



National Advisory Committee on the Sex Trafficking of Children and Youth in the United States Summary of Meeting September 13–14, 2018

Thursday, September 13, 2018 | 9 a.m.–5 p.m.

The National Advisory Committee (the Committee) convened for the first day of its first meeting on September 13, 2018, at the U.S. Department of Health and Human Services (HHS), Switzer Building, 330 C Street, SW, Washington, DC. Committee Chair Glen (J.R.) Ujifusa, Senior Deputy District Attorney of Multnomah County, Oregon, opened the meeting with a check on remote connection logistics, held a roll call, and established that a quorum was met.

Committee Members

Present Virtually

Justice Bobbe Bridge (Ret.), Center for Children & Youth Justice
Governor Mark Dayton (Substitute: Jen McNertney), Minnesota
Staca Shehan, National Center for Missing & Exploited Children

Present In Person

Rebecca Bender (Substitute: Angie Conn), Rebecca Bender Initiative
Marissa Castellanos, Catholic Charities of Louisville
Kimberly Chang, M.D., M.P.H., Asian Health Services
Governor Doug Ducey (Substitute: Tim Roemer), Arizona
Captain Pi Downsborough, Massachusetts State Police
Jordan Greenbaum, M.D., International Centre for Missing and Exploited Children
Stacey Katz, Psy.D., WestCoast Children's Clinic
Judge Robert Lung, Judicial District, Arapahoe County & Douglas County Justice Centers, Colorado
Christine Raino, Esq., Shared Hope International
Judge John J. Romero, Jr., Second Judicial District Court, Albuquerque, NM Children's Court Division
Kathy Sauve, Lutheran Social Services of Minnesota–Brainerd
Carol Smolenski, ECPAT-USA
David Strauss, Prevent Child Abuse America, North Dakota chapter
Glen (J.R.) Ujifusa, Jr., Senior Deputy District Attorney of Multnomah County, Oregon (Committee Chair)
Yasmin Vafa, Rights4Girls
Erin Williamson, L.C.S.W., M.P.A., Love146

Not Present

John Vanek

Other Attendees

Lists based on registration, attendance not taken at meeting

Federal Participants

Katherine Chon (Committee Designated Federal Officer), Office on Trafficking in Persons within the U.S. Department of Health and Human Services (HHS) Administration for Children and Families (ACF)

James (Jim) Antal, Office of Justice Programs, U.S. Department of Justice (DOJ)
Amanda Benton, Assistant Secretary for Planning and Evaluation, HHS
Marynet Bishay, Substance Abuse and Mental Health Services Administration, HHS
Ana Cody, Family and Youth Services Bureau, HHS ACF
Kate Cooper, Office on Trafficking in Persons, HHS ACF
Lauren Fischman, Children's Bureau, HHS ACF
Jeffery Gersh, Office of Justice Programs, DOJ
Rosie Gomez, Children's Bureau, HHS ACF
Emily Granada, Office on Women's Health, HHS
Les W. Hollie, Office of Inspector General, HHS
Elicia McIntyre, Substance Abuse and Mental Health Services Administration, HHS
Catherine Pierce, Office of Justice Programs, DOJ
Anna Pilato, Office of External Affairs, HHS ACF
Lindsay Waldrop, Office for Victims of Crime, DOJ

Public Participants in the Room

Ava Donald, National Human Trafficking Training and Technical Assistance Center
Dean Duncan, University of North Carolina
Ashley Garrett, National Human Trafficking Training and Technical Assistance Center
Mollie Gordon, M.D., Baylor College
Abbie Gruwell, National Conference of State Legislatures
Bob Heckman, Capital City Partners
Hannah Howard, Charlotte Lozier Institute
Susan Jansen, National Human Trafficking Training and Technical Assistance Center
Laura Lederer, Global Centurion
Lucy Steinitz, Catholic Relief Services
Stephanie Vega, National Human Trafficking Training and Technical Assistance Center

Panelists

Tina Frundt, Courtney's House
Deborah Gibbs (virtual), RTI International
Steve Hanson, HHS Office of Investigations
Laura Murphy (virtual), Loyola University New Orleans
Suzan Song, M.D., M.P.H., Ph.D., George Washington University Medical Center
Hanni Stoklosa, M.D., M.P.H. (virtual), HEAL Trafficking
Bill Woolf, Just Ask (To End Human Trafficking)

Opening Remarks

Katherine Chon, Director, Administration for Children and Families (ACF) Office on Trafficking in Persons (OTIP) and the Committee's Designated Federal Officer, introduced three federal agency speakers who delivered opening remarks: Eric D. Hargan, Deputy Secretary, U.S. Department of Health and Human Services

(HHS); Lynn Johnson, Assistant Secretary for Children and Families, HHS; and Alexandra R. Gelber, Deputy Chief, Child Exploitation and Obscenity Section, U.S. Department of Justice (DOJ).

Eric Hargan stated that in response to President Trump’s call to action, HHS is prepared to support state and local communities in fighting human trafficking. Earlier this year, HHS launched online training programs and delivered public service announcements to raise awareness.

Lynn Johnson explained that human trafficking is a top priority for ACF and called on Committee members to provide a roadmap for preventing and eradicating human trafficking. She also challenged the Committee to get to action to solve human trafficking by asking for what it needs and providing measurable outputs.

Alexandra Gelber discussed three DOJ mandates regarding human trafficking: prosecuting cases, policy legislation, and training and outreach.

Welcome and Committee Business

Committee Chair J.R. Ujifusa welcomed the Committee members and reviewed responsibilities of the Committee, whose main charge is to advise HHS and the Attorney General on practical and general policies regarding improvements in the U.S. response to the sex trafficking of children and youth in the United States. In addition, the Committee is responsible for advising on (1) practical and general policies concerning the cooperation of numerous entities; (2) the development and implementation of successful trafficking interventions and recommendations for safe housing; and (3) best practices and recommendations for states. The Committee’s cross-system collaboration protocols and recommendations will include the following strategies: identify victims; collect, document, and share data; help agencies better understand types of trafficking, scope, and population specific needs; address demand for trafficked children and youth; increase prosecutions of traffickers and purchasers of children and youth; and provide information on the degree of victim interaction with multiple systems.

Open Issues

Mr. Ujifusa reviewed the meeting agenda and opened the floor for voting to approve the Committee bylaws. He noted one Committee member’s question regarding who wrote the bylaws. OTIP responded that it authored the bylaws based on statutory language in the Preventing Sex Trafficking and Strengthening Families Act of 2014 and the Federal Advisory Committee Act. The bylaws were approved with no one opposed.

New Business

Each Committee member, including those attending virtually, spent a few minutes introducing themselves and sharing information about their experience with, contributions to, and vantage points on sex trafficking of children and how to eradicate it. (See [Committee member bios online](#).) Introductory remarks included information that girls, homeless boys, transgender youth, and African American girls are at disproportionate risk for human trafficking; the needs of small cities and rural communities differ from major metropolitan areas and that it’s more difficult to have specialized human trafficking programs; the importance of a “no wrong door” model and engaging specialized foster care and state departments of health and public health; and trends in data reported into the National Center for Missing and Exploited Children, including an increased reporting of minors missing from care after the Preventing Sex Trafficking and Strengthening Families Act of 2014.

In a discussion about residential housing services, Katherine Chon queried the group on what is working from a state, federal, or privately funded perspective as well as what types of good practices they’ve observed. Committee members agreed that a gap exists in this area and that a lot of work needs to be done. Several issues were identified regarding insufficient housing options overall, including the piece-meal nature of housing; multiple systems often seeing the same youth (e.g. foster care and delinquency); need for male-specific programming, housing for individuals who age out of the foster care system, lesbian, gay, bisexual, transgender,

queer, intersex, asexual (LGBT(QIA+)) individuals, those with differing immigration statuses, and Native children. More education for providers is needed as well as more support for foster care families and formal evaluation methods for determining what works and what does not work. Committee members discussed the importance of identifying trafficked individuals and examining foster care system dynamics to determine need, challenges in holding beds, need for supportive housing for parents of minor victims, role of drug addiction and internet-based recruitment, penalizing youth who run away from placements, need for a whole family approach, and recognition that not all youth impacted by human trafficking are involved in systems. Committee members also discussed the importance of gathering data for children at risk or who are being trafficked, sharing that data with child welfare agencies, and establishing standardized screening tools.

Panel of Invited Guest Presenters

Law Enforcement Panel

Bill Woolf (Executive Director, Just Ask to End Human Trafficking) discussed effective collaborations between law enforcement and schools to raise awareness about human trafficking. He reported that only 5 percent of law enforcement officers are adequately trained to respond to human trafficking cases and there is need for specific training for command level and supervisors. Because human trafficking is often obscured by other crimes, law enforcement officers can triage complaints but are not equipped to assess situations beyond what is present in the moment. There is a lack of standardized training for law enforcement; therefore, no metrics can be captured and there is a need to evaluate the impact of law enforcement training (including a change in culture). The law enforcement field is leveraging technology (such as mobile applications) to better address how to identify victims, which can be complex. An important initiative for the Committee to consider is the need for educational curriculum for youth. One of the biggest struggles for law enforcement is when victims don't know what human trafficking is, they tend to self-blame and see themselves as criminal and won't say they are also a victim. Young people who receive these lessons in school are more likely to report during initial recruitment phases—making it easier for law enforcement to make arrests and prosecute the potential trafficker on other crimes, but preventing human trafficking exploitation. To counter this, Just Ask to End Human Trafficking is implementing curriculum for middle and high school students and developing age-appropriate curriculum targeting elementary schools.

Bill Woolf Q&A

Q: In leveraging technology, specifically what's working?

A: Our research says there is not a lot out there; there is a platform for school security, but it could be leveraged to address issues of trafficking and exploitation. We've developed a framework of an application, too.

Q: Is [the framework mentioned above] more on the prevention side or the investigative side?

A: It's an identification tool—almost an electronic field interview card; localized resources are built in (for example, if an officer sees a high probability of trafficking, then we can treat it as such and find local resources for housing, counseling, food, etc.).

Comment: Grade school is the time to start outreach in schools. Previously, all we knew was “Stranger Danger,” but more than half of traffickers are related to the victim or know the victim.

