RESPONDING TO SEXUAL EXPLOITATION AND TRAFFICKING OF YOUTH

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HOSTED BY THE AMERICAN ACADEMY OF PEDIATRICS COMMITTEE ON NATIVE AMERICAN CHILD HEALTH AND INDIAN HEALTH SERVICES

CONTENT BASED ON CURRICULUM CREATED BY LESLIE BRINER, MSW
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SPECIAL THANK YOU TO DR. SHAQUITA BELL

THIS WORK IS PARTIALLY FUNDED BY THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, ADMINISTRATION FOR CHILDREN AND FAMILIES, CHILDREN'S BUREAU, GRANT #90CA1825.
SURVIVOR-LED MOVEMENT

THE LIFE STORY: OPENING VIDEO

https://thelifestory.org/
TRAINING OBJECTIVES

• Develop comprehensive understanding of commercial sexual exploitation (sex trafficking) of youth and the impact upon Native communities

• Identify the physical, mental, behavioral health impacts of commercial sexual exploitation (CSE)

• Gain skills and knowledge to identify and respond to commercial sexual exploitation in various settings

• Review and share available resources for further training and tools for building a coordinated response
MODULE 1: DEFINITIONS AND LANDSCAPE
FEDERAL DEFINITION: SEX TRAFFICKING

**Sex Trafficking**: 18 U.S.C. § 1591 makes it illegal to recruit, entice, obtain, provide, *solicit, patronize*, move or harbor a person or to benefit from such activities knowing that the person will be caused to engage in commercial sex acts where *the person is under 18* or where force, fraud or coercion exists. Does not require that either the defendant or the victim actually travel.

**Commercial sex act**: means any sex act on account of which *anything of value* is given to or received by any person. This includes, but is not limited to:

*Any transactional sex act with a minor*
- Prostitution
- Pornography/web cam/videos/photos
- Erotic/nude massage
- Exotic dancing/stripping
- Gang based prostitution
- Sex tourism

- 2000 Trafficking Victims Protection Act (TVPA) reauthorized multiple times [1]
FEDERAL DEFINITION: LABOR TRAFFICKING

**Labor trafficking** 22 USC § 7102 makes it illegal to recruit, harbor, transport, provide, or obtaining of a person for labor or services, where the person is *under 18* or through the *use of force, fraud, or coercion* for the purposes of subjection to involuntary servitude, peonage, debt bondage, or slavery.

**Examples of forced labor trafficking:**

- Domestic servitude (domestic work & child care)
- Manual labor (agriculture, construction, landscaping, mining)
- Factory (textiles, food processing)
- Hospitality (hotels, spas/salons, housekeeping)
- Food services
- Drug trade
- False adoptions
- Street begging
TRIBAL CODES FOR TRAFFICKING

Sovereign Prevention: Sample Tribal Codes Addressing Trafficking

• Pascua Yaquai Tribe
• Eastern Band of Cherokee Indians Tribe
• Snoqualmie Tribe
• Tulalip Tribe
• Port Gamble S’Kllalam Tribe also has a Tribal code (not listed in brief)
7,621 sex and labor trafficking cases reported in 2016 (31.6% minors) 

One in seven youth who ran away in 2017 was at risk for sex trafficking.

Between 2004 – 2013, over 19,000 charges in federal courts involved commercial sexual abuse/sex trafficking of minors and 95% resulted in conviction.

15.1 years old
Average age of first sex trafficking experience.
37% of cases reported to the hotline involving American Indians and Alaska Natives referenced *minor victims* between 2011 – 2017.  

Tribal Law Enforcement agencies reported investigating 70 human trafficking cases between 2014-2016.  

Investigations involving 81 Native victims were investigated by 6 major city Law Enforcement agencies between 2014-2016.  

Montana Native Women’s Coalition reported a 12-15% increase in trafficking reported (2014-2015) among Native women they serve across a 20,000 mile radius of the state.  

40% of girls, young adults, and women entering services identified as having been commercially sexually exploited and 27% met definition of trafficking.
## HISTORICAL CONTEXT

“Human trafficking of Native women in the United States is *not a new era of violence* against Native women but rather the continuation of a lengthy historical one...”

