Letter from the Chair

Human trafficking of minors is an extreme form of violence and of gendered injustice. Unfortunately, children are exploited worldwide, particularly in the sex trade. Social work professionals need to know trafficking signs and strategies to provide beneficial services for this population. Rebecca J. Macy’s article, “Identifying, Assessing, and Helping Child and Adolescent Sex Trafficking Victims,” addresses this knowledge gap by providing an informative overview of the current recommended best practices for identifying, assessing, and assisting child and adolescent victims of sex trafficking. In “Creating a Standard Protocol for Domestic Minor Sex Trafficking Victims: How Child Welfare Workers Can Better Facilitate Protections Under the Guise of the TVPA,” Jacquelyn Meshelemiah, Amanda Poole, and Erin Michel specifically focus on the child welfare system and discuss how the tenets of the Trafficking Victims Protection Act of 2000 can be used as a guide for creating a standard protocol for domestic minor sex trafficking victims within that system. Advancing human rights and social and economic justice are the core of our professional ethics and mission. With the trend of globalization, it is imperative for social work practitioners to develop beneficial knowledge to better serve child and adolescent victims of sex trafficking.

Mo Yee Lee, PhD, MSW
Columbus, OH
Given their wide range of practice settings, social work professionals are well positioned to identify and help sex trafficking victims, especially children and adolescents. These young victims are most likely to interact with social workers in child protection services, health care settings, homeless shelters and outreach services, victim advocacy agencies, juvenile justice settings, and schools. Unfortunately, their presence in everyday settings might be overlooked because the fluid, ever-changing world of sex trafficking means that many social workers lack knowledge of trafficking signs and current response strategies when victims are identified. To help address this professional knowledge gap, this article provides an overview of the current recommended best practices for identifying, assessing, and assisting child and adolescent victims of sex trafficking.

**WHAT SIGNS INDICATE A CHILD OR ADOLESCENT CLIENT IS A LIKELY VICTIM OF SEX TRAFFICKING?**

Sex trafficking is defined as, “a commercial sex act induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age” (U.S. Department of State, 2012, p. 8). Although the stereotypical sex trafficking victim is a young girl who was kidnapped or sold by her family and forced into sex work, social workers should use an approach consistent with the federal government’s definition and consider anyone younger than 18 years old and involved with prostitution or sex work as a sex trafficking victim. When social workers encounter such a client, that client should be treated as a trafficking victim rather than as an offender engaged in the crime of prostitution. Of course, many child or adolescent clients will not report being involved with
prostitution. Social workers should be vigilant for signs that indicate a client is a trafficking victim. These signs fall into three categories: (1) signs related to prostitution and sexualization; (2) signs related to the client’s identity and life stability; and (3) signs of general abuse and mistreatment (A21 Campaign, n.d.; Bortel, Ellingen, Ellison, Phillips, & Thomas, 2008; U.S. Department of Education, 2009; Zimmerman & Watts, 2003).

In the first category, signs related to prostitution and sexualization, social workers should consider the possibility that their young clients are sex trafficking victims if the clients have a much older “boyfriend” or “girlfriend”; talk about sexual activities in a way that is not developmentally appropriate; carry around multiple keys or keycards to hotel rooms; have a cell phone but few, if any, other belongings; have large amounts of cash; and have had multiple sex partners, particularly within a relatively brief period.

Signs in the second category relate to difficulties in establishing the client’s true identity and indications of instability in the client’s life. Social workers should consider that child or adolescent clients might be sex trafficking victims if the clients lie about their age; possess false identification or do not have control over their identifying documents (if developmentally appropriate to have such control); tell life stories with inconsistencies; have little knowledge of the local community, indicating that they have been transported from other communities; have unexplained school absences or do not attend school regularly; and do not have control over their own schedules or life activities (as developmentally appropriate).

Signs falling into the third category of abuse and mistreatment include physical, emotional, and behavioral indications of victimization. Social workers should consider that child or adolescent clients might be sex trafficking victims if the clients often run away from their home or primary caregivers; have signs of physical abuse or injury (e.g., bruises, cuts, frequent sprains); are withdrawn, fearful, or depressed; appear hungry or malnourished; and are or appear to be addicted to substances, including prescription medications.