A: Absolutely agree. A colleague was trafficked as a child by their parent. School counselors don't always believe the child, so it needs to be integrated into the schools.

Q: Any efforts to include training for fire/rescue personnel and other first responders?

A: Yes, all of our programs are disciplinary specific. We have fire/EMS training programs. Our model is with all disciplines together and then broken down within each specific discipline. These programs are essential in building our national response.

Q: When training law enforcement personnel, are you including principles of trauma-informed care?

A: Yes, the training is trauma informed, which is a new concept for law enforcement. A barrier to identification is the perception that the victim is lying, so law enforcement tends to respond inappropriately; the training helps professionals understand the neurobiology of the brain and why the victim is responding or behaving in a certain way.

Q. Are you training law enforcement personnel for vicarious trauma?

A: Yes, we talk about secondary trauma, which is very underdiscussed in law enforcement right now.

Q: You mentioned the 5 percent of law enforcement officers who have received human trafficking training. This is a shockingly low number given that the federal government has been funding law enforcement training since 2002.

A: To clarify, it's "appropriate" training—not just that they received training. I'd be happy to give you the citation.

Comment: Bringing training to a more local level is critical; it's concerning if there is not somewhere for [law enforcement personnel] to go with the new information or if there is no follow up.

A: Yes, investigators can get overwhelmed, so we have to help them triage— giving them realistic, tangible tools is so important. Federal agencies have more resources, but we've got to give locals access. Problem: After federal task force funding ends, most task forces cease to exist or they are no longer a priority. So how do we motivate local/state law enforcement to be engaged and involved in these task forces, even without federal grant funding?

Q: In trainings with law enforcement and collaborations with schools, how do you ensure that kids aren't getting criminalized or revictimized by the juvenile justice system?

A: We need to set standards for the law enforcement curriculum. We also need to ensure they have all the tools when they are responding to those incidences. We do not just train law enforcement; we collaborate with schools, counseling systems, etc., to make sure we're all on the same page. Funding is very limited to do this work right now. Getting quality training and quality solutions is the answer.

Steve Hanson (Special Agent in Charge, HHS Office of Investigations and Korby Harshaw, Assistant Special Agent in Charge) discussed effective collaborations between HHS Office of Investigations, FBI, Immigration and Customs Enforcement, and Homeland Security Investigations to prevent and disrupt the trafficking of children and youth. Several studies show that a significant percentage of children and youth victims of child sex trafficking have been involved with child welfare services, including foster care, and many of these programs are funded by HHS. Research indicates that traffickers target youth in foster care because of their increased vulnerability. Traffickers exploit the fact that youth in foster care—or those who have run away from care—may have unmet needs for family and emotional relationships. PROJECT H.O.P.E. is a proactive attempt to identify waste, fraud, and abuse within the HHS-funded foster care program. (See the PowerPoint presentation in Appendix A: PROJECT H.O.P.E.)

Steve Hanson Q&A

Q: Are states required to tell you when there is a report against a facility? If we hear about inappropriate action, we need to report to our care line. Are those care lines required to tell you about reports against the agencies being funded?

A: There is an obligation to notify the appropriate agency in the case of trafficking, but we have not received any reports.

Comment: There is an executive order against trafficking in federal procurement as well as the National Defense Authorization Act. OTIP is working on training and technical assistance materials for programs funded

by any federal or partial federal funds. If there is an indication of misuse of federal funds related to trafficking, there is guidance to report to respective federal OIG offices.

Comment: It's not just about financial misuse; rather, a facility staff member had done something bad to a child. Systemic abuse was found in the organization, but that agency is still operational. So, this is a break in the system, but that particular state does not have to report to you about an agency that you're funding?

A: A crime like that would be reported to local law enforcement. That's something we'd like to get involved in. The reporting requirement is typically not to us (OIG); those reports would usually go to a state agency. Unfortunately, there's a gigantic bureaucratic disconnect.

Q: Is there a legal problem with leveraging other resources with a nonprofit like ours (Catholic Charities) to offset federal funding?

A: That is not our responsibility, if there is no intentional theft or neglect, then it's not in our jurisdiction. That will be monitored by others in government based on federal and state program rules.

Service Providers and Practitioners Panel

Tina Frundt (Founder and Executive Director of Courtney's House) shared Courtney's House experiences in collaborating with child welfare systems in the District of Columbia, including parent support groups, survivor services coordination, and screening for trafficking. The foster care system is a number system, but reporting has been difficult due to tracking inaccuracies and the absence of a code for human trafficking in the law enforcement system. However, the law currently requires that everyone needs to report sex trafficking numbers to law enforcement. In our experience, foster parents can be part of a trafficking situation, and when we identify this potential, we work with DC's Child and Family Services Agency to go with social workers on home visits to meet parents, investigate, and confirm cases of trafficking. In other instances, foster parents are not involved in the exploitation but are not aware that trafficking or other abuse has taken place; therefore, they are limited in how to support the full scope of needs of children in their care.

There is a huge need for training for foster care parents and case managers to be trained in trafficking, including the nexus between trafficking and children that are charged or held for delinquency. Courtney's House created a system so that all stakeholders (foster care, youth, Courtney's House) are involved with case management processes, including mandatory reporting. When mandatory reporting requirements come into play, Courtney's House establishes a relationship with the child, discusses the report with them, and explains the purpose of it before making the call. Many youth were not staying in their foster homes due to foster parents' lack of knowledge about the child's trauma and medical (including trafficking, trauma, and mental) history. Case managers would not disclose trafficking of a child because of confidentiality issues and would not disclose mental health issues. Courtney's House now works with a foster care training academy and holds mandatory meetings with foster parents to provide training. Courtney's House also hosts service providers to enable children to access services. Courtney's House also works with youth with severe mental health issues, boys who were trafficked, and youth trafficked through gangs.

Tina Frundt Q&A

Q: How do you get around the issues of consent for primary care for your clients when bringing them in for medical services?

A: We work with National Children's Hospital and they coordinate the information exchange, not Courtney's House. They are already the main service provider for child trafficking and they orchestrate consent for foster care, so we do not run into that problem. Parents were happy because the child was receiving followup medical care.

Q: Statement of support and offer of help from the National Center for Missing and Exploited Children (NCMEC). We hear a lot from parents that there's really no place for them to go; they had no role in their

child's trafficking. NCMEC has a program called Teen Hope, a division that provides peer-to-peer support for parents, among other things, and would be happy to collaborate with you.

A: To clarify, our parent support program is only available for people enrolled in our program currently.

Dr. Suzan Song (Director, Division of Child/Adolescent & Family Psychiatry, George Washington University Medical Center) presented on intergenerational stress, resiliency, and protections related to the health and mental health needs of youth impacted by human trafficking and related violence. Increases in trafficking are associated with breakdown in the family and the ability to care for children. We cannot reduce foster care or juvenile centers of homelessness without engaging problems at home that can explain the situation. To prevent exploitation, we need stronger social support systems and opportunities for economic upward mobility; to prevent poor health and mental health outcomes, survivors should have access to health care on an as-needed basis throughout their lifetime; and all service providers should implement trauma-informed care with comprehensive case coordination. Resiliency is time and context dependent, a dynamic process, and is impacted by socioeconomic status. We can help survivors find examples in their communities of strength and perseverance to help heal trauma—by strengthening voice and identity. (See the PowerPoint presentation in Appendix B: Resiliency.)

Dr. Suzan Song Q&A

Comment: Discussion about a case where there was intergenerational trauma among a family that did not speak English. Brought in an interpreter and the family was able to learn about their parent's experiences. There are evidence-based intergenerational interventions.

Comment: Providing a safe space for survivors is important and acknowledging the vulnerabilities that occur in families and how they can impact an individual is key. Interventions can help strengthen prosocial behavior.

Researchers Panel

Dr. Laura Murphy (Director of Modern Slavery Research Project, Loyola University New Orleans) presented research on human trafficking among homeless youth, including the 10-city study with Covenant House and other relevant studies conducted through the Modern Slavery Research Project. See [findings from the study](#) online. We interviewed young people in each of the cities to discuss homelessness and vulnerabilities, especially with youth of color, as they were a large percentage of the residents in these shelters. We learned that almost 20 percent of the youth had been trafficked. Some missing populations from the human trafficking conversation include young men being trafficked for sex and labor, LGBT(QIA+) youth, and foster youth. Many of the young men did not understand how they could be victimized sexually, did not have the language to articulate the situation, and felt that they would not be believed. We also discussed forced labor within drug trade for young men and compared red flags to the sex trafficking environment. LGBT(QIA+) youth were vulnerable because in the process of coming out, they would be rejected by family and unable to live in their homes. Many youth ended up in shelters to escape gangs. Important to note that age of entry into the sex trade may not be 11–13, but closer to 16–18. Many of the youth recommended job skills training, financial literacy, and job placement help. (See the PowerPoint presentation in Appendix C: Over-Represented and Under-Served.)

Dr. Laura Murphy Q&A

No questions were asked.

Dr. Hanni Stoklosa (Executive Director of HEAL Trafficking) presented research on child trafficking, including the link to opioids, substance use, and other public health concerns. It is important to take a public health approach to trafficking and address labor trafficking as well as sex trafficking. The upstream/downstream model to illustrate addressing societal, community, and individual risk factors that lead to trafficking was explained. A public health approach puts survivors at the center of the work. Risk factors of sex and labor

trafficking are very similar. If we do not address both sex and labor trafficking, instead of separating the types of exploitation, we are doing a disservice to our patients. Service provision and data collection needs are similar for each type of exploitation. (See the PowerPoint presentation in Appendix D: Public Health Approach and Addressing Labor Trafficking.)

Dr. Hanni Stoklosa Q&A

No questions were asked.

Deborah Gibbs (RTI International) presented research on human trafficking, particularly as it impacts youth engaged in child welfare systems and other systems of care, including victim assistance through federally funded anti-trafficking organizations. The risk factors of children at risk of trafficking and exploitation was explored, particularly regarding commercial sex. All children in the system have different types of traumatic experiences, so each system involving children should have universal trauma programs. Under-identification is happening in the field. First responders and law enforcement need to be looking for labor trafficking, not just sex trafficking. We cannot take an adult or a child out of a trafficking situation without giving them all the tools they need to have successful lives. (See the PowerPoint presentation in Appendix E: Best Practices for Combatting Sex Trafficking of Children and Youth: What Does Research Tell Us?)