Lisa Brunner, [National Indigenous Women’s Resource Center](#) \(^\text{11}\)

<table>
<thead>
<tr>
<th>COMMUNITIES AT INCREASED RISK TO BE EXPLOITED WHEN:</th>
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<tbody>
<tr>
<td>• Previous historical trauma and loss of culture</td>
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<tr>
<td>• Ongoing threats to human rights and sovereignty</td>
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<tr>
<td>• Economic disenfranchisement and poverty</td>
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<tr>
<td>• High rates of intergenerational adversity</td>
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<tr>
<td>• High rates of running away and youth homeless</td>
</tr>
<tr>
<td>• Over-surveillance of welfare systems</td>
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<tr>
<td>• Locations exposed to transient work forces (^\text{12})</td>
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“As many as 85% of sexually violent crimes against Native American people are committed by *non-Native people*.”

What does that say about the history of oppression and the relevance to our work today?”

Washington Coalition of Sexual Assault Programs \(^\text{12}\)

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\(^\text{11}\) Lisa Brunner, [National Indigenous Women’s Resource Center](#)

\(^\text{12}\) Washington Coalition of Sexual Assault Programs
SEXUAL EXPLOITATION AFFECTS...

Youth of ALL genders (girls, boys, transgender, two-spirit, gender non-conforming)
Youth of all sexual orientations
Any economic class
Any race
Any education level

However, sexual exploitation *disproportionately* affects young people experiencing poverty, homelessness, discrimination, deportation, and particularly youth of color and LGBTQ2I youth

A number of studies have found that among homeless youth, there are comparable numbers of boys and girls, as well as disproportionately transgender, who disclose sexual exploitation (ECPAT USA, 2013).
### COMMERCIAL SEXUAL EXPLOITATION BY GENDER

#### Gender Breakdown Among Homeless and Runaway Minors Reporting CSEC

<table>
<thead>
<tr>
<th>Author</th>
<th>Date</th>
<th>Sample Size</th>
<th>Ages</th>
<th>Location</th>
<th>% Males</th>
<th>% Females</th>
<th>% Transgender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swaner, et al.</td>
<td>2016</td>
<td>949 youth who self-reported that they have had sex for money</td>
<td>13 to 24 years of age</td>
<td>Six sites: Atlantic City, the Bay Area, Chicago, Dallas, Miami, Las Vegas</td>
<td>36%</td>
<td>60%</td>
<td>5% of the sample were transgender (4% trans female, 1% trans male)</td>
</tr>
<tr>
<td>Curtis, et al.</td>
<td>2008</td>
<td>249 youth who self-reported participating in CSEC markets</td>
<td>Under the age of 18</td>
<td>New York City</td>
<td>45%</td>
<td>48%</td>
<td>8% of the sample were transgender</td>
</tr>
</tbody>
</table>

#### Nationally Representative Literature Regarding CSEC by Gender

<table>
<thead>
<tr>
<th>Author</th>
<th>Date</th>
<th>Sample Size</th>
<th>Ages</th>
<th>Location</th>
<th>Overall Findings</th>
<th>Research Findings for Males</th>
<th>Research Findings for Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edwards, Iritani &amp; Hallfors</td>
<td>2008</td>
<td>13,294 American Youth</td>
<td>7th through 12th grade</td>
<td>Nationally Representative</td>
<td>3.5% of all youth reported that they had exchanged sex for drugs or money.</td>
<td>67.9% of youth who reported they had exchanged sex were male.</td>
<td>32.1% of youth who reported they had exchanged sex were female.</td>
</tr>
</tbody>
</table>
50-90% of sex trafficked youth had been involved in child welfare services. 14

60% of runaways who were sex trafficked had been in the custody of social services or in foster care. 15

LGBTQ2 YOUTH AT HIGH RISK DUE TO BEING REJECTED AND/OR ABUSED IN HOME, FOLLOWED BY RUNNING AWAY, PERIODS OF HOMELESSNESS, AND INCREASED VULNERABILITY TO MEET BASIC NEEDS

AMERICAN INDIAN/ALASKAN NATIVE YOUTH AT HIGHER RISK DUE TO IMPACTS OF COLONIZATION, HISTORY OF BOARDING SCHOOLS, AND ONGOING SOCIAL OPPRESSION