However, in considering the implications of such signs, social workers must remain mindful that children or adolescents can display many of these signs and not be victims of sex trafficking. These same signs can also indicate other psychosocial problems, such as family violence. Nonetheless, if providers note these signs in child and adolescent clients, then they should follow up with the client to further assess the possibility of sex trafficking victimization.

**WHAT QUESTIONS ARE RECOMMENDED FOR ASSESSING CLIENTS WHO MIGHT BE SEX TRAFFICKING VICTIMS?**

Before asking questions specific to sex trafficking, an important first step is to consider the client’s developmental stage, cultural background and heritage, and language (A21 Campaign, n.d.; Bortel et al., 2008; Zimmerman & Watts, 2003). This consideration will enable the social worker to ask trafficking assessment questions in a manner that is consistent with the client’s development, culture, and preferred language. Further, to protect the client’s confidentiality and safety, social workers should ask trafficking assessment questions only when the client is in a private, confidential setting where his or her answers cannot be overheard by others. Once the social worker has set the context for this type of confidential assessment interview, then the assessment could include the following questions (A21 Campaign, n.d.; Bortel et al., 2008): (1) Do you attend school? Do you have a job? Can you leave your job if you want? (2) Where is your home? Who lives with you? Are you afraid to leave this place? (3) Has anyone ever tried to stop you from running away by telling you something bad might happen to you? By telling you something bad might happen to your family? (4) Has anyone ever hurt you in anyway? (5) Do you have any worries or concerns about your health or any injuries that need the attention of a doctor?

Using these questions as starting point, social workers will need to ask follow-up questions and probe for additional details to discover the specifics of the client’s life situation and to determine the likelihood of whether the client is a sex trafficking victim. Social workers should also be mindful that even though sex trafficking victims often endure horrific treatment, child and adolescent trafficking victims might not be forthright about their life circumstances if they do not feel that they have a trusting relationship and positive rapport with the social worker. Accordingly, social workers should act to establish such a relationship before asking trafficking assessment questions.

**WHAT IMMEDIATE SERVICES SHOULD SOCIAL WORKERS OFFER WHEN THEY IDENTIFY VICTIMS OF SEX TRAFFICKING?**

Social workers are required to report sex trafficking victims to child protective services (CPS; Polaris Project, 2010). Thus, once a social worker has determined that a child or adolescent client is a sex trafficking victim, the social worker should contact the local child protection hotline. Social workers are encouraged to contact the National Human Trafficking Resource Center hotline (888.373.7888) for further information about sex trafficking and how to help victims. The Polaris Project (polarisproject.org/index.php) provides this resource hotline so that service providers can connect with anti-trafficking services in their communities as well as request training, technical assistance, and anti-trafficking information. Equally important, social workers should help the client develop an immediate safety plan to ensure the client’s well-being while child protection and anti-trafficking services are being put into place.

Social workers should be mindful that determining whether a client is a sex trafficking victim might not occur in one interview or conversation. Likewise, making a clear determination of a client’s victimization status might not be straightforwardly accomplished even with multiple interviews. Accordingly, readers are encouraged to seek training on the topic of sex
trafficking, as well as consult with community and national resources (e.g., CPS, Polaris Project) in advance of such interviews to ensure that they are as well trained as possible to conduct the interviews, make such assessments, and to help victims with safety planning strategies.

CONCLUSION

Perhaps the most pernicious aspect of sex trafficking is its ability to invade ordinary settings and remain undetected by many social work professionals. Readers should be mindful that the strategies provided in this article have not been tested empirically and that anti-trafficking services are novel and developing. Thus, the practices presented here are likely to evolve and extend as new strategies are developed and research is conducted. Nonetheless, these recommendations provide social workers with a starting place for helping the youngest and most vulnerable victims of the horrors of human sex trafficking.

Rebecca J. Macy, PhD, ACSW, LCSW, is the L. Richardson Preyer Distinguished Chair for Strengthening Families and the associate dean for Academic Affairs at the University of North Carolina at Chapel Hill School of Social Work. She can be reached at rjmacy@email.unc.edu.

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Recommended Reading


Training & Technical Assistance

- The Office for Victims of Crime Training and Technical Assistance compiled a directory of resources that includes links to services and training for anti-human trafficking task forces and service providers: www.ovcttac.gov/downloads/TTADirectory/HT_TTA_Directory_508c_12-5-12_FINAL.pdf.