Deborah Gibbs Q&A

Q: Is it possible to get a copy of your study?

A: We are working on some publications and a final report for this study, and I'd be happy to share it with help from the Office for Victims of Crime (OVC).

Q: Regarding the next to last slide in the presentation: You mentioned having a case manager or someone who follows the child. Is there a model for the case manager who follows a child?

A: There are a few states working on that, including in Minnesota where one of the NAC members is from. I will send some other examples.

Public Comments

In accordance with the provisions of the Preventing Sex Trafficking and Strengthening Families Act of 2014 (P.L. 113–183), the meeting was open to the public from 4–5 p.m. View the [public comments](#) online.

Two people requested to speak in person:

Lindsay Waldrop/OVC/Department of Justice (See the written statement in Appendix F.)

Mollie Gordon, M.D./Baylor College of Medicine Anti-Human Trafficking Treatment and Research Program and American Medical Women's Association (AMWA)—Physicians Against the Trafficking of Humans (PATH) (See the written statements in Appendix G and Appendix H.)

Other public comments from the chat box were read aloud:

Shawna Pagano: I created a data collection system in our county. All agencies that work with a suspected or confirmed victim of trafficking submit the information to me using a unique identifier formula so that I can recognize duplicates without getting names. DSS, Department of Juvenile Justice, police, service providers, etc. participate. We identified 24 unique youth victims of trafficking in the second quarter of this year. The number will likely grow as more agencies participate and better identify victims. I then analyze the data for trends.

Xin Ren 2: Children who run away from foster care have been mentioned again and again for high risk of child trafficking. Any particular research to look into this situation why they run away repeatedly? Any specific research or program to address this issue within the foster care system? I may have missed early presentation and would like to have access to the materials presented this morning.

Marji Iacovetti: Several Committee members have noted the importance of measuring results. What criteria do members recommend we examine when assessing the efficacy of residential care programs serving youth who've been trafficked? For instance, how would you define success in the context of group homes serving this population?

Kimberly Murphy: The Federal Interagency Strategic Action Plan on Services of Victims of Human Trafficking 2013–2017 outlined the overall goals of the federal government and responsibilities of each agency by certain dates. Now that that plan has ended, we need a new one with each agency head in agreement with what the actions are. Without a plan in place and agreement from leadership from the various agencies, it is difficult to continue the work where we left off under the last plan. Perhaps the new plan could focus on continued data collection, analysis, and formulation of a plan to expand evidence-based programs.

Dariann McCormick: Could the Committee address how states and counties should merge the federal guidance under the Preventing Sex Trafficking and Strengthening Families Act and the Justice for Victims of Trafficking Act? Particularly, it would be helpful to bring together the components of identification and response after youth run from care, along with the screening, assessment, and investigation of all reports of sex trafficking of children.

Adjournment

The meeting adjourned at 5 p.m.

Friday, September 14, 2018 | 9 a.m.–1 p.m.

The National Advisory Committee (the Committee) convened for the second day of its first meeting on September 14, 2018, at the U.S. Department of Health and Human Services (HHS), Switzer Building, 330 C Street, SW, Washington, DC. Committee Chair Glen (J.R.) Ujifusa, Senior Deputy District Attorney of Multnomah County, Oregon, opened the meeting with a roll call and established that a quorum was met.

Committee Members Present

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Justice Bobbe Bridge (Ret.), Center for Children & Youth Justice
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In Person

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Not Present

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Laura Lederer, Global Centurion
Lucy Steinitz, Catholic Relief Services
Stephanie Vega, National Human Trafficking Training and Technical Assistance Center

Welcome and NAC Business

Katherine Chon introduced William Wubbenhorst, Associate Commissioner of the Family and Youth Services Bureau (FYSB), to discuss the agency's work and how it impacts human trafficking.

FYSB's runaway and homeless youth program has 600 grants with approximately 300 organizations. Each organization averages two grants, and there are three types of grants that represent the main areas the agency is investing in: (1) a street outreach program; (2) a basic center program serving runaway and homeless youth under age 18 who are not in the child welfare system; and (3) a transitional living program for youth ages 16–21 for up to 18 months. FYSB is on the front lines of dealing with runaway and homeless youth and serves trafficking victims but it's hard to know how many—so a screening tool and training are very important to the agency and is being explored. Once a youth is identified as being trafficked, the issue becomes how can they be further supported. The issue also has two parts: improving our ability to identify and improving our ability to resource those services. FYSB tries to encourage its providers to collaborate and to recognize co-laborers; they have had some preliminary success in regional technical assistance with residential programs and individuals who have been trafficked. It's important to identify and leverage all efforts going on, particularly with faith-based and community organizations. Another issue is determining to what extent these youth who are identified as trafficked better served in a residential program exclusive to human trafficking as opposed to bringing other resources inside. In general, we need to figure out how do more and how to do better. FYSB is interested in being connected to the deliberations of the Committee and can provide training and technical assistance materials we are developing related to human trafficking. FYSB is looking forward to collaborating and being a part of the Committee's work.

William Wubbenhorst Q&A

Q: Have you looked at social media as a way to connect homeless youth and runaways with resources?

A: In general, we are behind in social media. Some things are being done out in the field and we just need to find out how to share our information; it's about cross-fertilization. It's up to us to cultivate our wisdom and innovation and bring it to share. Maybe we should call it "street and social media outreach." Our technical assistance and our clearinghouse are key vehicles. New communications staff will help get us updated.

Q: Do you build into your grant application if residential services need to be [speaker's voice trails off]?

A: We are engaged in an initial outcomes study pertaining to runaway and homeless youth.

Q: Regarding grant programs: What's the focus? Helpful to understand grant programs, especially with nonsystem involved minors and those in foster care.

A: There are two distinctions when looking at grant programing: a youth actively still in child the welfare system versus formerly in the system. There is a mechanism by which services provided to a youth who is connected to child welfare could be reimbursed. A big percentage of youth who age out of foster care end up in a transitional living program. Foster care systems are better managed; from our standpoint, it's almost a prevention effort. The basic center program is a very challenging program; we're trying to be sympathetic to a youth in need, but we have a specific mandate to serve a specific population. There is a difference between youth in foster care and those who age out. We are working to coordinate with the Children's Bureau to have fewer children that age out of foster care enrolled into the transitional living program.

Q: Do missing children clearinghouses work through/with you? Every state has one; this would be a good thing to consider.

A: No. With grantees involved in sexual risk avoidance, there is an opportunity for innovative prevention work [regarding trafficking]. We can look at the current curriculum being used with the sexual risk avoidance grantees and evaluate it as far as grooming and other things that we can teach kids about healthy relationships and how to be preventive. I'd like to take our current curriculum and increase the emphasis on human trafficking.

Comment from OJJDP staff: We fund the National Center for Missing and Exploited Children (NCMEC) and are happy to have our experts discuss these coordination issues (see above) with you and give you a tour of the NCMEC facilities.

Comment: Member Staca Shehan noted that she works at NCMEC and can organize a tour for her fellow committee members.

Committee Business and Open Issues

J.R. Ujifusa stated that the first orders of business are determining how the group will tackle/organize the two tiers, how to organize that process, and scope and flexibility with statutory due dates.

Deadlines, Due Dates, and Scope of Work

J.R. Ujifusa noted that this Committee was created officially in early 2017, which is when the clock started. All members agreed that the Committee time should officially start now rather than January 2017. Discussion centered on whether or not the deadlines are statutorily mandated. Katherine Chon said she will note that the question has been raised by the Committee and check with HHS leadership and policy experts to see what the options may be and then get back to everyone. She recognized that the Committee is very interested in having as much time as statutorily possible regarding when the Committee's final product is due.

Committee Vacancy

The Committee expressed interest in having the vacancy on the Committee filled. HHS leadership will also be asked about how a vacant Committee seat will be filled, and Katherine Chon will report back to the group on that issue. The statute outlines how the Committee will fill a vacancy, but the Committee needs to hear from leadership on that process. Up to 21 members are allowed, and there are three specific membership requirements: one Republican governor, one Democrat governor, and one survivor of human trafficking. There was a note from the Committee that additional subject matter expertise was needed in education, technology, entertainment, business, and gaming industries.

Communications

Points of contact for Committee members are as follows: for logistics, including travel, Ava Donald; for program questions, Kate Cooper; and decisions from departmental leadership will come through J.R. Ujifusa and Katherine Chon.

Timeline and Activity

J.R. Ujifusa directed the Committee's attention to the January 2019 deadline to develop two tiers of recommended best practices for states to follow in combating the sex trafficking of children and youth. The group decided it was not necessary to identify which states are in Tier I and II, and it was tentatively decided that the Committee would meet again in December; however, dates and meeting format (in person versus virtual) are still to be determined.

Work Process

A Committee member expressed concern about the lack of a process to produce deliverables within tight deadlines and the lack of clarity on what type of content will be developed and who would be responsible for it. Committee members outlined several areas of support including editing, designing, and collecting and sharing raw data. Katherine Chon will investigate the possibility of federal staff support and will report back to the group; she also mentioned the idea of providing sample documents and frameworks. Committee members were encouraged to create an outline of priority information based on their subcommittee structure and identify types of data they need, in addition to the three literature reviews that will soon be available for their consideration. Committee members asked if some agencies, grantees, and training and technical assistance providers (NHTTAC, OVC task forces, DOJ, etc.) could share data and information. OTIP will establish a shared filing system for the Committee's work. All documentation the government provides to the Committee to use in their deliberations must be made available as part of the public record.