ALL YOUTH OF COLOR AT HIGHER RISK DUE TO OVER-SURVEILANCE OF CHILD WELFARE SYSTEMS, ONGOING INSTITUTIONAL RACISM, & ECONOMIC DISENFRANCHISEMENT
FACTORS INCREASING RISK OF EXPLOITATION

**Individual**
- History of abuse or neglect
- Mental health concerns
- Family dysfunction
- Homelessness
- Immigrant
- People of color
- Youth
- Girls/women
- LGBTQ2
- Low IQ or developmental assets

**Environmental**
- Adult sex industry
- Transient male populations
- Substance abuse
- Poverty
- Violence
- Use of women’s bodies in media and advertising
- Proximity to borders/ports

**Social**
- Sexism and misogyny
- Inaccessibility of legal economies
- Privilege
- Racism
- Homophobia
- Transphobia
- Classism
- Acceptance of violence to women and minorities
- Materialism/consumerism
LANDSCAPE OF EXPLOITATION

Pimps/third-party trafficker (can be any gender)

Gang-based

Family-based

Survival Sex

Independent, renegading, self managed

Peer to peer

Exploitation through other forms of the sex trades (pornography, web cam, stripping/dancing)

** In each of these types, much of the exploitation is facilitated through the internet using commercial sex websites (ex: Backpage.com) or dating websites. Some exploitation still occurs on street tracks, in businesses and/or through familial/social networks **
GROUP ACTIVITY

YOUTH SCENARIOS: IS IT TRAFFICKING?

➢ Misty is 11 and her brother Sammy is 15. They live in a car with their mother. Their mother recently allowed several different sex-buyers to sexually abuse the children in exchange for cash.

➢ Victor is 17. He discloses at a health and safety visit that his girlfriend is pregnant and he is the father. She is 20 years old, and he has occasionally stayed with her in her apartment on weekends when he told his foster mother that he was at a friend’s house.

➢ Raul is 16. He frequently runs away from foster care to live “on the street” with a group of other youth. He sometimes trades sex acts for food or shelter for himself or for his “street family.”

➢ Raven is 13. She sometimes “hooks up” with a 15-year-old friend. She and this girl have taken pictures of each other without clothes on.

➢ Linae is 15. Her boyfriend videotapes and photographs people engaging in sex acts with her and sells these tapes/pictures on the internet.

➢ Nina is 19. She makes money through the sex trades by posting adds and meeting sex buyers through commercial sex websites.
MODULE 2: HEALTH IMPACTS
HEALTHCARE IS THE FRONTLINE

87.8% of sex trafficking victims say they had some contact with health care while being trafficked.

- Hospital/ER: 63.3%
- Planned Parenthood: 29.6%
- Regular doctor: 22.5%
- Urgent care clinic: 21.4%
- Women's health clinic: 19.4%
- Neighborhood clinic: 19.4%
- On-site doctor: 5.1%
- Other: 13.1%

Source: Laura I. Lederer and Christopher A. Wetzel, "The Health Consequences of Sex Trafficking."
### BARRIERS TO ACCESSING CARE

<table>
<thead>
<tr>
<th>Patients</th>
<th>Providers</th>
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<tbody>
<tr>
<td>▪ Distrust of service providers</td>
<td>▪ Providers not trained in caring for trafficked/exploited individuals</td>
</tr>
<tr>
<td>▪ May not self-identify as being exploited or trafficked</td>
<td>▪ Healthcare services not gender-affirming or safe for LGBTQ2 individuals</td>
</tr>
<tr>
<td>▪ May be/feel in constant crisis</td>
<td>▪ Healthcare services not trauma-informed</td>
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<tr>
<td>▪ Lack of knowledge about local resources</td>
<td>▪ Lack of adequate screening tools</td>
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<tr>
<td>▪ Difficulty with return appointments/transportation</td>
<td>▪ Lack of adequate time during appointments to address complex issues</td>
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<tr>
<td>▪ Lack of identification/documents</td>
<td>▪ Providers project judgement and stigma upon individuals in the commercial sex industry</td>
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<tr>
<td>▪ Unable to come/go freely</td>
<td>▪ Providers have been prosecuted for being buyers/pimps themselves</td>
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<tr>
<td>▪ Fear of law-enforcement or deportation</td>
<td>▪ Patients experience racism seeking care</td>
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<tr>
<td>▪ Language barriers</td>
<td>▪</td>
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<tr>
<td>▪ Shame, stigma, and fear</td>
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</table>
## PHYSICAL HEALTH IMPACTS OF TRAFFICKING