RESOURCES


The Trafficking Victims Protection Act (TVPA) of 2000 and its subsequent reauthorizations in 2003, 2005, and 2008 were implemented to combat trafficking in persons (H.R. 2620 [2003]; H.R. 972 [2005]; H.R. 7311 [2008]; Public Law [P.L.] 106-386). Specific to minors, the act definitively stipulates that any person under 18 years of age who is induced to perform a commercial sex act is a victim of a severe form of trafficking (P.L. 106-386). Shared Hope International has coined the term “domestic minor sex trafficking” to describe this phenomenon.

DOMESTIC MINOR SEX TRAFFICKING

Approximately 1 million children are exploited worldwide in the commercial sex trade (U.S. Department of State, 2005). Minors compose 50 percent of those who are trafficked. More than half of all victims (54 percent; n=248) involved in 460 confirmed human trafficking cases between 2008 and 2010 were minor sex trafficking victims (Banks & Kyckelhahn, 2011). Although the specific number of domestic victims is unknown, reportedly up to 300,000 American youth are at risk for and/or engaging in exploitation activities (Estes & Weiner, 2001) due to their homeless status. In the United States, one in three teen runaways will be lured into prostitution within 48 hours of leaving home (National Network for Youth, 2011). The average age of entry into child prostitution in the United States is 12-14 years old (Estes & Weiner, 2010).

Many factors make children vulnerable to sex trafficking/forced prostitution. Although not the only factors, poverty and homelessness continually fuel this crisis. It is estimated that 55 percent of homeless girls are involved in prostitution (Estes & Weiner, 2001). Many victims are also uneducated with poor self-image and low self-esteem (Clawson, Dutch, Salomon, & Grace, 2009). Other commonalities among domestic trafficked minors usually include: coming from a dysfunctional family, suffering the loss of a parent (having no support system) or being the victim of abuse in various forms (Clawson et al., 2009; Farley, 2007).

CHILD WELFARE AND DOMESTIC MINOR SEX TRAFFICKING

The child welfare system promotes child well-being and works to strengthen families by providing services to children and families. The Federal Child Abuse Prevention and Treatment Act (P.L. 93-247) authorizes states to establish child protective services (CPS) agencies to protect children from abuse and neglect and to stabilize home environments (Downs, Moore, McFadden, & Costin, 2009). The abuse and violence that occur when a child is involved in trafficking often overlap with the jurisdiction of CPS. Without standardized human trafficking protocols, however, two major problems occur: (1) because common language and screening tools to understand and assess human trafficking victims are
missing, victims often are not recognized as such; and (2) on the very rare occasion when a trafficked victim is identified, CPS agencies do not have the workers or the resources to respond. As a whole, child welfare agencies do not have a uniform, systematic method of assessing, recording, tracking, and reporting human trafficking incidents nor do they have adequate resources to appropriately respond to domestic minor sex trafficking victims.

In practice, CPS predominately categorizes human trafficking as sexual abuse (Fong & Cardoso, 2010). “Unless there’s a box indicating ‘human trafficking’ for me to check on my forms, the case will not be identified as such,” reports one CPS worker (Kauka Walts & French, 2011, p. 103). In order for CPS to investigate a case of child abuse in the form of human trafficking, the perpetrator of the abuse must be a parent or caretaker with legal custody of the child (Cage & Salus, 2010; Fong & Cardoso, 2010; Kauka Walts & French, 2011). Regardless of who the trafficker is, what should CPS do with the child in the interim? Foster care placement for adolescents of this nature tends to be challenging (Kauka Walts & French, 2011). When family reunification and foster care are inadequate options, there needs to be a safety net with the capacity to respond adequately to DMST victims. Homeless shelters, residential (mental health) facilities, and juvenile detention centers should never be used as first-line interventions.