Subcommittee Structure

J.R. Ujifusa opened up the discussion for feedback on how the Committee would like to divide up the work. The group discussed the scope of work and noted that while the focus of the Committee is child sex trafficking, there is significant overlap with child sex and child labor trafficking. The Committee noted that there should be a separate but equal national effort to address labor trafficking. For the purpose of this committee, the focus will be on sex trafficking, and address child labor trafficking when related to its nexus to child sex trafficking. The Committee voted to establish two subcommittees without objections:

Subcommittee 1: Justice Bobbe Bridge, Marissa Castellanos, Kimberly Chang, Jordan Greenbaum, Stacey Katz, Christine Raino, Judge John Romero, Kathy Sauve, Erin Williamson, John Vanek,
Subcommittee Chair: Jordan Greenbaum

Subcommittee 2: Rebecca Bender, Governor Mark Dayton, Governor Doug Ducey, Captain Pi Downsborough, Judge Robert Lung, Staca Shehan, Carol Smolenski, David Strauss, J.R. Ujifusa, Yasmin Vafa
Subcommittee Chair: Captain Pi Downsborough

The six strategies listed in the "Responsibilities" handout (under "cross-system collaboration protocols and recommendations") will be applied to the subject areas listed above. The six strategies are as follows:

1. Strategies to identify victims
2. Strategies to collect, document, and share data across systems and agencies
3. Strategies to help agencies better understand the type of sex trafficking involved, the scope of the problem, and the needs of the population to be served
4. Strategies to address the demand for trafficked children and youth

5. Strategies to increase prosecutions of traffickers and purchasers of children and youth
6. Information on the degree of victim interaction with multiple systems

The six strategies will be divided among the two subcommittees as follows:

Subcommittee 1: Strategies 1, 2, 3, and 6 with federal staff support lead from HHS

Subcommittee 2: Strategies 1, 4, and 5 with federal staff support lead from DOJ

Both subcommittees will address the following subject areas in its recommendations, as they relate to the strategies:

- Language/definitions and legislation/policy
- Law enforcement and prosecution in courts
- Prevention and education training
- Identification
- Education
- Housing
- Treatment and health care
- Child welfare
- Research and data collection
- Evaluation

The Committee also discussed adding prisons to juvenile detention centers, addressing LGBTQ youth, differentiating between youth and minors; and addressing needs of foreign nationals and immigrant, racial and ethnical disparities (including tribal), under-recognized high-risk populations, engaging public-private partnerships (e.g. gaming and casinos, hotels, transportation and travel industries), and noting importance of coordinated system responses.

Discussion of Public Engagement Strategies

OTIP will research and get back to the Committee members about the possibility of tying in an in-person December NAC meeting to a public engagement strategy, such as a listening session (subcommittees can decide how to do this).

Next Steps

The next NAC meeting will be an in-person meeting in Washington, DC, sometime in December (tentatively holding week of December 10th); meeting dates to be finalized. OTIP will work with subcommittee chairs to schedule subcommittee conference calls, but members will be responsible for note taking at subcommittee meetings. OTIP will also provide file sharing links for Committee members, additional literature reviews, sample documents and frameworks, and list of federal resources referenced during the meeting.

The Committee Chair also noted that the Committee would like to consider establishing a statement on its vision on human trafficking and principles for combating human trafficking, including shared terminology (using children rather than minors), noting groups at disproportionate risk to human trafficking (racial and ethnic groups, Native Americans, people with disabilities), and distinguishing between prevention education for children and professional training and education.

Adjournment

The meeting adjourned at 12:50 p.m.



PROJECT H.O.P.E.

Hope
CHANGES EVERYTHING



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PROJECT H.O.P.E.

Proactive Foster Care Program Review
September 13, 2018

**U.S. Department of Health and Human Services
Office of Inspector General/Office of Investigations
Kansas City Regional Office
SAC Steve Hanson
ASAC Korby Harshaw**



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Project H.O.P.E. GOALS

HHS/OIG-Kansas City Region project initiated in July 2017

- **Ensure HHS grant funds are utilized as intended**
- **Identify waste, fraud, and abuse within foster care program**
- **Pursue criminal/civil/administrative actions**
- **Initiate suspension & debarment actions**
- **Create Management Implication Reports (MIRs) identifying program vulnerabilities**

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HHS/OIG JOINT COLLABORATION

- **HHS/OIG Office of Investigations (OI) conducting investigative activities**
- **HHS/OIG Office of Audit Services (OAS) analyzing billing trends and financial records, conducting on-site foster care home health and safety inspections**
- **HHS/OIG Office of Evaluation and Inspections (OEI) providing insight into foster care regulations/studies**
- **HHS/OIG Office of Counsel to the Inspector General (OCIG) providing legal advice as needed**

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MULTI-AGENCY INVOLVEMENT

- **HHS OIG (OI/OAS/OEI/OCIG), HHS Administration for Children and Families/Office of Tracking in Persons (OTIP)/Children's Bureau**
- **National Smuggling and Trafficking Center**
- **Department of Homeland Security/HSI**
- **Federal Bureau of Investigation/FBI**
- **State and local law enforcement agencies**

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Task Forces and Undercover Operations

- **HHS/OIG Office of Investigations is a participating member of numerous multi-agency Human Trafficking (HT) Task Forces and HT working groups.**
- **HHS/OIG Office of Investigations participates in Undercover Operations with Homeland Security Investigations (HSI), FBI, and local LE.**

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FY 2016 (AFCARS DATA)
FOSTER CARE PROGRAM PLACEMENT SETTINGS

- **FOSTER FAMILY HOME NON-RELATIVE**
196,446 (45%)
- **FOSTER FAMILY HOME RELATIVE**
139,017 (32%)
- **INSTITUTION**
31,679 (7%)
- **GROUP HOME**
21,649 (5%) ****
- **TRIAL HOME VISIT**
21,566 (5%)
- **PRE-ADOPTIVE HOME**
16,572 (4%)
- **SUPER. INDEP. LIVING**
4,599 (1%)
- **RUNAWAY**
4,660 (1%) ****

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PROGRAM FRAUD TRENDS

- **Billing for services not rendered (i.e. grant recipients, sub-recipients, contractors, etc., failing to conduct on-site visits to ensure the safety, security, and conditions of foster care facilities, failing to provide appropriate medical care, food, clothing, etc.)**
- **Theft, embezzlement, misuse of HHS grant funds**
- **Conflicts of interest between grant sub-recipients, Child Placement Agencies, and foster care facilities (i.e. parties having a financial interest in each other)**
- **False statements on grant applications and/or contracts**

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INVESTIGATIVE HURDLES

- **Lack of cooperative witnesses**
- **Poor record keeping by grantees, sub-recipients, contractors**
- **Lack of continuity in manner in which states administer the foster care program (i.e. some programs administered by the state, others have different levels of privatization)**
- **Political pressures**
- **Reluctance of state program officials to acknowledge fraud within their foster care programs**

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HHS PROGRAMS IMPACTED BY HUMAN TRAFFICKING

- **Medicaid program**
- **Children's Health Insurance Program**
- **Substance Abuse program**
- **Healthcare (medical and dental) assistance and Mental Health services**
- **Domestic violence prevention and sexual assault program**
- **Homeless and runaway youth program**
- **Foster care/group home/independent living programs**
- **Victim services grant programs for foreign immigrants and domestic victims of Human Trafficking**
- **Unaccompanied Refugee Minors Program**
- **Per Capita Victim Services Program/Contract**
- **Outreach and Education program**
- **Child welfare and Social Service programs**
- **Youth Street Outreach and Transitional Living Programs**

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DISCUSSION

Questions?

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Korby Harshaw/Asst. Special Agent in Charge

Tel: 816-605-3845

Korby.harshaw@oig.hhs.gov





Suzan J. Song, MD, MPH, PhD

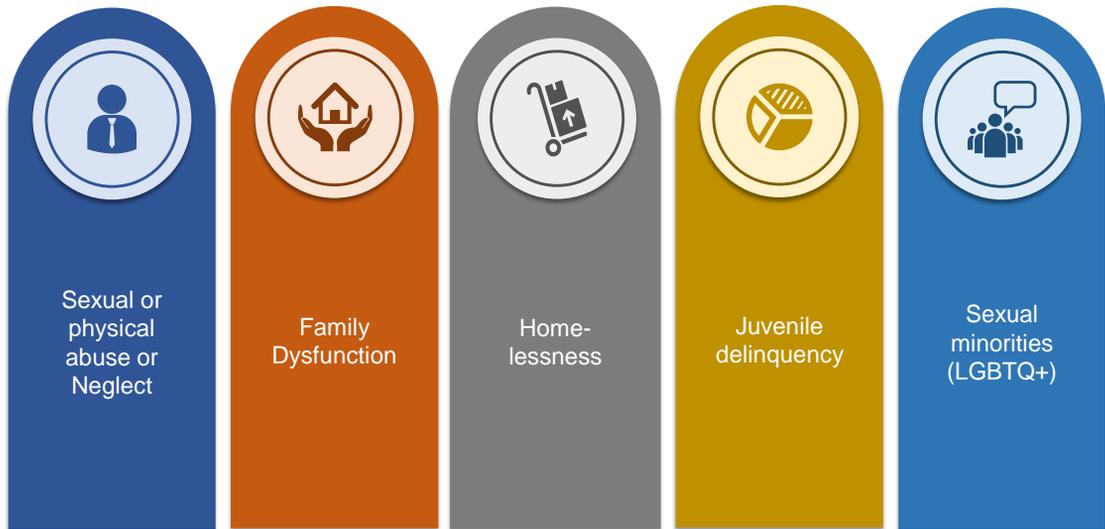
Director, Division of Child/Adolescent & Family Psychiatry
Associate Professor, George Washington University Medical Center
and the Milken School of Public Health.