<table>
<thead>
<tr>
<th>System</th>
<th>Clinical Presentation</th>
<th>Associated Trauma</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>Fatigue, malnutrition, dehydration, fever, nausea/vomiting</td>
<td>Any initial symptom, often infections, withdrawal, deprivation</td>
</tr>
<tr>
<td>Dermatology</td>
<td>Burns, lacerations, ecchymosis, bites, contusions, abscesses, cellulitis, self-harm and cutting injuries</td>
<td>Physical trauma, restraint, confinement</td>
</tr>
<tr>
<td>Head, ear, eyes, nose, throat, mouth</td>
<td>Facial fractures, ecchymosis, petechiae of eyes and face, lacerations, scarring, hair loss, sinus infections, dental carries, lost teeth, oral abscesses</td>
<td>Physical trauma, strangulation, hair pulled, trauma to face, malnutrition, sporadic access to medical and dental care</td>
</tr>
<tr>
<td>Neurological</td>
<td>Hx of LOC/TBI, memory loss, headaches/migraines, vertigo, disorientation, difficulty concentrating, difficulty recalling events, stroke</td>
<td>Impact of ACEs, head trauma/TBI, frequent relocation, isolation, anxiety, complex trauma, PTSD, toxic stress</td>
</tr>
<tr>
<td>Pulmonary and cardiovascular</td>
<td>Cough, SOB, respiratory infection, asthma, fever, chronic lung disease, hypertension, arrhythmias, asthma, adrenal fatigue, tuberculosis, endocarditis r/t IVDU</td>
<td>Toxic stress, crowded or unsanitary living conditions, low immunization rates, industrial exposure, untreated chronic disease, lack of proper/safe medication storage</td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>Fractures, contusions, sprains/strains, back pain, joint pain, unhealed/prior injuries, somatic complaints</td>
<td>Abuse, assault, repetitive stress injuries, prolonged work hours, anxiety/depression/PTSD (somatization)</td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td>Abdominal pain, internal trauma, malnutrition, nausea/vomiting related to infectious disease and/or drug withdrawal, IBS, constipation, food allergies, eating disorders</td>
<td>Abuse, assault, nutritional restriction, dehydration, stress/anxiety, lack of access to emergency meds for anaphylactic food allergies</td>
</tr>
<tr>
<td>Genitourinary / reproductive</td>
<td>Sexual assault and trauma, untreated or recurrent STIs, UTIs, PID, unintended pregnancy, retained tampons or other foreign objects, pelvic pain, complications following terminations, freq. request for HIV testing</td>
<td>Rape, trauma, gang rape, multiple partners, forced abortions, use of inserted objects during exploitation, forced sex while menstruating, lack of access to hygiene supplies, refusal of buyers to wear condom</td>
</tr>
<tr>
<td>Endocrine / metabolic</td>
<td>Anemia, diabetes, liver dysfunction, adrenal fatigue, excessive weight loss or gain.</td>
<td>Lack of medical home/routine care, altered eating patterns, malnutrition, toxic stress, alcohol use disorder</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>Fever, malaise, vaccine-preventable diseases, Hepatitis infections, HIV/AIDS, TB</td>
<td>Unprotected sexual intercourse, multiple partners, refusal of buyers to not use condoms, IVDU, crowded and unsanitary living conditions</td>
</tr>
</tbody>
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MENTAL HEALTH IMPACTS OF TRAFFICKING

<table>
<thead>
<tr>
<th>System</th>
<th>Clinical Presentation</th>
<th>Associated Physical and Psychological Trauma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatric and behavioral health</td>
<td>Depression</td>
<td>Force, fraud, coercion</td>
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<tr>
<td></td>
<td>PTSD; dissociation, hyper/hypo-vigilance, flashbacks</td>
<td>Unpredictability of life events</td>
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<tr>
<td></td>
<td>Anxiety and panic</td>
<td>Physical violence</td>
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<td></td>
<td>Self-inflicted injuries</td>
<td>Isolation</td>
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<td></td>
<td>Suicide attempt/s</td>
<td>Verbal Abuse</td>
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<td></td>
<td>Shame, guilt, worthlessness</td>
<td>Emotional abuse</td>
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<td></td>
<td>Emotional dysregulation</td>
<td>Poly-victimization</td>
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<tr>
<td></td>
<td>Relationship testing, aggression, outbursts</td>
<td>Unpredictability of life events</td>
</tr>
<tr>
<td></td>
<td>Sexualized behaviors</td>
<td>Sexual humiliation and re-enactment</td>
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<tr>
<td></td>
<td>Drug or alcohol dependence/withdrawal</td>
<td>Drugs use to cope or due to coercion or force</td>
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</tbody>
</table>

