**Toolkit Resources**

**From Attachment A of the**

**Nevada CSEC Strategic Plan**

**Model Coordinated Response Protocol & Toolkit to Address the Commercial Sexual Exploitation of Children in Nevada**

***(CSEC Model Coordinated Response Protocol & Toolkit)***

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**V. TOOLKIT RESOURCES**

**List of Resources**

The following resources are provided to support agencies in implementing the CSEC Protocol. They are grouped by the chapter in which they were first referenced.

*1-A: Guiding Principles for Serving CSEC*

*1-B: In Their Shoes: Understanding Victims’ Mindsets and Common Barriers to Victim Identification*

*1-C: Know the Language of Human Trafficking*

*1-D: Stages of Change in CSEC Counseling*

*1-E: The 12 Core Concepts for Understanding Traumatic Stress Responses in Children and Families – Adapted for Youth Who Are Trafficked*

*1-F: Ground Rules for Interaction*

*1-G: Do’s and Don’ts of Appropriate Engagement with CSEC*

*2-A: CSEC Training: Policy & Implementation Considerations for Agencies*

*2-B: Training Evaluation Form*

*2-C: CSEC 101: Training Competencies and Learning Objectives*

*2-D: CSEC Training Resources*

*2-E: CSEC Survivors as Guest Speakers or Co-Trainers: Implementation Considerations*

*3-A: Recommended CSEC Data Collection Variables*

*3-B: CSEC Data Code Book*

*3-C: Sample Data-Sharing Agreement*

*3-D: Standards for CSEC Service Providers*

*4-A: Guidance for a Memorandum of Understanding for Regional CSEC Task Forces and Multidisciplinary Teams*

*7-A: Legal Representation for CSEC Involved in Child Welfare*

*8-A: Nevada Rapid Indicator Tool (NRIT)*

*8-B: NRIT: Policy & Implementation Considerations for Agencies*

*9-A: CSEC Safety Assessment*

*9-B: Safety Planning Checklist*

*9-C: Runaway Prevention Interventions Guide*

*9-D: Hotlines and Helplines*

*9-E: Supportive Emergency Services*

*9-F: Runaway Report Form*

*9-G: Returning Child De-Briefing*

*11-A: Considerations in Identifying Appropriate Placements*

**Resource 1-A**

**Nevada Coalition to prevent the**

**Commercial Sexual Exploitation of Children**

**Guiding Principles for serving CSEC – with descriptions**

Our Perception of and Actions Toward CSEC

1. ***We view the CSEC as a victim and/or survivor of abuse, not a criminal.***

VICTIM/SURVIVOR OF ABUSE. Child sex trafficking is understood as abuse and reported as such. To the extent possible, we avoid arresting and holding CSEC in detention or otherwise treating them as criminals.

1. ***We extend respect to the CSEC, and act in ways that build trust and do no further harm.***

TRUSTING RELATIONSHIPS. Healing and hope begin through safe relationships. A respectful, trusting relationship engages the CSEC without judgment; encourages the CSEC to seek out the trusted person in times of crisis/decision; be open to their influence, suggestions and encouragement; and take the difficult steps necessary to leave "the life" and build a life of their choosing.

1. ***We view the CSEC and their well-being holistically, considering the psychological, emotional, spiritual, educational, physical and the social.***

THE WHOLE PERSON. Healthy youth development focuses on the whole child, addressing all aspects of the individual.

1. ***We honor the individuality of each CSEC and support a sense of self-efficacy.***

INDIVIDUALITY, EMPOWERMENT. When a youth chooses their own path to well-being and their path to recovery is respected and valued, it shores up their sense of self and a healthy independence. Though they are children, this means asking them to share their views, providing them with choices when possible, and allowing them to make decisions, where consistent with safety.

