Commercial Sexual Exploitation and Sex Trafficking Victims' Resource Guide
State of Florida

STATEWIDE PROMISING BEST PRACTICE GUIDELINES TO SUPPORT A CONTINUUM OF SERVICES FOR VICTIMS OF COMMERCIAL SEXUAL EXPLOITATION (CSE) AND SEX TRAFFICKING

Developed by:
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INTRODUCTION

Commercial sexual exploitation (CSE) and sex trafficking are egregious crimes and major violations of individuals’ human rights. Although empirical research is sorely lacking on the impact of such crimes on victims’ developmental well-being, numerous reports describe the physical and emotional trauma, humiliation, violence and degradation associated with the treatment of a person as a commodity.

Helping professionals working with CSE and trafficked victims understand that the creation of key promising best practice guidelines is a first step in recovering and treating victims. Having knowledge of these promising best practices will improve the delivery of services by providers through their interactions and decision-making processes.

The following resource guide illustrates promising best practice guidelines to support a continuum of services for child and young adult victims of sex trafficking. The goal of this guide is to connect information about practical ways to inform services for CSE or trafficked child and young adults to the actual work of service providers.

Content for this guide has been informed by the important pronouncement made by the National Academy of Sciences which states, “very few evaluations of specific victim and support services have been conducted, and there are few published reports and even fewer peer-reviewed studies on these services. As a result, victim and support service professionals and programs lack a critically reviewed evidence base for practice” (2015).

The terms “victim” and “survivor” are often used to refer to children and young adults who are or have been CSE or trafficked for sexual purposes. Because these best practices deal with all youths and young adults who have experienced victimization (regardless of their current disposition) the terms “victim” and “survivor” are used interchangeably in this document.

The information presented in this document was generated through the analysis and evaluation of information contained in a wide variety of sources. These sources include, but are not limited to, sexual exploitation, human trafficking, child welfare and domestic violence research reports; articles; journals; human trafficking presentations; Florida statutes; state operating procedures; education and training materials; and meetings and conversations with the Department of Children and Families, Department of Juvenile Justice, Department of Health, Community Based Care Organizations, Human Trafficking Coalitions, Delores Barr Weaver Policy Center, Selah Freedom, Bridging Freedom, Children’s Home Society and other service providers. A specific list of research and reports is referenced in the document.

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WHAT IS A “BEST PRACTICE”? 

A “best practice” is commonly defined as “a technique or methodology that, through experience and research, has proven reliably to lead to a desired result”\(^1\). The term is used frequently in areas such as health, government administration, the education system, project management and other professional fields. In the context of sex trafficking programs and services, a “best practice” is knowledge about what works in specific situations and contexts to achieve the desired results.

There are several creative and constructive actions currently underway in Florida by state agencies, people and organizations in the sex trafficking field to improve outcomes for victims and survivors. Making knowledge of such actions widely available is helping to prevent the repetition of mistakes and loss of valuable treatment time and resources. Thus, the main rationale for documenting and sharing “best practices” is to enable professionals and organizations providing programs and services to sexually exploited and trafficked children and young adults to avoid re-inventing the wheel, to learn in order to improve performance, and to avoid the mistakes of others.

\(^1\)World Health Organization. (2000).

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Identifying “best practices” involves judgement that requires prior analysis. The following criteria was considered when identifying “best practices” to establish a continuum of services for victims of commercial sexual exploitation (CSE) and sex trafficking:

**Effectiveness:** The proposed practice must work and achieve results that are measurable.

**Efficiency:** The proposed practice must produce results with a reasonable level of resources and time to be considered for this criteria.

**Relevance:** The proposed practice must address the priority of sex trafficking in Florida in order to be considered relevant.

**Ethical soundness:** The practice must respect the current rules of ethics for dealing with victims and survivors of sex trafficking.

**Sustainability:** The proposed practice must be implementable over a long period of time without any massive injection of additional resources.

**Possibility of Duplication:** The proposed practice, as carried out, must be replicable throughout the state.

**Involvement of Partnerships:** The proposed practice must involve satisfactory collaboration between key cross-sector stakeholders.

**Community Involvement:** The proposed practice must involve participation of communities.

**Political Commitment:** The proposed practice must have support from the relevant local, state, and national elected officials.
**Key Point:** Screening involves an initial evaluation or interview that may lead to a more in-depth assessment of the survivor’s status. Screening should occur whenever sexual exploitation and/or trafficking is suspected.

For all who wish to help possible survivors, it is important to have situational awareness in order to identify these individuals whenever the observation of multiple identifiers recommends further investigation. When it comes to the identification of survivors, we all must work together to get it right.

One of the key promising best practices is a victim-centered approach to screening. According to the U.S. Department of Justice’s Office for Victims of Crime (OVC), a victim-centered approach involves:

“...the systematic focus on the needs and concerns of a survivor to ensure the compassionate and sensitive delivery of services in a nonjudgmental manner.”