*Trauma Bonding*: The psychological bond between a pimp/trafficker and victim. This is defined as an attachment or relationship wherein the victim adopts the attitudes and worldview of an offender and becomes dependent on the offender for basic physical, emotional and psychological needs.
In a study of CSE youth from 6 urban cities ages 13-24 (N=900), 30% identified as being parents themselves.17

IF FOUR OR MORE ACES:
- 1.6 x more likely to have diabetes
- 12.2 x more likely to attempt suicide
- 10.3 x more likely to inject drugs
- 7.4 x more likely to drink alcohol

Applying ACEs science provides an important lens into the intergenerational impact of trafficking.
https://www.cdc.gov/violenceprevention/acestudy/about.html

75% CSEC had 4 or more ACES

Mean ACE Score non-CSEC: 3.65
Mean ACE Score CSEC: 5.74

If ACE score > 4 = 3.27 x more likely to be sex trafficked

P < 0.05 for demographic disproportionality (35% White, 54% Black, 11% Hispanic)
RISK INDICATORS FOR TRAFFICKING OBSERVED IN EMERGENCY ROOM SETTINGS

Retrospective study of differences in clinical presentation of commercially sexually exploited youth and sexually abused youth.

CSEC (N = 27) and CSA (N=57)

Average age CSEC: 15.7
Average age CSA: 15.2

Statistically Significant Differences

- History of STI
- Never uses condom
- Sexually active > 1 year
- History of violence with caregiver
- History of fractures, LOC, wounds
- History of violence with sex
- History of multiple drug use
- CPS history
- History of running away
- History with police

RED FLAGS FOR TRAUMA DURING AN EXAM

- Flinching from provider contact and tensing as if expecting extreme pain
- Very fearful, sobbing, hyperventilating
- Unusual reactions to disrobing - trembling, sweating, nausea
- "Checked out", dissociated behaviors, going limp, confused
- Sexualized behaviors towards clinician

**It is important to be familiar with the minor consent laws for healthcare within your tribal and state jurisdictions, including emancipated minors.**
TRAFFICKING RED FLAGS CONTINUED

General

• Story appears scripted or inconsistent
• Hesitant to answer about injury
• Avoids eye contact, nervous affect
• Accompanied by controlling individual
• Unable to provide address
• Disoriented as to place/time/location
• Not in control of own documents/money

Sex Trafficking *

• History of running away
• Child welfare/foster care involvement
• History of law enforcement contact
• History of LOC, untreated medical issues
• Reports high number of sex partners & STI
• Drug or alcohol use/withdrawal
• Chronic truancy
• Evasive about age/false ID
• Hotel keys, multiple cell phones

Labor Trafficking

• Abused/threatened with harm at work
• Hx of untreated injuries/no follow up
• Not allowed adequate rest breaks
• Was recruited for work other than what they are currently doing
• Has a debt to employer or recruiter
• Is required to live in employer housing

*First six sex trafficking risk indicators were from previous study on slide # 23
SCREENING

1. Facilitate privacy for interview through established protocol
2. Explain your role as mandated reporter to provide youth anticipatory guidance
3. Build trust and communicate messages of and caring about patient’s safety
4. Accept you may not have or receive the whole story; work with the information you have

Asking the Question

Have you ever traded sex for money or other things you need to survive? (Intake form)

Sometimes people trade sex for money or because they have to survive, has that happened for you (is that happening in your life)? (In person)

Sometimes people do work because someone threatens to hurt them if they don’t, has that ever happened to you? (In person)
VALIDATED SCREENING TOOLS FOR YOUTH

Pretesting a Human Trafficking Screening Tool in the Child Welfare and Runaway and Homeless Youth Systems