Brief Bio

- Child protection adviser in humanitarian settings
- Technical mental health adviser to multiple survivor of torture, refugee, and unaccompanied minor programs
- Former med director, foster clinic
- Former med director, community-based immigrant mental health clinic
- MD- Harvard, Stanford
- PhD – University Amsterdam
- MPH - Harvard



Vulnerability Approach



UNICEF Child Protection from Trafficking



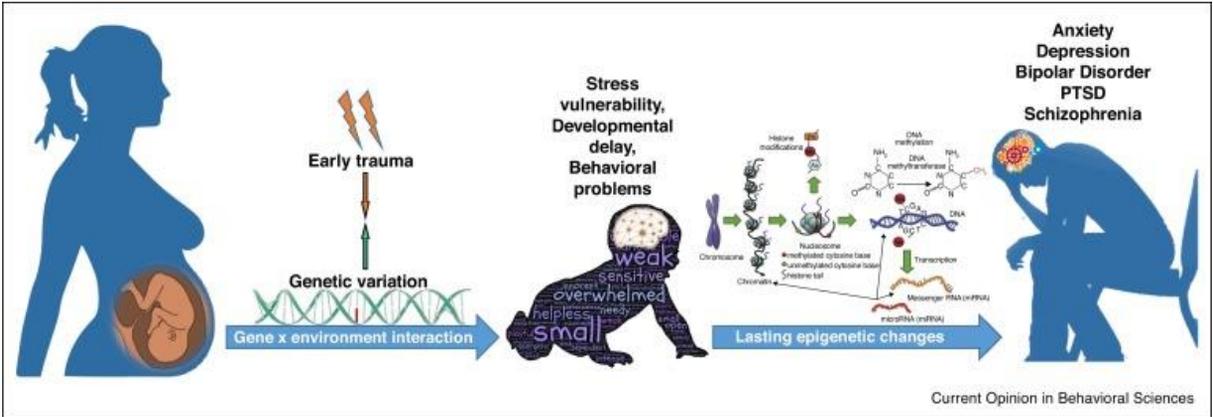


Intergenerational Trauma

Mechanisms Intergenerational Trauma



- Vicariously identifying with parents' suffering
- Feeling responsibility to compensate for parents' suffering
- Dealing with parents' patterns of behavior and communication styles influenced by parental trauma



Psychological and Biological

● Older adults/change in attitude that young people have towards elderly

● Prison nurseries

● Maltreated children



Evidence
Intergenerational
Interventions



● Toddlers of depressed mothers

● Maltreated preschoolers

● Preschoolers exposed to domestic violence

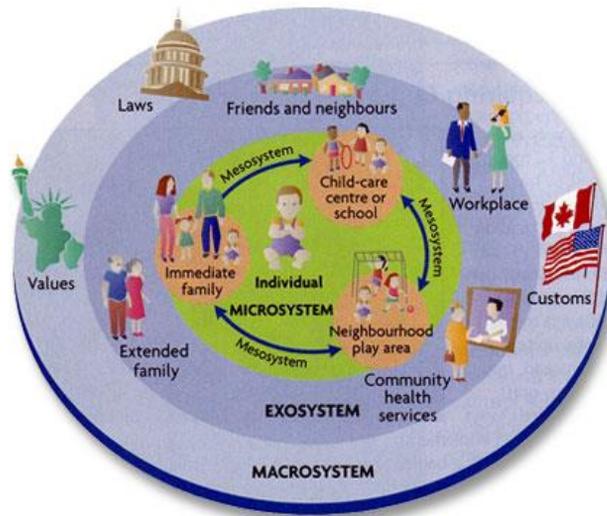


Figure 1. Bronfenbrenner's ecological systems theory (in Berk & Roberts, 2009, p. 28)

Resiliency

Time and
Context
Dependent

Dynamic
process

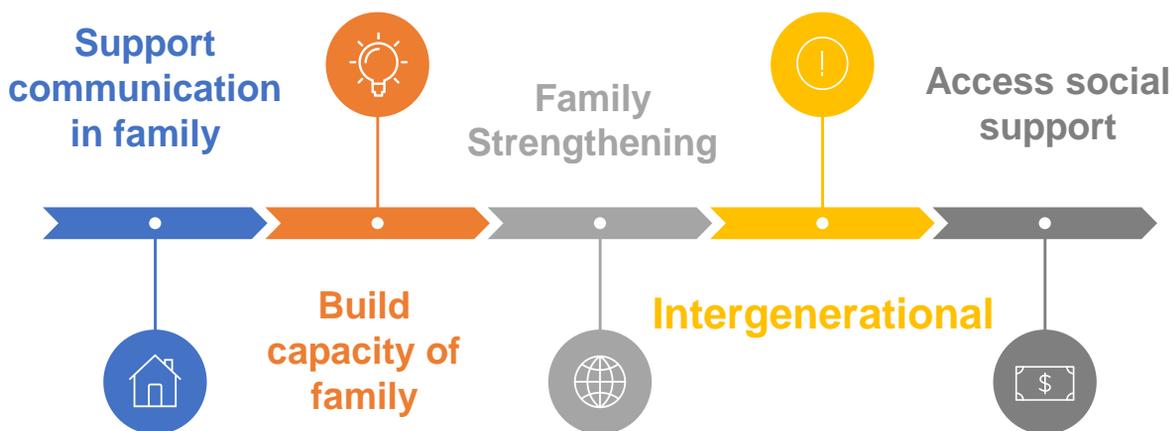
Socio-
ecological
levels

Individual Resiliency



-  Problem solving
-  Relational hope
-  Activating a core identity
-  Emotion regulation

Family-level Resiliency Processes



Community-level resiliency



RESILIENCY

PROTECTIVE – prevent exploitation, poor health and mental health

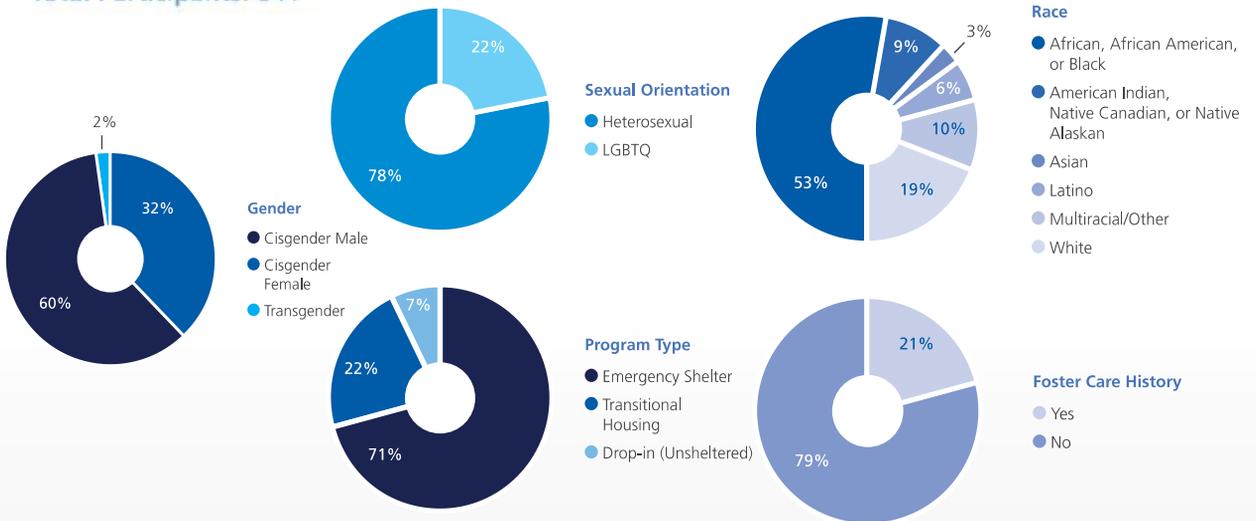
PROMOTIVE – strengthen prosocial behavior



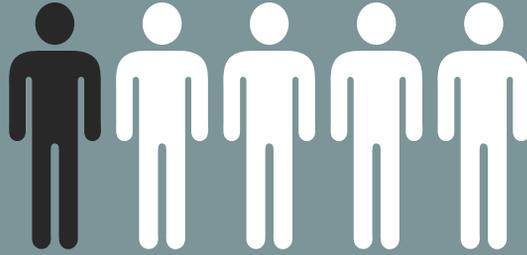


641 homeless youth aged 17-24 sheltered at Covenant House

Participant Characteristics Total Participants: 641



Nearly
1 in 5

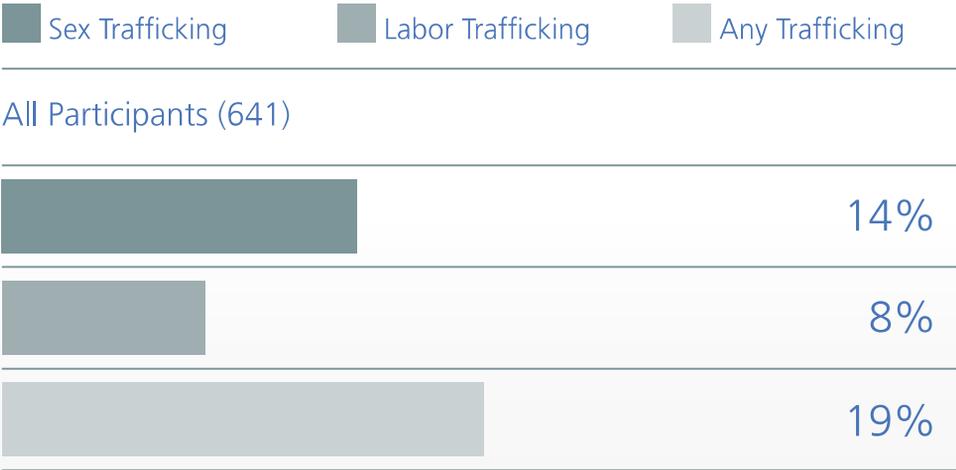


(19%) of interviewed youth were identified as victims of some form of human trafficking.

Can happen
to anyone:
any race,
gender,
age, or
nationality.

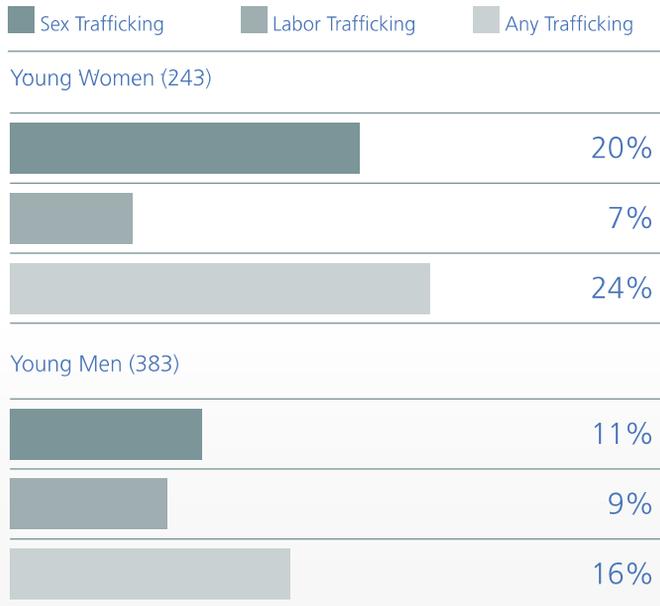


Human Trafficking Prevalence Rates



young men

Human Trafficking Prevalence Rates



sugar babies

have you ever had a “sugar mama” or “sugar daddy”?

has any older person ever offered you gifts or money in exchange for sex?