**Our Approach to the Services We Provide to CSEC**

1. ***We affirm and bolster the CSEC’s central role in the development and implementation of their strengths-based service plan.***

VICTIM-CENTERED and STRENGTH-BASED. A victim-centered approach places the victim at the heart of the planning and implementation of services in a meaningful way. This approach requires effort to engage and inform the victim so that they are empowered throughout the process; and youth decision-making is encouraged where consistent with safety. Service providers create positive partnerships with the child, identifying both the strengths and challenges of the child. The strengths of the child, family and community are leveraged to address their challenges and needs.

1. ***We address the physical, emotional and psychological safety needs of the CSEC, taking into consideration their point of view when developing a safety plan.***

CSEC SAFETY. Policies and practices address the physical, emotional and psychological safety considerations of CSEC. The youth's point of view about their safety needs is sought and considered when developing a safety plan, even when the CSEC's perspective differs from the views of those who serve them.

1. ***We recognize the signs of trauma, and acknowledge and competently address the impact of trauma on the CSEC.***

TRAUMA-INFORMED. All persons who work with CSEC recognize the signs of and diverse responses to trauma. Policies and practices acknowledge the impact of trauma, emphasize physical, psychological and emotional safety for survivors, create opportunities for survivors to rebuild a sense of control and empowerment, provide treatment that enables recovery from trauma, and actively seek to avoid re-traumatization.

1. ***We include family members and/or caregivers when appropriate, making their needs a part of the service plan.***

FAMILY-CENTERED. Recognizing that the CSEC typically has an emotional bond with family members/caregivers and their sense of belonging and identity rest in the family unit, family members/caregivers are encouraged to participate in the service planning process and are a part of the service plan, when appropriate.

1. ***With humility, we affirm and respond effectively to the unique cultural, linguistic and LGBTQ identity of the CSEC.***

CULTURAL, LINGUISTIC, LGBTQ COMPETENCE. Responses to CSEC are culturally, linguistically and LGBTQ (lesbian, gay, bisexual, transgender, questioning) competent and affirming. Approaching the exploration of differing cultural norms and practices through a lens of cultural humility facilitates understanding and respect for these differences. From this vantage point, individualized care plans for CSEC more closely mirror and align with each CSEC's desires, goals and needs.

**Our Approach to the Continuum of Care for CSEC**

1. ***We view all CSEC as victims and/or survivors who have the right to supportive services, regardless of age or related crimes.***

UNIVERSAL ACCESS. All CSEC victims/survivors should receive victim-centered services. This applies to those identified strictly as CSEC victims/survivors as well as those who are "victim-offenders" (i.e., those arrested for crimes other than prostitution). Also, CSEC should not be treated differently based on age, and services should be aligned with the developmental status of the child.

1. ***We value and incorporate the survivor’s role and voice in providing support to individual CSEC, and in the development of policy and practice.***

SURVIVOR VOICE. Seeking the input, expertise and guidance of those for whom services are intended makes it more likely services will meet their intended outcomes. Survivor voice in designing and implementing programming for CSEC provides a level of assurance that services will be experienced as "CSEC-friendly," encouraging CSEC participation and success. Additionally, survivors who are part of the service system for CSEC, such as in a community advocate role, can provide a sense of comfort and motivation for the CSEC; the survivor-advocate not only understands "the life" but also offers a model for successfully leaving "the life" and building a desired future.

1. ***We seek to identify and engage the CSEC throughout the continuum of services.***

IDENTIFICATION, SERVICE POINTS OF ENTRY. All service providers and system of care partners look for signs of potential victimization, including first responders, case managers, service/healthcare providers and school personnel. Efforts are continually made to engage and re-engage CSEC.

1. ***We cooperate, coordinate and collaborate across systems to achieve an effective service system for CSEC.***

MULTIDISCIPLINARY, PARTNERSHIPS. Working cooperatively and developing collaborative partnerships increases opportunities for enhancing and expanding services for CSEC.  Partnering organizations and multidisciplinary teams can fill gaps and address identified needs.