On a more promising note, however, it appears that the child welfare system is beginning to recognize that child prostitution as sex trafficking is a growing problem among minors involved in the child welfare system. Screening tools, rapid and comprehensive questionnaires, improved interviewing techniques, a safety assessment form, and case management resources specifically for use in the child welfare system are starting to be developed (Kauka Walts & French, 2011). It is imperative that the profession move into implementation of actual protocol to detect trafficking. Adding specific questions such as (1) Have you ever had sex in exchange for money, food, housing, or anything else? (2) Have you ever been made to engage in any sexual activities? and (3) Have you ever been ordered or forced to participate in any criminal activities by anyone? to all intake forms would be a quick way to screen for trafficking victims.

**DISCUSSION AND RECOMMENDATIONS**

Sex trafficking prevention efforts tend to focus on public awareness campaigns mostly related to international victims, conducting law enforcement training activities, and replacing antiquated prostitution laws with up-to-date human trafficking laws. Little is being done to address domestic minor sex trafficking victims as a group, however. As a result, many DMST victims are often misclassified and given a “go straight to jail” pass or foster care/residential placement whenever they come into contact with law enforcement and child welfare workers, respectively. Many of these responders do not know what questions to ask to identify a child as DMST victim. As a result, many DMST victims end up in a revolving door of juvenile justice systems and child welfare agencies—unidentified and untreated for their psychological trauma, drug dependence, and health challenges.

One recommended approach requires the combined efforts of law enforcement as first responders, child welfare workers, school officials, medical personnel, and housing providers to work more proactively and collaboratively when dealing with vulnerable minors in the system. Being able to identify the red flags of child trafficked victims is imperative (these can include unusual and unexplained injuries, multiple sexually transmitted infections, pelvic inflammatory disease, abortions, miscarriages, older “boyfriends” or “girlfriends,” appearing fearful, not having an address or knowing exactly how to get home, possessing expensive items or large sums of money, persistent criminal offending, prostitution offenses, chronic truancy, drug dependency, and disclosures of sexual abuse). Better prevention can be accomplished by establishing formal protocols that educate child welfare professionals and their allies about sex trafficking and the typology of its victims and perpetrators. The information should then be standardized as part of screening/intake tools across the board for these professionals.

Several researchers have examined the needs of human trafficking victims and have concluded that safe and secure housing is the most highly desired need of those seeking protection (Kotrla, 2010). Stable, secure, and safe housing options that are designed and managed by competent workers are critical. Sustainable programming services for these minors must include trauma counseling, family counseling, medical care/reerrals, educational/vocational development, substance abuse treatment, and referrals for legal assistance as most face legal problems due to prostitution and other criminal charges filed against them (Clawson et al., 2009; Clawson, Small, Go, & Myles, 2003). Because of the gravity of the trauma associated with sex trafficking and the complexity of treating victims holistically as identified by the long list of biopsychosocial needs previously stated, it is paramount that domestic minor sex trafficking victims be provided intensive case management services by child welfare workers who fully understand them and can serve as key service providers/ coordinators for the many services they are likely to need.

The lack of a standard protocol for assessing domestic minors arrested for prostitution and other commercial sex acts allows for the protection of human trafficking victims to go overlooked and unenforced. If a standard protocol diverted the child to a human trafficking “specialist” (or knowledgeable individual on human trafficking) within the juvenile justice system or the child welfare system, these victims could be accurately assessed and processed and subsequently treated as severe human trafficking victims through DHHS and its local partners. Child welfare has some critical and unique work to do in this arena.
REFERENCES


HOTLINES & Tiplines

HOTLINES

The National Human Trafficking Resource Center is operated by the Polaris Project. It operates the U.S. national hotline. The hotline is available 24 hours a day, 7 days a week and can receive calls or texts from anywhere in the United States. It can be used to report tips, connect to antitrafficking services, or request training/technical assistance and general information: 888.373.7888 or text HELP or INFO to BeFree (233733).

The National Human Trafficking Resource Center is not a government entity, law enforcement agency, or immigration authority.

CYBERTIPLINE

The CyberTipline is operated by the National Center for Missing and Exploited Children. It accepts leads or tips on suspected crimes of sexual exploitation of children. It can be accessed by phone or online. 800.843.5678 or www.missingkids.com/cybertipline.

The CyberTipline is operated in partnership with the FBI, Immigration and Customs Enforcement, U.S. Postal Inspection Service, U.S. Secret Service, military criminal investigative organizations, U.S. Department of Justice, Internet Crimes Against Children Task Force program, as well as other state and local law enforcement agencies.
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