Commercial Sexual Exploitation Identification Tool – (CSE – IT)

WESTCOAST CHILDREN’S CLINIC

Screening to Identify Commercially Sexually Exploited Children

A Guide for Implementing the Commercial Sexual Exploitation – Identification Tool (CSE-IT) in Youth-Serving Organizations
EXAMPLE PROTOCOLS FOR HEALTHCARE SETTINGS

National Human Trafficking Hotline

- HCP Training Videos
- Fact Sheets
- Technical Assistance
MANDATORY REPORTING

“In the case of children, when reasonable cause exists to suspect that a child is a victim of trafficking, mandated reporting is required by law in all U.S. states and territories under child abuse and neglect statutes, regardless of whether mandatory reporting statutes specific to human trafficking are in place.”

Adult Human Trafficking Screening Tool and Guide: National Human Trafficking Training and Technical Assistance Center and Administration on Children & Families (pg. 18).

Visit www.victimlaw.org to review mandatory reporting laws for your state, but be aware of the above requirement.

- Develop clear guidelines and expectations regarding reporting of trafficking or commercial sexual abuse of a minor cases.
- Provide an opportunity for inclusion during the reporting process to facilitate a sense of self-determination for youth amidst the circumstances.
- Provide information to youth relevant to their situation for informed decision making whenever possible.
- Validate feelings and concerns about reporting, both to child welfare and law enforcement, and do not make promises than cannot be kept.
NEW REQUIREMENTS FOR CHILD WELFARE AGENCIES

Federal Legislation

H. R. 4980

IN THE SENATE OF THE UNITED STATES

July 24, 2014

AN ACT

To prevent and address sex trafficking of children in foster care, to extend and improve adoption incentives, and to improve international child support recovery.

Credit to Norene Roberts and Dae Shogren from WA State DSHS for the screening tool.

Child Welfare Guide


Commercially Sexually Exploited Child (CSEC) Screen

WA’s child welfare system now screens:

- Age 11 and older at initial placement
- Who run from out of home care
- Are suspected, indicated, or confirmed CSEC
"A recent national survey found significant gaps in access to sexual assault examiner (SAE) and sexual assault response team (SART) programs for more than two-thirds of 650 Census-designated Native American lands reviewed, which included 381 lands that reported no service coverage within a 60-minute driving distance." (NCAI, pg. 9)

INDIAN HEALTH SERVICES FORENSIC HEALTHCARE
http://www.forensicnurses.org/search/custom.asp?id=2100

FORENSIC NURSING PROGRAMS CAN ALSO BE SEARCHED BY STATE HERE:
http://www.forensicnurses.org/search/custom.asp?id=2100
NATIONAL HUMAN TRAFFICKING HOTLINE

- 1-888-373-7888
- Also text 233733
- Live Chat available

ABOUT

- Hotline is answered 24/7 and 7 days per week, 365 days/year
- Callers can speak in over 200 languages using a 24 hour tele- interpreter service
- Use to:
  - Get Help
  - Report a Tip
  - Referral Directory
  - Resource Library
  - How to get involved
MODULE THREE: LONG-TERM NEEDS AND RESOURCES
LONGTERM ENGAGEMENT

1. Relationship **IS** the intervention
2. Non-judgmental attitude at all times
3. Address the subculture (prostitution, gangs, street life)
4. Re-frame the economic strategy
5. Be consistent, follow through on everything
6. Celebrate small successes
7. Develop partnerships and know your systems
TRAUMA INFORMED PRACTICE

**National Child Traumatic Stress Network**
Lists evidenced based interventions with cultural relevancy
http://nctsn.org/training-guidelines

- Respond with empathy and nonjudgmental, strengths-based support
- Validate emotions
- Offer choices
- Attend to safety, dignity, agency, and belonging as fundamental human needs
- Reframe “bad behavior” as an intelligent function and result of trauma responses
- Understand: fight, flight, freeze, appease, dissociate
TIPS FOR STABILIZATION

“Many of the women felt they owed their survival to Native cultural practices – and most wished for Native healing approaches to be integrated with mainstream social services.” (NCAI, p.9)

Movement/exercise- releases “happy” endorphins, increases self-esteem and grounds the body