1. ***We safeguard the physical, psychological and emotional safety of all persons who work with CSEC, and recognize the impact of vicarious trauma.***

PROVIDER SAFETY AND WELL-BEING. Policies and practices address the unique physical, psychological and emotional safety considerations – including vicarious trauma – of all persons who work with CSEC. (Vicarious trauma is when an individual absorbs disturbing aspects of a traumatic experience from listening to another's story.)

1. ***We gather and share information to learn, and to enhance service delivery.***

TRANSPARENCY, DATA DRIVEN. ​By gathering and sharing information, it becomes possible to identify current trends and enhance services. This exchange of information fosters accountability and collaboration.

1. ***We base decisions on experience, data and research; and measure the effectiveness of services by the attainment of desired outcomes, and by benchmarking against progressive national standards.***

RESEARCH & OUTCOME DRIVEN. Service success and system improvements for CSEC are measured by the attainment of desired outcomes. In addition to experience and professional expertise, data, research, national benchmarks and evaluation are used to reflect on and guide system improvements.

1. ***We pursue prosecution of offenders, while taking into consideration the CSEC’s safety, circumstances and well-being.***

OFFENDER ACCOUNTABILITY. Efforts are made to hold offenders accountable. This may include seeking the CSEC's cooperation with the investigation, and prosecution of those who pay to exploit them and those who profit from their exploitation. A CSEC's safety, circumstances and well-being are strongly considered when seeking their cooperation in the investigation and prosecution of offenders.

*Sources:*

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**Resource 1-B**

**In Their Shoes: Understanding Victims' Mindsets**

**and Common Barriers to Victim Identification**[[1]](#footnote-1)

*Used by permission of Polaris.*

The following document outlines a wide variety of both physical and psychological reasons why trafficked persons cannot or will not leave a trafficking situation. The list is inclusive of all forms of trafficking and all potential victims. Items on this list are not meant to be interpreted as present in all trafficking cases, neither is this list intended to be exhaustive.

**Captivity/Confinement**

Past examples have included victims being locked indoors, held in guarded compounds or locked in trunks of cars.

**Frequent accompaniment/guarded**

In many trafficking networks, victims' public interactions are mediated, monitored or entirely controlled. In certain severe cases, victims have been controlled by armed guards.

**Use and threat of violence**

Severe physical retaliation (e.g., beatings, rape, sexual assault, torture) are combined with threats to hold victims in a constant state of fear and obedience.

**Use of reprisals and threats of reprisals against loved ones or third parties**

Traffickers target reprisals at children, parents, siblings and friends, or other trafficking victims.

**Fear**

Fear manifests in many ways in a trafficking situation, including fear of physical retaliation, of death, of arrest or of harm to one’s loved ones.

**Shame**

Victims from all cultures and in both sex and labor cases may be profoundly ashamed about the activities they have been forced to perform. Self-blame links closely to low self-esteem.

**Self-blame**

In the face of an extremely psychologically manipulative situation, trafficked persons may engage in self-blaming attitudes and blame themselves for being duped into a situation beyond their control. Self-blaming attitudes are often reinforced by the traffickers and can serve to impede the victim from testifying against or faulting the trafficker.

**Debt bondage**

Traffickers create inflated debts that victims cannot realistically pay off. These debts are often combined with accruing interest or small fees to ensure that the victim stays in the debt situation.

**Traumatic bonding to the trafficker**

In many trafficking cases, victims have exhibited commonly-known behaviors of traumatic bonding due to the violence and psychological abuse (a.k.a. Stockholm syndrome).

**Language and social barriers**

Feelings of unfamiliarity or fear of the unknown provide obstacles to leaving a trafficking situation. These feelings are exacerbated by language and social barriers.

**Distrust of law enforcement or service providers**

In many cases, traffickers are known to brainwash victims into a false distrust of law enforcement, government officials and service providers. Victims also may have had negative past experiences with institutional systems, which also impact trust levels.