6%

of all youth interviewed had been in a “sugar baby” relationship

“When it’s a male doing that [sexual exploitation of minors], anybody can look at it like, ‘Oh yeah, he’s trying to rape her, this and that. He’s a pedophile, this and that.’ But if it was a female doing it to a male, they’re not going to say that’s rape.... That’s not fair at all. That’s kinda crazy to me.”

forced drug dealing

from Office of Victims of Crime (OVC) Human Trafficking Grantee Guidance:

"Examples of Labor Trafficking: In labor trafficking, force, fraud, or coercion are required elements of the crime for both adults and minors. Labor trafficking occurs in almost every segment of the workforce, including, but not limited to: agriculture, factory work, construction, restaurants, hotels, domestic labor (cleaning, childcare, eldercare), janitorial work, door-to-door sales, street peddling, begging, **drug smuggling or selling**, hair/nail/beauty salons, and sexualized industries (including massage parlors, nightclubs, and strip clubs)."

81%

of all labor trafficking victims had been forced to work in the drug trade

"It's the most **forced labor** out there I want to say. . . . Except for the most extreme ones, like trafficking and stuff like that, but I don't know. It's just forced. It's like a job where you have a schedule and you have to **meet a quota**. You have to sell a certain amount in a certain amount of time or you get **threatened and smacked around** or whatever. . . . When it comes to trafficking and selling drugs, it's more of a – it's more **psychological**, not as physical as it used to be I want to say. It's more like they treat you good, but then there's times where they **freak out and spaz and they scare you** and stuff, **smack someone else around** in front of you, show that they're powerful and stuff – **just mentally tell you you can't go anywhere**. . . . I've seen it happen to other people where **you can't get out**, and if you get out, you end up in the hospital for a while. And then once you're out of the hospital, you end up back in until you go back and work. Yeah, I've seen that lots."

a word of caution...

lgbt youth

Human Trafficking Prevalence Rates

■ Sex Trafficking ■ Labor Trafficking ■ Any Trafficking

LGBTQ Youth (123)



“I got into a **gang**, and I got **booted out of my parent’s house** because I was **gay at 12**, so I had to kind of like fend for my own to protect myself – a way of **survival, protection, means of having a roof over my head**. So in LA, the only thing you have to worry about is making it past the age of 18, and in that case, around every corner you hit, there’s a gang. I was around that for like six years, so that part of my life was just strictly sell drugs, jump into a gang – **you pretty much were the gang’s bitch** pretty much. I mean, you just **had to do whatever they asked you to do**. And who would suspect the pregnant little 13-year-old on the corner selling?”

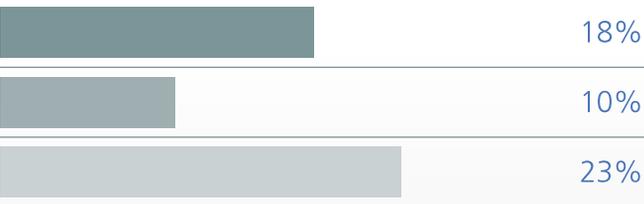
““So it’s like, hey, we’re at the end of our money. I’m going to keep you safe regardless. I mean, I’m going to have sex with this person just so we can eat. And I’m a lesbian, so I mean it was a dude, so I mean I’m feeling uncomfortable. But still at the same time, I need to make my ends meet, at the end of the day.”

foster youth

Human Trafficking Prevalence Rates

■ Sex Trafficking ■ Labor Trafficking ■ Any Trafficking

Youth with Foster Care History (137)



“I grew out of foster care when I turned 18, and then I just went homeless for a while, and then I moved from Denver to Vegas. That’s when I got myself into it.”

“I was in the street because I went to foster care, and then I fled ... then we met with another girl ... and I went to the girl’s house, and then I did some sort of services for three days while I was staying there.”

age of entry: 16-18

aging out coming out



prevention

training is key:

- job search safety training
- job skills programs
- healthy sexuality/relationships
- financial management/housing
- safety planning and harm reduction



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Success
for National Advisory Committee =

Public Health Approach
+
Addressing Labor Trafficking

Hanni Stoklosa, MD, MPH
Emergency Medicine Physician
Brigham and Women's Hospital, Harvard Medical School
Executive Director Founder, HEAL Trafficking

Twitter: @hstoklosa

HEALtrafficking.org

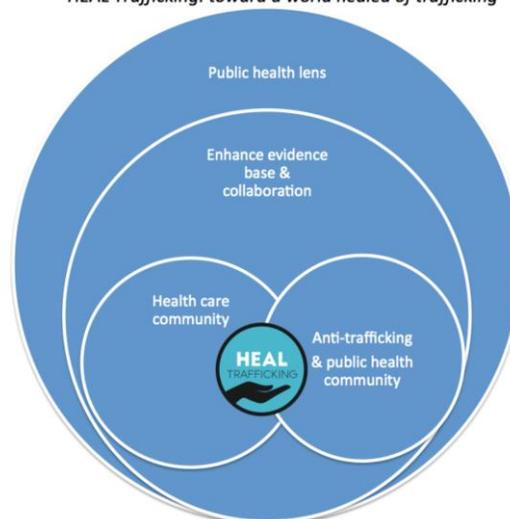


because human trafficking is a public health issue

HEAL Trafficking

- Founded 2013
- >2000 multidisciplinary professionals
- Public health lens

HEAL Trafficking: toward a world healed of trafficking



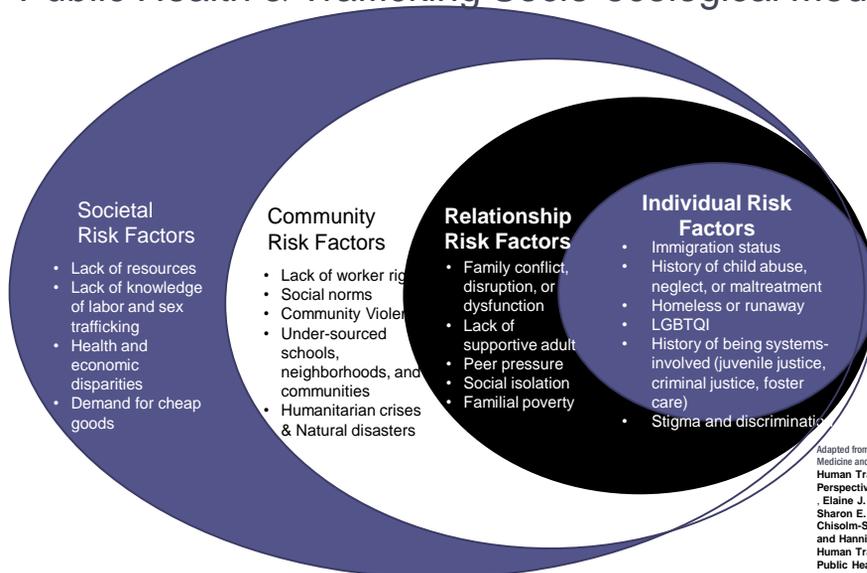


What does a public health approach mean?

What do we mean by public health?



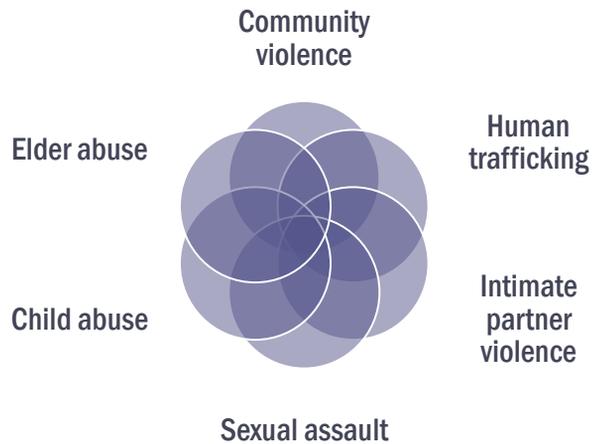
Public Health & Trafficking Socio-ecological Model



Adapted from the Institute of Medicine and Chapter 22 Human Trafficking: Perspectives on Prevention . Elaine J. Alpert and Sharon E. Chin from Chisolm-Straker, Makini, and Hanni Stoklosa, eds. Human Trafficking Is a Public Health Issue: A Paradigm Expansion in the United States. Springer, 2017.



Intersectionality



Converging or Diverging



What does success look like?

- *development and implementation of successful interventions with children and youth who are exposed to conditions that make them vulnerable to, or victims of, sex trafficking*



What does success look like?

- Responding to needs of those vulnerable to or victims of **LABOR** and sex trafficking



What do we need to know?



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Public Health Research Priorities to Address US Human Trafficking

Emily F. Rothman ScD, Hanni Stoklosa MD, MPH, Susie B. Baldwin MD, MPH, Makini Chisolm-Straker MD, MPH, Rumi Kato Price PhD, MPE, and Holly G. Atkinson MD, on Behalf of HEAL Trafficking

[+] Author affiliations, information, and correspondence details

Accepted: April 15, 2017 Published Online: June 07, 2017

Rothman EF, Stoklosa H, Baldwin SB, Chisolm-Straker M, Price RK, Atkinson HG. Rothman et al. Respond. Am J Public Health. 2018 Feb; 108(2):e9. PMID: 29320277.