Quiet time- mindfulness, meditation, prayer or just sitting quietly

Breathing

Progressive muscle relaxation

Critical thinking (finding meaning in experiences)

Art, dance, music, creativity

Use of numeric scales (examples: run scale, emotions scale)

Medication (properly diagnosed, prescribed and administered)
OVERVIEW OF SERVICE NEEDS

WRAP AROUND NEEDS

Housing (long term, emergency shelter, foster care, treatment)

Employment

Advocacy/case management

Education

Mental health services (community-based, in-patient, psychiatric, D/A)

Medical/dental/vision care

Peer support/social supports

LEGAL SUPPORT AND ADVOCACY

Jurisdictional navigation

Current criminal charge

Probation

Material Witness Orders

Providing testimony

No-contact orders and stipulations from the court

Unclear or complicated guardianship
CONSIDERATIONS FOR BUILDING A COORDINATED CSEC RESPONSE

Utilize existing Indian Health Service’s Youth Programs to serve CSEC:

❖ Native Youth Services
❖ IHS Youth Regional Treatment Centers
❖ Boys and Girls Club w/ School partnership
❖ Violence and Injury Prevention programs

Build relationships among partners; make time, make it a priority

Establish shared values and use those to drive decision making

Training, training, and more training (then advanced training) > shared language, values & consistency in practices

One size does NOT fit all - it is why we have a Model Protocol in Washington State
Examples of Services:
YouthCare’s Bridge Continuum / CSEC Advocacy in King County, WA

<table>
<thead>
<tr>
<th>Identification and Engagement</th>
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<tbody>
<tr>
<td>Address safety</td>
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<tr>
<td>Basic needs</td>
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<td>Street Outreach and drop-in</td>
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<tr>
<td>National Safe Place</td>
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<tr>
<td>Determine legal circumstances</td>
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<td>Determine housing needs</td>
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<td>Rapport building</td>
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<tr>
<th>Community Advocates</th>
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SAFETY PLANNING AND HARM REDUCTION TECHNIQUES

- **Identifying sources of support**: safe family, friends or other safe places
- **Identifying, developing and practicing coping strategies**
- Create detailed **emergency plans** to respond to or plan for dangerous situations such as changes in an abusive relationship, family instability or leaving the life (squaring up)
- **“Mini-plans”**: short, frequent and as specific as possible for immediate safety negotiation
- **Follow up!** Follow up! Follow up! After making a plan, always check back at the next conversation, “How did things go? Did you use any of the strategies/ideas you came up with/we talked about?”
- **Practice refusal skills**. Do mini role plays with youth to practice saying “no”, declining drugs/alcohol, leaving safe housing, “So, next time you run into that person what will you say if they ask you to party with them?”
- **Having a safety plan** and scanning for threats if negotiating transactional sex acts
- **Negotiating out** of high risk sexual activities
First three stages focus on thinking

Based on predictable stages people go through when making behavior change

Founded in the drug and alcohol treatment practices

Last two focus on behavior

**Stages of Change Model**
*(Prochaska and DiClemente)*

- **Pre-contemplation**
  - “I love my partner/friends; I love being in the life”
  - **Goal:** ‘Planting seeds’, don’t push or try to convince them that their partner/friends are bad, talk about the future

- **Contemplation**
  - “I love my partner/friends but there are some parts I don’t like; things I wish I didn’t have to do”
  - **Goal:** build the relationship; get them connected to an advocate or mentor

- **Preparation/Action**
  - “I want out; I don’t want to die doing this”
  - **Goal:** move quickly; wrap every service available; keep the youth informed and let them make decisions if possible

- **Maintenance**
  - “I’m working on my goals and staying out of trouble”
  - **Goal:** lots of positive support and reinforcement, planning for future, relapse prevention

- **Relapse**
  - “I miss the drama; I can’t make it in the square world”
  - **Goal:** support the youth to re-engage in services; let them know you’re not disappointed and still supportive
Victim Advocacy Services and Community Education

It is our mission to honor traditional values and beliefs that promote safety and well-being for Native American families and individuals by providing a holistic approach to inform, educate and heal our communities affected by violence.

Our services are available to anyone who is:
1- A primary or secondary victim/survivor of domestic violence, sexual assault/commercial sexual exploitation, dating violence, stalking or elder abuse.
2- And either identifies as Native American or Alaska Native - OR - is a current client or staff member of any Cowlitz Indian Tribe Health and Human Services Program.

