family members having ties to sex trafficking);
- Gender - It is important to know how the child/young adult identifies on the gender spectrum;
- Identified sex trafficking victim or at risk;
- Form of trafficking/victimization-sex, stripping, pornography;
- Family ties to “the life” (family members having ties to sex trafficking);
- Criminal history of child/young adult and his or her family.
- Gang affiliation (including association, membership and family ties to gangs);
- Immediacy/urgency of risk;
- Previous services received and which were effective;
- Substance abuse;
- Mental health;
- Cognitive functioning;
- Education, including what school he or she is enrolled in;
- Medical history (including sexually transmitted diseases and pregnancies);
- Language; and
- Cultural identity.

B. Identification and determination of services

The services to refer a child/young adult will differ community to community.

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1. Screenings, evaluations and other support to determine services
 - a. **Sex trafficking/commercially sexually exploited children multidisciplinary team (CSEC MDT)**

Consider assembling a sex trafficking multidisciplinary team. While sex trafficking/CSEC MDT's are being developed in every county in Oregon, one does not yet exist in every county. When a sex trafficking/CSEC MDT would be beneficial and there is not one already existing, include individuals that have experience working with sex trafficking dynamics. If the expertise is not readily available in the county, reach out to another local office or district child safety consultant for assistance in locating expertise outside of the county.

These individuals/entities may include:

- » Law enforcement
- » Juvenile probation
- » Advocacy center
- » Nonprofit for case management beyond DHS provided services
- » Shelter/treatment
- » District attorney office if court involved
- » Behavioral health

- b. **CANS screening**

A CANS screening, is a process of gathering information on a child/young adult's needs and strengths and is used for multiple purposes including identifying service needs. CANS screenings are completed by mental health providers on children/young adults in substitute care. A referral for an initial CANS screening must be made within 20 days of placement and the screening must be completed within 60 days of placement. Annual CANS screenings are required for children/young adults in placement with a level of care of 1, 2 or 3.

When a child/young adult is identified as a sex trafficking victim or at risk to be a victim, and a CANS screening was completed on him or her, the caseworker should review or re-review the CANS screening. Look to see if there are current behaviors not addressed (rated as a 2 or a 3). If behaviors are not addressed, consider making a referral for a CANS rescreening. If a behavior you are concerned about is addressed, what is the service or intervention in place to address this behavior and is it adequate.

If a CANS screening has not yet been referred or has been referred and not yet been completed, and the child/young adult is identified as a sex trafficking victim or at risk of being a victim, the caseworker should share this information with the mental health provider who will be completing the CANS screening.

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Note: Some CANS screeners have access to and are certified in the sex trafficking CANS screening tool.

c. **Mental health assessment**

All children/young adults in substitute care must be referred for a mental health assessment within 60 days of placement.

When a child/young adult is identified as a sex trafficking victim or at risk to be a victim, and a mental health assessment was completed on him or her, the caseworker should review or re-review the mental health assessment. During the review, see if there are current symptoms or problems that are not addressed. If behaviors are not addressed, consider requesting an updated assessment. If the current concerns are addressed, what are the recommended services, are they being accessed and, if so, are the services adequate?

If a mental health assessment has not yet been referred or has been referred and not yet been completed, and the child/young adult is identified as a sex trafficking victim or at risk of being a victim the caseworker should share this information with the mental health provider.

Note: Ideally the CANS screening and the mental health assessment are completed at the same time and by the same mental health provider.

d. **Child abuse assessment centers**

If a child/young adult who is identified as a victim of sex trafficking or at risk of being a victim has been evaluated at a child abuse assessment center review or re-review the completed evaluation. Look at recommendations and, if relevant to current circumstances, were they implemented and, if so, adequate? If he or she is a sex trafficking victim and this information was not known at the time of assessment center evaluation, consider contacting the assessment center to determine whether another assessment is indicated.