HEAL Protocol Toolkit



PART I: INTRODUCTION

- 5 Purpose of Toolkit
- 8 Benefits of Protocol Development



PART II: PROTOCOL DEVELOPMENT

- 9 Step 1: Identify the problem
- 15 Step 2: Identify the stakeholders
- 17 Step 3: Identify the goals
- 19 Step 4: Identify the resources



PART III: RECOMMENDED COMPONENTS OF A PROTOCOL

- 21 1. Integration of the identification and response to human trafficking victims into existing policies and procedures
- 21 2. Specifics regarding the types of trafficking in your local area
- 23 3. An established framework for a health care-based response



PART IV: MOVING FORWARD

- 38 Distribution
- 38 Monitoring and evaluation
- 39 Ongoing Implementation
- 40 Conclusion

urces
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its
io declines assistance

<https://healtrafficking.org/protocols-committee/>

Gaps in healthcare response to trafficking

need for legislative & administrative changes

- Integration of services
- Substance use (including opioid epidemic)
- Cost of healthcare
- Mental health
- Threat of deportation

Stoklosa H, Baldwin SB. Health professional education on trafficking: the facts matter. *Lancet*. 2017 Oct 07; 390(10103):1641-1642. PMID: 28939094.

Powell C, Asbill M, Louis E, Stoklosa H. Identifying Gaps in Human Trafficking Mental Health Service Provision. *Journal of Human Trafficking*. 2017.

Stoklosa H, MacGibbon M, Stoklosa J. Human Trafficking, Mental Illness, and Addiction: Avoiding Diagnostic Overshadowing. *AMA J Ethics*. 2017 Jan 01; 19(1):23-34. PMID: 28107153.



HEAL Trafficking

for a world healed of trafficking

because human trafficking is a public health issue

HEALtrafficking.org



**Great indeed are our opportunities;
great also is our responsibility**

William Wilberforce





Best Practices for Combatting Sex Trafficking of Children and Youth:

What Does Research Tell Us?

National Advisory Committee on the Sex Trafficking of
Children and Youth in the United States

September, 2018

Deborah Gibbs
Director, Victimization and Resilience Program

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Overview

- Where does this information come from?
- Which children are at risk of trafficking victimization?
- Should we worry about children who run from foster care?
- Does labor trafficking of children occur within the United States?
- What does research suggest for best practices?

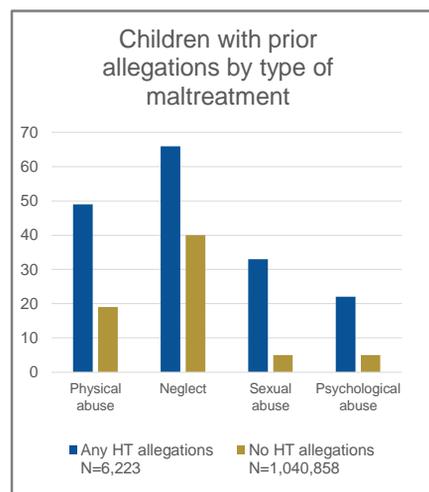
Where do these numbers come from?

- Florida child welfare study
 - Entire caseload, 2011–2017
 - 8,000+ human trafficking allegations involving 6,000+ unique children
 - Largest study of trafficking in the child welfare population
- Evaluation of comprehensive service programs



Which children are at risk of human trafficking?

- Children with trafficking allegations
 - Are predominantly female and older
 - Have more prior investigations for all kinds of maltreatment
 - Are 3 times as likely to have been in placement
 - Are 15 times as likely to have run from placement



Should we worry about children who run from care?

- One in five youth run from foster care
 - Those who run, run a lot
- Among youth who ran, 7% had trafficking allegations while missing from care
 - For most, this was the first trafficking allegation
 - Most had multiple prior runaway episodes

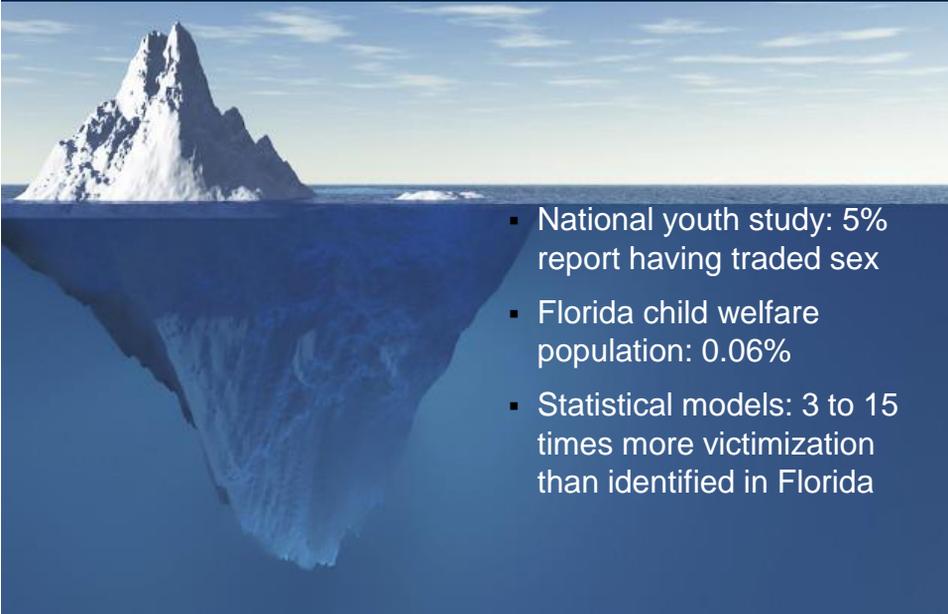


Does labor trafficking of children occur in the United States?

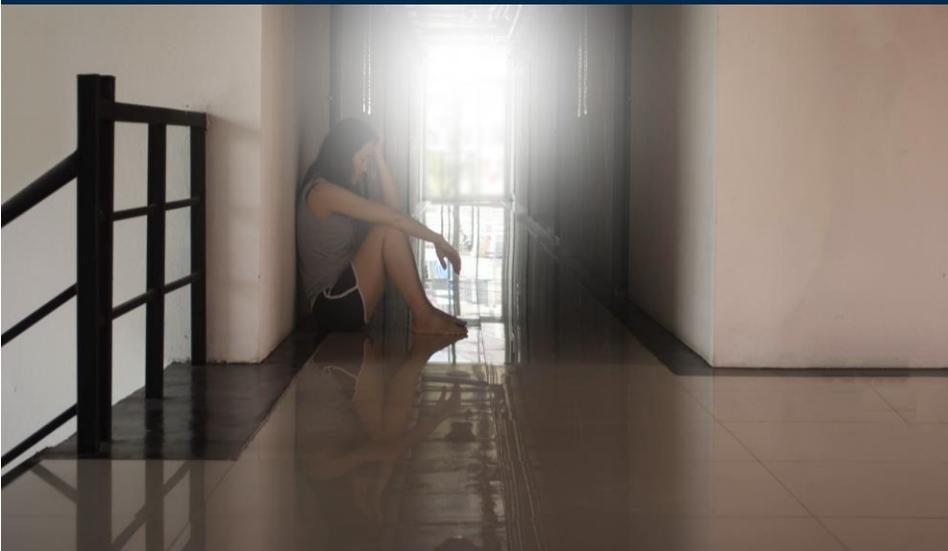
- Identified in multiple labor settings
- High levels among runaway/homeless youth
- In Florida, 9% of trafficking allegations were for labor trafficking
 - More likely to be male
 - Neglect and physical abuse occur, often by trafficker
- Labor trafficked youth are vulnerable in different ways from sex trafficked youth



How much trafficking do we not know about?



What does research suggest as best practices?



Prevention

Similar risk factors for trafficking, child welfare involvement, and juvenile justice involvement

- Universal prevention programs
- Targeted prevention for children at higher risk



Identification and screening

- Under-identification likely underscores the need to actively look
- Strategic protocols combine multiple approaches
- Relationship and trust



Runaway prevention and response

- Prevention: engaging youth in strategies
- Harm reduction
- Post-runaway assessment

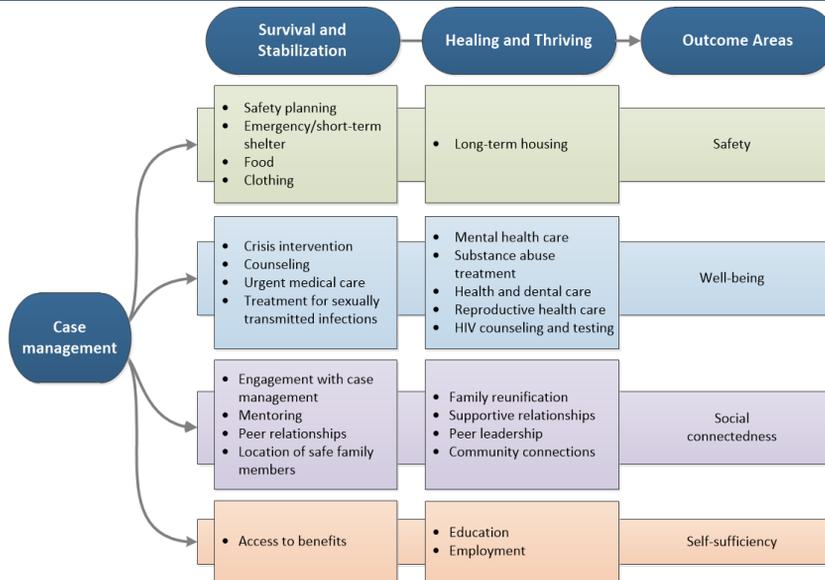


Placement and services

- Coordinated services
- Trauma-informed treatment
- Survivor-led services
- Specialized placements
- Services for transition-aged youth