### Putting it into Practice

As with initial contact and identification, the most important actions when screening include the following:

- **Listen through the lens of the survivor.** Try to see the world from the survivor’s perspective during the screening session, even if raw emotions threaten to derail the process.

- **Ensure the safety of the victim.** This can involve calling 911 when there is immediate danger, contacting DCF’s Florida Abuse Hotline when abuse, abandonment, or neglect of a child is suspected, or timely placement of the victim in a safe facility. If you have information regarding suspected Human Trafficking of an adult anywhere in the United States or of a child outside of Florida please contact the National Human Trafficking Resource Center: 1-888-373-7888.

- **Meet immediate needs.** During screening, immediate needs may be revealed that were not evident at first, including food, clothing, shelter, medical and other needs.
Key Point: In a victim-centered approach, the survivor’s wishes, safety, and well-being take priority in all matters and procedures. This approach seeks to minimize re-traumatization by providing the support of survivor-mentors and service providers, who empower and engage survivors in the healing process. The victim-centered approach focuses on the needs and concerns of the survivor to ensure the compassionate and sensitive delivery of services in a nonjudgmental manner.

According to the U.S. Department of Justice’s Office for Victims of Crime (OVC) and Bureau of Justice Assistance (BJA), a victim-centered approach is defined as:

“the systematic focus on the needs and concerns of a victim to ensure the compassionate and sensitive delivery of services in a nonjudgmental manner”\(^1\)

A victim-centered approach is needed to minimize the re-traumatization of survivors and recognize their individual needs in order to identify specific services and a treatment plan.

Throughout the process, the survivor’s experiences and opinions should be heard and taken seriously. Any intervention must consider the survivor’s individual circumstances, distinct history and experiences, culture, traditions and vulnerabilities. Listening to and partnering with the survivor in the development of the intervention plan is critical throughout every step of the process from identification to reintegration.\(^2\)

Putting it into Practice

Upon the identification of survivors, survivor-mentors or other mentors should begin to build a trusting relationship with the survivor to understand their immediate and long-term needs. Providing ongoing, individualized support while building strong rapport will create a sense of security and safety for the survivor. It is important to understand that every survivor of sexual exploitation and trafficking has their own unique background, experiences and victimization. Survivor-mentors, law enforcement, service providers and other professionals involved in the recovery of a survivor should recognize the individual experiences and needs of each survivor, and incorporate this into the treatment and care management plan of the individual.

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\(^1\) Epstein, R. et. al. (2013).

\(^2\) U.S. Department of Justice Office for Victims of Crime (n.d.)

\(^3\) U.S. Department of Justice Office for Victims of Crime (n.d.)
Key Point: A needs assessment is necessary to identify the immediate short-term and long-term treatment needs of a survivor of commercial sexual exploitation (CSE) or sex trafficking. Continual and active use of a needs assessment process is critical for obtaining data and information required for the development of an effective care management plan for survivors. Information obtained from the needs assessment should be shared with all key stakeholders engaged with the continuum of care plan. Frequent communication regarding the outcomes of the needs assessment is important for participant buy-in.

According to the U.S. Department of Justice’s Office for Survivors of Crime (OVC) and Bureau of Justice Assistance (BJA)\(^1\), the following items should be addressed during the needs assessment:

- Shelter/housing
- Culturally appropriate food
- Seasonally appropriate clothing and shoes
- Language needs
- Immigration, criminal and/or civil legal support
- Public benefits
- Court accompaniment and advocacy
- Transportation support
- Medical care, including prescriptions, dental care and vision care
- Substance abuse treatment
- Mental health services
- Survivor’s children or other derivative family members
- Victim’s Compensation Funding
- Links to culturally specific or faith communities
- English as a Second Language (ESL), GED or other educational programs
- Employment training or assistance

Putting it into Practice

The first priority when conducting a needs assessment is to ensure that the survivor has their immediate safety needs addressed. The needs assessment requires the collection of information regarding the individuals’ current needs, both short-term and long-term, necessary for their safety and recovery. A needs assessment should be completed by the service provider through interviewing and collaboration with the survivor. The completion of a needs assessment is ongoing and may take multiple sessions to complete. The needs assessment should be documented and describe the methods used and outcomes for the survivor.

\(^2\) U.S. Department of Justice Office for Victims of Crime

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Key Point: This is a paradigm shift from one that asks, “What’s wrong with you?” to one that asks, “What happened to you?”. This approach changes the way that services and supports are organized and delivered, and creates opportunities for healing and recovery. Trauma-informed care is based on an understanding of the vulnerabilities or triggers of trauma survivors and provides responses that are supportive and avoid re-traumatization.