**Isolation**

Traffickers purposefully isolate victims from a positive support structure and foster controlled environments where the victim is kept in a state of complete dependency. High levels of dependency and learned helplessness often lead victims to stay in their situation rather than face the uncertain path of leaving.

**False promises**

Traffickers use sophisticated methods of manipulating the human desire to hope through false promises and lies about a future better life. Victims who are children are especially vulnerable to these false promises.

**Hopelessness and resignation**

In the face of extreme control, violence and captivity, notions of hope may fade over time towards states of hopelessness and resignation.

**Facilitated drug addiction**

In certain trafficking networks, traffickers provide addictive substances to their victims to foster longer-term drug addiction and monetary dependency.

**Lack of awareness of available resources**

Victims may not leave a situation due to a lack of awareness of any resources or services designed to help them. Traffickers purposefully control the information that victims receive.

**Psychological trauma**

Many trafficking victims experience significant levels of psychological trauma due to the levels of abuse they have endured. In certain cases, this trauma leads to disassociation, depression, anxiety disorders and post-traumatic stress disorder, which in turn affects daily functioning and levels of agency.

**Low levels of self-identifying as trafficking victims**

The majority of trafficking victims do not self-identify as victims of human trafficking. They may be unaware of the elements of the crime or the federal criminal paradigm designed to protect them.

**Normalization of exploitation**

Over a long period of enduring severe levels of trauma, physical abuse and psychological manipulation, victims demonstrate resilience strategies and defense mechanisms that normalize the abuse in their minds. In a relative mental assessment, what once may have been viewed as abuse may now be experienced as a normal part of everyday life. This changing "lens" on viewing the world impacts the ability to self-identify as a victim.

**A belief that no one cares to help**

Trafficking victims may believe that no one cares to help them, a belief that is reinforced both by traffickers' lies but also when community members do not take a strong stance against trafficking. When the community is silent on the issue, traffickers' power is increased and feelings of hopelessness are sustained.

**Frequent movement**

The frequent movement of victims fosters a low likelihood of multiple encounters with law enforcement or service providers. Victims may not be in one place long enough for a meaningful intervention.

**Resource 1-C**

**Know the Language of Human Trafficking**[[2]](#footnote-2)

*Used by permission of American Military University*.[*2*](https://inpublicsafety.com/2014/10/know-the-language-of-human-trafficking/#comments)

[**Leischen Stelter**](https://inpublicsafety.com/author/lstelter/)As with many criminal enterprises, there are common terms and slang phrases used by perpetrators of human trafficking. It is important for [responders and service providers] to know such terminology to help identify potential cases.

Here is a list of common terms and definitions used by traffickers:

**Automatic**: A term denoting the victim’s “automatic” routine when her pimp is out of town, in jail, or otherwise not in direct contact with those he is prostituting. Victims are expected to comply with the rules and often do so out of fear of punishment, or because they have been psychologically manipulated into a sense of loyalty or love. All money generated on “automatic” is turned over to the pimp. This money may be used to support his concession/phone account or to pay his bond if he’s in jail.

**Bottom** or **“bottom bitch”**: A female appointed by the trafficker/pimp to supervise the others and report rule violations. Operating as his “right hand,” the Bottom may help instruct victims, collect money, book hotel rooms, post ads or inflict punishments on other girls.

**Branding**: A tattoo or carving on a victim that indicates ownership by a trafficker/pimp/gang.

**Caught a case**: A term that refers to when a pimp or victim has been arrested and charged with a crime.

**Choosing up:** The process by which a different pimp takes “ownership” of a victim. Victims are instructed to keep their eyes on the ground at all times. According to traditional pimping rules, when a victim makes eye contact with another pimp (accidentally or on purpose), she is choosing him to be her pimp. If the original pimp wants the victim back, he must pay a fee to the new pimp. When this occurs, he will force the victim to work harder to replace the money lost in the transaction. (See Reckless Eyeballing.)