Judy Johnston @ 1.206.466.5131
Email: JJohnston@Cowlitz.org
www.Cowlitz.org
pathwaystohealing@Cowlitz.org
NATIVE YOUTH TOOLKIT ON HUMAN TRAFFICKING

https://www.acf.hhs.gov/otip/resource/nativ eyouth

“The toolkit was informed by focus groups of Tribal youth during FY 2015-2016. ACF staff from the Administration for Native Americans and the Office on Trafficking in Persons are committed to revising this resource with input from federal grantees working with Native American communities, Native Americans who have experienced sex and labor trafficking, and federal agency partners through the Senior Policy Operating Group (SPOG) Public Outreach and Awareness Committee.”

Email EndTrafficking@acf.hhs.gov with any feedback, comments, or questions
EXECUTIVE SUMMARY

Human and sex trafficking is a crime that affects nearly every community across our nation, it is an insidious threat that has proven difficult to track and quantify, and exceedingly hard to dismantle. While there is a perception that human trafficking involves international criminals targeting victims living in the developing world, it is commonplace here in the U.S. and in Indian Country. We cannot ignore the networks, pipelines, the victims, or the systems that enable human trafficking.

In this Tribal Insights Brief, the NCAI Policy Research Center paints a portrait of human trafficking in American Indian and Alaska Native communities—from its root causes and historical context to current trends—in order to emphasize the systemic policy and program levers that are essential in combating this crime. Our goal is to support tribal nations in promoting health and justice for their citizens by raising awareness of and engagement with this critical issue for our communities.

Information provided in this brief includes:

1. Definitions of human and sex trafficking
2. Historical context and root causes of trafficking (e.g., vulnerabilities and risk factors)
3. Data concerning the prevalence and impact of trafficking in Native communities
4. Suggestions for identifying and supporting victims of trafficking
5. Sovereign Prevention: Sample tribal codes addressing trafficking
6. Recommendations and resources

NIWRC: NATIONAL INDIGENOUS WOMEN'S RESOURCE CENTER

http://www.niwrc.org/document-type/sex-trafficking

http://www.niwrc.org/resources

http://nativelove.niwrc.org/
TRIBAL RESOURCE MAPPING PROJECT

National Center for Victims of Crime:
“The National Center and its partners are working with stakeholders across Indian country and urban Indian communities to identify crime victim services available to AI/AN.”

http://victimsofcrime.org/our-programs/tribal-resource-mapping-project
ARTICLES AND REPORTS


TRAFFICKING RESOURCES

BOOKS

• Judith Herman, Trauma and Recovery. (Vol. 551) Basic Books. 1997

VIDEOS/MOVIES

• Very Young Girls, created by Girls Education and Mentoring Services (GEMS), New York.
• How Childhood Trauma Affects Health Across the Lifetime, TED Talk, Dr. Nadine Burke Harris: https://youtu.be/95ovlJ3dsNk
• Trauma Stewardship TED Talk by Laura van Dernoot Lipsky. http://tedxtalks.ted.com/video/Beyond-the-Cliff-Laura-van-De-2;search%3ATEDxWashingtonCorrectionsCenterforWomen%20#.VTmYV2Kjpno.facebook
• A Novel Approach to Sex Trafficking: Sandy Skelaney TEDx Miami, 2013 (TED talk on the importance of relationship building with trafficking victims). https://www.youtube.com/watch?v=OLuJALGtPQ8#!
• Human Trafficking: Rachel Lloyd at TEDx UChicago, 2012 (TED talk from Rachel Lloyd, survivor and the founder of Girls Education and Mentoring Services, GEMS in New York). https://www.youtube.com/watch?v=9lj_6iMi9gA
QUESTIONS?

SPECIAL THANK YOU TO

CONACH: COMMITTEE ON NATIVE AMERICAN CHILD HEALTH &

THE AMERICAN ACADEMY OF PEDIATRICS

FOR FOCUSING ON THIS IMPORTANT ISSUE
REFERENCES

8. Investigations in Indian Country or Involving Native Americans and Actions Needed to Better Report on Victims Served GAO Released: Sep 27, 2017
11. See note 2
12. See note 2
20. https://humantraffickinghotline.org/mission