According to the American Psychological Association Taskforce on Trafficking Women and Girls (2014), using a trauma-informed care approach to engage women and girls with histories of traumatic experiences recognizes the presence of trauma symptoms and acknowledges the role that these experiences play in their current concerns and earlier in their lives.

Putting it into Practice

Trauma-informed interactions and interventions ensure that the service provider recognizes the relationship between traumatic event(s) and the current symptoms and behaviors of the survivor. This encourages the service provider to understand the whole survivor, not just circumstances of their exploitation or trafficking, by viewing the situation from the survivor’s point of view and making them an active part in their own recovery. Trauma informed care respects the survivor’s capacity for self-control, self-reflection and skill building. Relationships between the service provider and the survivor are built on the trust and safety that is developed over time.


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Key Point: Service providers, clinicians, subject matter experts and other key stakeholders have recognized the need for a multidisciplinary team (MDT) approach to address the complex needs that survivors of sex trafficking endure. Working as part of an MDT allows services to extend beyond traditional boundaries set by individual disciplines and specialties which can often lead to a fragmented system of care.

According to the U.S. Department of Justice Office for Victims of Crime (OVC):

“It is now well accepted that the best response to the challenge of survivor abuse and neglect investigations is the formation of an MDT.”

For similar reasons, this is the most effective approach for survivors of CSE, in part because so many survivors are involved in multiple public systems — sometimes labeled “cross-over youth” — and are subject to multiple jurisdictions.

Multidisciplinary teams should incorporate knowledge and resources of the public and private systems in which the survivor is involved. When available, nationally recognized, evidence-based practices should guide the recommendations and care management plans for commercially sexually exploited CSE and trafficked children and young adults.

Putting it into Practice

Upon the confirmation or suspicion of sex trafficking of a survivor, a MDT should convene within 2 weeks from the intake date of an abuse report (Statewide Council Report, 2016). MDTs utilize a collaborative approach among all necessary stakeholders, ensuring that there is effective cross-sector communication and individualized service planning to meet the needs of the survivor. All individuals involved in the recovery of the survivor should be involved with the MDT including but not limited to: Department of Children and Families, the community-based care lead agencies, Children’s Advocacy Centers (CAC), survivor protective investigators, the survivor’s guardian ad litem, juvenile justice system staff, school district staff, service providers, survivor-mentors, clinicians, family members and/or the survivor when appropriate and other stakeholders as needed or identified. The goals of the MDT must be in the best interest of the survivor and the frequency of MDTs meetings will be determined on a case by case basis.
**“BEST PRACTICE”: DEVELOP Protocols AND procedures FOR THE COMMUNITY**

Guided by a victim-centered approach, protocols and procedures should be tailored to suit the circumstances of the community served.

**Key Point:** Every community should develop a protocol for responding to survivors of CSE and sex trafficking. The protocol should include a detailed explanation of how the community will work to fulfill the needs of survivors. Guided by a survivor-centered approach, the protocol should be tailored to suit the needs of the community served. Key elements of the protocol are detailed explanations of each community member’s responsibilities as they relate to human trafficking and CSE of victims, and how these members will work together to provide services when a survivor is identified. As a “best practice”, the convening of a local multidisciplinary taskforce should include the establishment of protocols for training all members, reaching consensus on the role of the multiple members, establishing a mission, and developing information-sharing protocols including strict privacy confidentiality rules and a plan to resolve conflict. Formalizing the mission, roles, training, member expectations, information sharing and conflict resolution protocols through a formal memorandum of understanding signed by all members creates a foundation for long-term sustainability of the multidisciplinary team (MDT).

**Putting it into Practice**

The development of protocols and procedures should be an identified outcome established through the formation of the multidisciplinary team. Membership should include:

- Department of Children and Families
- Community-based care lead agencies
- Survivor Advocacy Centers
- Survivor protective investigators
- Survivor’s guardian ad litem
- Juvenile justice system staff
- Survivor-mentors
- Clinicians
- Family members and/or the survivor when appropriate
- Other stakeholders as needed or identified

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8 System of Care Workgroup notes. (2017)

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“BEST PRACTICE”: PROVIDE A SURVIVOR-MENTOR
It is clear that lasting change in a survivor’s life is facilitated by the creation of relationships with trusted individuals.

Key Point: A survivor-mentor creates a trusting and stabilizing relationship for survivors of sex trafficking, and is made available to the survivor at all stages of their continuum of care.

The survivor-mentor, independent of the child welfare, juvenile justice, corrections or other systems, should be an expert in all aspects of the healing process and available community resources. The survivor-mentor should be present from the initial assessment, and aid in the creation and execution of the comprehensive care plan, empowering the survivor to assist in the creation of the plan. The survivor-mentor should represent the survivor’s best interests and needs, and assist them in advocating for their aspirations and concerns.