**Circuit**: A series of cities among which prostituted people are moved. One example would be the West Coast circuit of San Diego, Las Vegas, Portland and the cities in between. The term can also refer to a chain of states such as the “Minnesota pipeline,” by which victims are moved through a series of locations from Minnesota to markets in New York.

**Coercion**: Threats or perceived threats of serious harm to or physical constraints against any person; a scheme intended to cause a person to believe that failure to perform will result in serious harm to or physical restraint against any person.

**Commercial sex act**: Any sex act on account of which anything of value is given to or received by any person.

**Cousin-in-laws**: Victims of pimp partners who work together.

**Daddy**: The term a pimp will often require his victim to call him.

**Date**: The exchange when prostitution takes place or the activity of prostitution. A victim is said to be “with a date” or “dating.”

**Exit fee**: The money a pimp will demand from a victim who is thinking about trying to leave. It will be an exorbitant sum to discourage her from leaving. Most pimps never let their victims leave freely.

**Facilitators**: It is important to realize that human trafficking operations often intersect or exist alongside legitimate businesses. As a result, certain industries may help to enable, support, or facilitate human trafficking. This “support structure” may include a wide range of individuals, organizations, businesses and corporations, and internet sites and practices. Common facilitators on which traffickers frequently rely include:

* Hotels and motels.
* Landlords.
* Labor brokers.
* Taxi and other driving services.
* Airlines, bus and rail companies.
* Advertisers (websites like Craigslist.com and Backpage.com, phone books, and alternative newspapers).
* Banks and other financial services companies.
* Inmate pen-pal services.

**Family/folks**: The term used to describe the other individuals under the control of the same pimp. He plays the role of father (or “Daddy”), while the group fulfills the need for a “family.”

**Finesse pimp/Romeo pimp**: One who prides himself on controlling others primarily through psychological manip­ulation. Although he may shower his victims with affection and gifts (especially during the recruitment phase), the threat of violence is always present.

**Force (federal TVPA definition):** Physical restraint or causing serious harm. Examples of force include kidnapping, battering, kicking, pushing, denial of food or water, denial of medical care, forced use of drugs or denial of drugs once a victim is addicted, forced to lie to friends and family about their whereabouts, being held in locked rooms or bound.

**Fraud**: Knowingly misrepresenting the truth or concealing an actual fact for the purpose of inducing another person to act to her/his detriment. Examples of fraud include false promises for specific employment, being promised a certain amount of money that is never paid, working conditions are not as promised, and being told she or he would receive legitimate immigration papers or a green card to work, but the documents are not obtained.

**Gorilla (or guerilla) pimp**: A pimp who controls his victims almost entirely through physical violence and force.

**Head cut**: A victim getting beaten down by their pimp.

**Human smuggling:** The facilitation, transportation, attempted transportation or illegal entry of a person or persons across an international border, in violation of one or more countries’ laws, either clandestinely or through deception, such as the use of fraudulent documents.

**In-pocket**: Not paying any other pimp than the one controlled by the victim. Not speaking to any other pimp.

**“John” (a.k.a. buyer or “trick”)**: An individual who pays for or trades something of value for sexual acts.

**Kiddie stroll**: An area known for prostitution that features younger victims.

**Loose bitch**: Pimps call a loose bitch a victim who keeps choosing different pimps.

**Lot lizard**: Derogatory term for a person who is being prostituted at truck stops.

**Madam**: An older woman who manages a brothel, escort service or other prostitution establishment. She may work alone or in collaboration with other traffickers.

**Out of pocket**: The phrase describing when a victim is not under control of a pimp but working on a pimp-controlled track, leaving her vulnerable to threats, harassment and violence in order to make her “choose” a pimp. This may also refer to a victim who is disobeying the pimp’s rules.

**Pimp:** A person who controls and financially benefits from the commercial sexual exploitation of another person. The relationship can be abusive and possessive, with the pimp using techniques such as psychological intimidation, manipulation, starvation, rape and/or gang rape, beating, confinement, threats of violence toward the victim’s family, forced drug use and the shame from these acts to keep the sexually exploited person under control.