2. **Needs**

Also consider the needs of the child/young adult to assist in determining the service that will meet the need. Children/young adults who have been victims of sex trafficking have many needs similar to those of children/young adults who come to the department's attention because of other types of abuse or neglect. Victims of sex trafficking need health care, mental health services, a safe place to live and help with education. These are discussed below, along with some of the aspects that distinguish sex trafficking victims' needs from those of other children/young adults receiving department services.

Some needs, as outlined by the Child Welfare Information Gateway, may include:

- a. **Physical health.** Children/young adults who are victims of sex trafficking often have experienced physical, emotional or sexual abuse, and neglect (including medical neglect). Associated with this abuse, they may suffer from broken bones and other

untreated internal and external injuries; sexually transmitted diseases, including HIV; and malnutrition. They may be addicted to drugs or alcohol, either as the result of being forced to use substances by their trafficker or as a coping mechanism. Their overall health may show the consequences of long periods of poor or no medical or dental care. Caseworkers can help by ensuring victims have access to medical evaluations and treatment to address both immediate and long-term concerns.

Connecting with a sympathetic health care provider experienced with sex trafficking dynamics may provide reassurance to victims who may be reluctant to seek care.

- b. **Mental health and trauma.** It is hard to overstate the complex mental health needs of a child/young adult victim of sex trafficking. The traumatic experiences may have included regular beatings, rapes and other acts of violence. Severe abuse experiences like these may cause alterations in brain development, as the child/young adult learns to operate from a “survival” mode. In addition, he or she may not have experienced a secure and trusting relationship with a parent or other caretaker, which makes it difficult to build other relationships. In extreme abuse or neglect cases, such as being sexually trafficked, a child/young adult may experience posttraumatic stress syndrome.

Clawson and Grace (2007) studied young girls who had been trafficked, and they identified a number of mental health symptoms associated with trafficking, including extreme anxiety, an inability to trust, self-destructive behaviors, profound shame or guilt, and despair and hopelessness. This may result in a need for long-term, intensive mental/behavioral health services that can help with moving forward into a new, healthier life. Evaluation/screening by qualified mental health providers who have experience with children/young adults who have been sexually trafficked can be the first step to getting help. Research has also suggested the benefits of cognitive behavioral therapy for children who have been trafficked. Screening can help determine the type of therapy that might be most useful, and caseworkers can facilitate access to treatment providers.

- c. **Housing.** Sex trafficking victims who come into the care of the department almost always have an immediate need for a safe place to live. Their background may make them a poor fit for traditional foster care, and many foster families may feel unprepared to parent a child/young adult who has been sexually trafficked.

The caseworker should discuss with the child/young adult where he or she wants to live or what type of placement he or she is willing to accept.

- d. **Education.** While some children/young adults may feel comfortable in a traditional school, others may prefer more nontraditional education options. Caseworkers can help by collecting records, exploring education options and facilitating enrollment.
- e. **Legal services.** There are circumstances that might require the child/young adult who has been sexually trafficked to hire or otherwise secure legal help. He or she

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may need a lawyer if charged with prostitution or other crimes. He or she may also need legal counsel to seek protection from their pimps or traffickers or to establish their legal identity. Some children/young adults involved with the justice system may require an attorney for victim advocacy, while others who are not citizens may require an immigration attorney.

- f. **Other needs.** Victims of sex trafficking will often need help with basic life skills (e.g., opening a bank account, keeping medical records), as well as training for a job and basic job skills. For many, having a mentor or someone who is willing and available to provide guidance over the long term is essential for a life away from sex trafficking.

3. Service types

The specific services for a child/young adult who is a sex trafficking victim or at risk of being a victim will vary depending on the specific child/young adult. When determining what services to refer a young adult to, it is important to remember services are limited to those that are voluntary and should be independence-focused. A locked facility is not an option for a young adult.