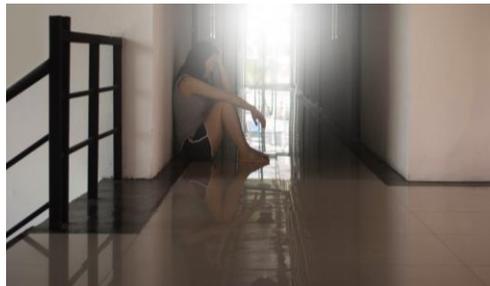


Comprehensive perspective



Questions and Discussion

Deborah Gibbs
dag@rti.org



Appendix F: Written Statement by Office on Victims of Crime

Lindsay Waldrop

- If you are not familiar with the work of our office, OVC's mission is to assist **ALL** crime victims and to provide national leadership in changing attitudes, policies, and practices to promote justice and healing for victims of crime.
- Through formula and non-formula grants, OVC supports a broad array of programs focused on helping victims in the immediate aftermath of crime and as they rebuild their lives.
- For close to 20 years now OVC has administered funds appropriated through the Trafficking Victims Protection Act (TVPA). We manage **the largest number of federal awards dedicated to providing direct services** to victims of human trafficking in the United States.
- We currently manage appx 115 HT specific grant awards, and received \$77 million in FY 18 funding, awards will be released and announced shortly.
- Each of our trafficking grant programs has the flexibility to serve youth, with some organizations funded to specialize in this population.
- We also fund the Improving Outcomes for Child and Youth Victims of Human Trafficking grant program, which is statewide. We currently fund 7 states, each of which are identifying their state specific barriers and strategies to better ID and serve trafficking minors and youth.
- **BUT WE WOULD LIKE TO DO MORE** as we know that children need tailored services and that they interact with systems quite differently than adults.
- We have started to gather information from our federal colleagues who have similar grant programs to ask for recommendations and service gaps. Knowing about polyvictimization, we've spoken to federal colleagues who work on child abuse and neglect to learn from their experiences.
- A few important things to note about our role:
 - our Scope/lens is Criminal justice, victims of crime. We very much understand the importance of prevention efforts with crime victimization, however our funds, role, services are for victims in the aftermath of the crime occurring.
 - Fitting within our larger mission of serving all victims: we want to be sure we are reaching all children in the U.S. with our programs- US citizens, foreign nationals, boys, girls, transgender minors. We want our programs to be inclusive of both sex and labor trafficking.
- To hear from voices that work with this wide array of minors, we are pulling together an Expert Working Group meeting to be held here in DC on October 30. Approximately 40 individuals will work with us for a day to share concrete ideas on ways to meet service gaps.
- And today I have the honor of connecting with this Committee as you begin your work. I am in full learning mode and hope to hear from each and every one of you.

- If we have time now, I would like to ask the Committee for any initial feedback regarding service gaps and systemic barriers to minor trafficking victims accessing services.
 - (If need further prompt): What about minor victims of labor trafficking, male victims, etc?
 - Finally (if you have time), do you have examples of coordinated responses that are getting it right in responding to the service needs of these victims?
- I will provide my information to the team at HHS and you can follow up with me should you have follow up thoughts or comments. THANK YOU!!!

Dear National Advisory Committee on the Sex Trafficking of Children and Youth,

On behalf of the Baylor College of Medicine Anti-Human Trafficking Treatment and Research Program, we are pleased to submit this statement to provide recommendations on best practices for combating sex trafficking of children and youth in Texas.

For a little background, the Baylor College of Medicine Anti-Human Trafficking Program was created in collaboration with the City of Houston Mayor's Office and with support from the Office of the Governor of Texas and several community partners to respond to the urgent needs of Houston-area victims and survivors of human trafficking. The mission of our program is to facilitate trauma-informed and collaborative identification, care coordination, and study of patients who are current or prior victims of labor and sex trafficking. Through this program, we have established a system that works toward integrating hospital psychiatric services with other healthcare disciplines to better address the bio-psycho-social needs of human trafficking victims.

While our program was originally focused on the care and study of *adult* victims and survivors of labor and sex trafficking, we are starting to shift our focus to *also* include the care of children and youth who have been labor and sex trafficked. As mental health professionals (psychiatrists and psychologists) in a large public hospital in Houston, TX, which has the highest number of human trafficking victims in the country, we have been on the front lines of this fight against this public health calamity, and have witnessed first-hand the physical, emotional, and social implications that result from the trafficking of individuals. We know from our research and work with victims that many victims are often groomed, lured, coerced, misled, and sold into slavery as children.

Children who have been trafficked are at much higher risk for developing depression, anxiety disorders (including PTSD), and substance abuse disorders. They are also much less likely to receive the care and resources that they need, which can increase their vulnerability to being re-victimized and trafficked. We know this pattern is true because many of the adult trafficking victims that we work with report being victimized and exploited throughout their childhood. And even when victims are able to free themselves physically from their captors, it can take years for victims to free themselves of the psychological and emotional bondage of their captors.

We believe that early detection and intervention is key to interrupting the cycle of re-victimization. And because children often lack the awareness or wherewithal to understand that they are being trafficked, it is our responsibility as adults to identify and protect them. As healthcare providers, we should expect to see these victims in every treatment setting. Indeed, we should maintain a steady state of vigilance for these children. Given the unspeakable sexual acts that these children are forced to do, healthcare providers should anticipate the kinds of injuries and medical/psychiatric sequelae related to sex trafficking. Research suggests that 88% of human trafficking victims will see a healthcare provider during the time that they are trafficked.

Early detection and intervention cannot take place without proper training and education. We encourage every healthcare facility/system to think about how they can most efficiently and effectively train all members of their staff, non-licensed support staff included. We believe training must be interdisciplinary and take place across the healthcare setting, including clinics and emergency rooms. For our program, we have developed one training that can be done in-person and another training that is administered through an online training system. In addition to training faculty and staff, we have made a concerted effort to train students from different disciplines and levels of training. We have also

made our training available for distribution through our partnership with the City of Houston so that city employees can receive this training. Finally, we have joined forces with other local health care institutions in the Texas Medical Center to form the Human Trafficking Health Care Consortium. It is through these kinds of collaborative efforts that we will be able to make more significant progress in the fight against child sex trafficking.

In solidarity with other human trafficking advocacy organizations, we support the proposed priorities for Research on Human Trafficking as Published in the July 2017 Journal of Public Health. These include determining the prevalence and costs associated with human trafficking, investigating the effectiveness of current screening and response protocols in healthcare settings, and determining the effectiveness of current human trafficking prevention approaches.

In order to address these proposed priorities, we must have reliable and consistent sources of funding for programs that are dedicated to combatting child sex trafficking. In particular, funding for developing and validating human trafficking screening tools for specific treatment settings is extremely important. For instance, there is yet to be a screening tool developed and validated to screen for human trafficking victims in a psychiatric setting. Funding towards developing better ongoing physical and mental health treatment of victims is also very sparse. We know that simply addressing the immediate physical injuries of sex trafficking has limited results. We suggest a trauma-informed, multi-disciplinary approach to address the current and future bio-psycho-social needs of sex trafficking victims.

We implore individuals in positions of power and responsibility at the local, state, and federal levels to heed the warning signs of one of the worst public health issues of our time and to act with a sense of urgency. One day of slavery is one too many. Please help us to ease the suffering of these individuals. Thank you for your time and consideration.

With hope,

John H. Coverdale, MD
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Dr. Mollie Gordon



28 August 2018
Attn. Katherine Chon

Dear National Advisory Committee on the Sex Trafficking of Children and Youth,

On behalf of the American Medical Women's Association - Physicians Against the Trafficking of Humans:

We all agree the commercial sexual exploitation of minors is an egregious human rights violation. As originally stated by the National Academies of Medicine in 2013, the solution to this public health crisis depends on meaningful partnerships between education, law enforcement, and healthcare sectors - with our government's support.

Research shows that many adult human trafficking victims report seeing a health care professional during their victimization, and we have no reason to believe this is different for child victims.

Thanks to the work of physician advocates like Dr. Jordan Greenbaum, we now have ICD-10 codes for flagging human trafficking, but research shows that physicians are missing the signs of trafficking *primarily because of lack of training*.

AMWA's 2014 Position Paper states that "the horrific harm borne by sex-trafficked women and girls - (and we would add boys and men) - is real and devastating... Physicians and other healthcare providers urgently need additional training to effectively identify and treat survivors of sex trafficking."

To this end, AMWA-PATH leads a free, CME-accredited training called [SUSTAIN](#). We have trained hundreds of medical professionals across 7 states and have partnered with dozens of community nonprofits, law enforcement entities, and first responders in the past year alone. Similarly, AMWA-PATH's free, CME-accredited, [online videos](#) provide an introduction to the topic for professionals across the nation.

We recognize that most hospital systems still lack effective protocols to help these patients. In our SUSTAIN training, we routinely reference [HEAL Trafficking's Protocol Toolkit](#) as a resource for healthcare professionals who voice an interest in doing more.

AMWA-PATH's recommendations are as follows:

1. **We must require universal training** on the identification of victims of human trafficking across medical disciplines and hospital systems. This training must emphasize the importance of trauma-informed care and long-term medical follow-up.

2. **We need data on long-term follow-up.** In order to effect real change we must be able to follow these patients and measure their outcomes. Such data will allow us to create and validate screening tools and protocols for treatment.
3. **We must build medical homes in alliance** with community responders, NGOs, legal advocates, and educational institutions to look far beyond the initial identification and crisis intervention and provide full wrap-around services during and after the transition to freedom.
4. **We need financial and logistic assistance** to coordinate safe and trauma-informed emergency and long-term **housing** for these at-risk youth.
5. **We must create and sustain occupational and vocational training** programs that offer a **positive** path out of poverty.
6. **We must prevent recidivism** by dedicating resources for the ongoing mental and physical health care recovery needs for survivors.
7. **We must study and promote resilience factors among vulnerable youth**, such as establishing healthy bonds with at least one trustworthy adult.
8. **We must better understand the abusive intimate relationships** among today's youth and provide guidance to building healthy and sustainable peer relationships.

By assessing the outcomes of the above initiatives, we will be able to:

1. **Identify prevention strategies** that target future generations of those who are at risk of sex trafficking.
2. **Implement awareness and prevention programs** in our schools and school-based health clinics.
3. **Implement awareness and prevention programs to combat misogyny and sexual abuse and exploitation** and to foster awareness of healthy intimate relationships.

The sex trafficking of children and youth is a public health crisis causing enormous economic, psychosocial, medical, and legal burdens for society. Healthcare professionals can and should play a key role in consulting with U.S. government officials to identify victims of child sex trafficking and to advise about the safest and healthiest policies for our nation's children, especially those who we deem at increased risk for abuse. Ethically, morally, and by our sworn Hippocratic Oath, we are committed to the safety, well being and healthy futures of these children.

AMWA-PATH

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