Some of the functions that a survivor-mentor performs include:

- Accompanying the survivor to all court appearances and other appointments;
- Meeting with law enforcement officials and the state attorney’s office;
- Serving as a liaison for the specialized housing placement;
- Keeping the survivor informed of the progress of any legal cases;
- Confirming there is appropriate information sharing among the multiple organizations and systems working with the survivor;
- Ensuring that the survivor’s voice is heard and their best interests are advocated for.

Putting it into Practice

The survivor-mentor works with all cross-sector key stakeholders to ensure the implementation of the care management plan. When gaps in services are identified, the survivor-mentor works with appropriate state, local and federal government agencies, along with private partners and nonprofit organizations to address the service gaps. The survivor-mentor supports care management plans that incorporate promising “best practices” that treat the survivor’s physical, social, emotional and spiritual health.
**“BEST PRACTICE”: MAINTAIN CONTINUITY OF CARE FOR SURVIVORS**

Regardless of circumstances and recent histories, survivors need to be monitored, supported consistently and – if willing - provided ongoing support.

**Key Point:** Because no single system can provide for the complex needs of sex trafficked survivors, continuity of care must be achieved by the diligent use of the regional resources that best fit the current and future needs of each survivor of CSE and trafficking.

Children and young adults who are survivors of sex trafficking may need to receive support from service providers for a lifetime.

A primary goal of a comprehensive care system is to shift from a system based on blame, shame, discrimination, isolation, and re-traumatization of the victim toward a model that offers validation, support, unconditional acceptance, skill building, self-empowerment, and relational safety.  

**Putting it into Practice**

Care should be open-ended and tailored to meet survivors’ current and future needs. Survivors may receive services through many means, and they may voluntarily leave before receiving the care they need. Regardless of circumstances and recent histories, survivors need to be monitored, supported consistently, and – if willing – provided the care they need. Continuity of care can occur by following the steps outlined below:

- Communicate and track the progress of the survivor;
- Identify gaps in services and fill them as needed;
- Empower the survivor;
- Stay in contact with survivors before, during and after placement;
- Keep continuous connection with local services, facilities and resources;
- Strive to eliminate systemic barriers to the continuity of care that could affect; multiple survivors’ over time;
- Pay attention in order to ensure evolving needs are met as survivors go in and out of placement facilities and other services;
- Educate survivors on financial literacy, life skills, etc.

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Networking can take many forms. Some examples include:

- Participating in state and local anti-trafficking taskforces and coalitions;
- Collaborating to provide a comprehensive list of referral services in the community served;
- Conducting community wide needs assessments for the treatment of victims of CSE and trafficking;
- Creating community awareness events;
- Reaching out to community leaders and elected officials;
- Soliciting assistance from training and technical assistance providers to enhance skills and expertise for service providers.

**Key Point:** Each survivor is unique and presents a special set of circumstances that require a customized response. It is unlikely that any one agency can completely provide for every survivor’s need, thus collaboration is necessary. Local, state, and national organizations all have a role to play in advocating for and providing direct services to survivors. Examples of this can be found in housing. The needs of youth survivors of commercial sexual exploitation (CSE) and sex trafficking vary widely based on many factors, and housing is no exception. Studies have shown that survivors of CSE and sex trafficking may not view themselves to be victims or in need of services in any way. A child under the age of 18 that has been victimized by CSE or sex trafficking may be in need of housing and have unique needs that do not fit the traditional model of emergency shelter. In this case, multiple agencies may need to come together to survey the options available and collaborate to find appropriate housing for both the short and long term. This need for a tailored response extends to a myriad of needs of survivors including terms of counseling, medical services, employment, education, social services, emotional support and more.

Networking amongst service providers widens the path for survivors and supports them in having options and choices, which may have been taken away from them during their victimization. Staying victim-centered and trauma-informed, networks, both formal and informal, can draw on the strengths of individuals to create a collaborative care model that benefits all survivors.

**Putting it into Practice**

Networking can take many forms. Some examples include:

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- Conducting community wide needs assessments for the treatment of victims of CSE and trafficking;
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Effective education and training can accomplish the following goals for outreach network teams and other social service providers in support of victims:

- Help to ensure that all responders are kept abreast of new developments in their field.
- Enable responders to connect better with survivors, meet long-term needs and confirm CSE and trafficking involvement.
- Enable responders to connect better with survivors, meet immediate needs.
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**Putting it into Practice**

**Key Point:** Education and training can play a vital role, both in the improved interdiction of human traffickers and in the propagation of promising best practices in support of victims. Effective educational processes can accomplish a great deal by increasing the effectiveness of authorities who wish to act in support of the victims of commercial sexual exploitation (CSE) and trafficking.

Continual improvement of the skills, knowledge and resources available to responders and community members can be achieved through diligent efforts to maintain information on emerging best practices and superior communication between public and private entities.
REFERENCES


System of Care Workgroup notes. (2017)