Some of the services may include the following:

- a. Mental health services:
 - » Sex trafficking victims require trauma-informed care that recognizes the impact of traumatic experiences (specifically violence and abuse) on an individual's life, behavior and self-perception.
 - » Mental health assessment should be completed by the child/young adult's existing provider whenever possible.
 - » Mental health treatment that includes individual counseling.
- b. Medical care is important that children/young adults who are identified victims of sex trafficking or are suspected victims are referred for medical exams and assessments. If he or she refuses, make continued efforts to engage him or her to schedule for a later date.
 - » Routine physical;
 - » Assess for signs of physical abuse;
 - » Assess for signs of neglect;
 - » Check for tattoos or branding;
 - » Assess for signs of abuse;
 - » STD testing; and
 - » Pregnancy test.
- c. Substance use screening:
 - » Gather information about substance use history;

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- » Assess for signs of substance abuse;
 - » Test for recent substance use; and
 - » Assess for withdrawal symptoms.
- d. Substance abuse treatment
- e. Life skills training
- f. Job placement
- g. Education
- h. Legal services
- i. Housing placement to find safe and suitable housing or a plan for safe and suitable housing is important for every child/young adult. Housing options for a child/young adult in substitute care may include:
- » Foster home, group home, shelter (confidential shelter or not);
 - » SAGE Youth Residential Program is a program designed specifically for children who have been commercially sexually exploited. For girls ages 11 to 15, the program provides a safe, nurturing living environment, behavioral health treatment, school, health care and other support services. SAGE stands for support, achieve, grow and empower. The SAGE program can serve up to 12 female or female-identified transgender youth from Oregon. The girls stay for 11 to 14 months in a newly renovated residence in the Portland area. Referrals can be made by a parent or guardian, the Portland Police Bureau, or the Oregon Department of Human Services.
 - » A particular relative with whom the child/young adult is comfortable. The requirements for relative placement must be met to place him or her with that relative.
 - » A former caregiver or another adult with whom the child/young adult has formed a relationship and expresses a desire to be placed. Again, all certification requirements must be met to place him or her with that adult.
 - » Independent living program (ILP) services, while not a placement, have housing programs associated with those services. If the child/young adult is considering ILP services as a possibility, determine if he or she is eligible and appropriate for these services.
 - » Reunification with the child/young adult's parent or parents. If he or she expresses a desire to live with his or her parent, the caseworker should determine if the factors that prevented a reunification in the past are still a factor and if not follow the department requirements for pursuing the possibility of reunification.
- j. Vocational training

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- k. Independent Living Program (ILP) services help children/young adults who are, or were, in foster care to become self-sufficient adults. It gives an opportunity to learn valuable skills to make a successful transition from state and tribal custody to living on his/her own in the community. A child/young adult may be eligible for services through ILP to help build skills to live independently, or get funds for continuing education and assistance with housing.
- l. Advocate or mentor

Note: Many services/service providers for domestic violence and sexual assault will also have services appropriate for sex trafficking victims. Do not hesitate to contact a service provider and inquire.

4. **Care planning/coordination/management**

When a child/young adult has complex service needs consider coordination of services or the overall management of care. Two potential options include:

- a. Intensive care managers - Through the local coordinated care organization (CCO) there is assistance available with care management by an intensive care manager (ICM). The role of the ICM is system navigation and coordination across behavioral, physical and dental health to ensure integrated care and access to services. This person can remove barriers to services, identify providers, facilitate collaboration of multiple providers and offer other assistance depending on the situation. Especially when the department will not remain involved, it is important to inform parents of this resource. A caseworker or parent using an ICM should inform the ICM of the role the department has in the life of the child/young adult and also if the child/young adult is a victim of sex trafficking, a suspected victim or at risk of being a victim.
- b. Wraparound is an intensive, holistic method of engaging with individuals with complex needs (most typically children, young adults and their families) so these individuals can live in their homes and communities. Wraparound is an intensive, individualized care planning and management process. Wraparound is not a treatment per se. The wraparound process aims to achieve positive outcomes by providing a structured, creative and individualized team planning process that, compared to traditional treatment planning, is more effective and more relevant to the child and family.

Note: A child/young adult in the SAGE Program is automatically eligible for wraparound.

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