**Pimp circle**: When several pimps encircle a victim to intimidate through verbal and physical threats in order to discipline the victim or force her to choose up.

**Pimp partner**: Two pimps who are friends and allow their victims to work together.

**Quota**: A set amount of money that a trafficking victim must make each night before she can come “home.” Quotas are often set between $300 and $2,000. If the victim returns without meeting the quota, she is typically beaten and sent back out on the street to earn the rest. Quotas vary according to geographic region, local events, etc.

**Reckless eyeballing**: A term which refers to the act of looking around instead of keeping your eyes on the ground. Eyeballing is against the rules and could lead an untrained victim to “choose up” by mistake.

**Renegade**: A person involved in prostitution without a pimp.

**Seasoning**: A combination of psychological manipulation, intimidation, gang rape, sodomy, beatings, deprivation of food or sleep, isolation from friends or family and other sources of support, and threatening or holding hostage of a victim’s children. Seasoning is designed to break down a victim’s resistance and ensure compliance.

**Serving a pimp**: The actual phone call one pimp makes to another after “taking” his victim.

**Squaring up**: Attempting to escape or exit prostitution.

**Stable**: A group of victims who are under the control of a single pimp.

**The game/the life**: The subculture of prostitution, complete with rules, a hierarchy of authority and language. Referring to the act of pimping as “the game” gives the illusion that it can be a fun and easy way to make money, when the reality is much harsher. Women and girls will say they’ve been “in the life” if they’ve been involved in prostitution for a while.

**Track (a.k.a. stroll or blade)**: An area of town known for prostitution activity. This can be the area around a group of strip clubs and pornography stores, or a particular stretch of street.

**Trade up/trade down**: To move a victim like merchandise between pimps. A pimp may trade one girl for another or trade with some exchange of money.

**Traffickers**: Traffickers are people who exploit others for profit. They can be any demographic, individuals and groups, street gangs and organized crime, businesses, or contractors.

**Trick**: Committing an act of prostitution (*verb*), or the person buying it (*noun*). A victim is said to be “turning a trick” or “with a trick.”

**Turn out**: To be forced into prostitution (*verb*) or a person newly involved in prostitution (*noun*).

**The wire**: (1) A pimp hotline, like a phone tree pimps use to get the word around, to find out which city is on/off. (2) Wiring money from victim to pimp in different cities/states (“put it on the wire”).

**Wifeys/wife-in-law/sister wife**: What women and girls under the control of the same pimp call each other.

**Resource 1-D**

**STAGES OF CHANGE IN CSEC COUNSELING**[[3]](#footnote-3)

*Used by permission of the Girls Educational and Mentoring Services.*

The CSEC Community Intervention Project and Girls Education and Mentoring Services adapted the Stages of Change model to describe the CSEC’s recovery process. It describes CSEC behaviors at each stage with survivor quotes illustrating each stage, and provides guidance for the treatment provider.

|  |  |  |
| --- | --- | --- |
| **Stage of Change:** | **Pre-contemplation*** Denies being sexually exploited.
* Discloses involvement in the life but does not present it as a problem.
* Is defensive.
* Does not want your help, wants you to “stay out of their business.”
 |  |
| **What this looks like with CSEC victims:** | * Not ready to talk about abuse.
* Will defend or protect abuser.
* Does not want help or intervention.
 | * *“I love my daddy. He takes care of me.”*
* *“I’m happy making money.”*
* *“I’m good with the way things are.”*
 |
| **Counselor’s goals:** | * Validate experience/lack of readiness.
* Encourage re-evaluation of current behavior.
* Encourage self-exploration, not action.
* Explain and personalize risk.
* Get legal identification documents.
* Set up appointments for healthcare and mental health.
 | * *“I can understand why you feel that way.”*
* *“Is there anything about your relationship with him that you don’t like?”*
* *“How do you feel when…?”*
* *“I’m proud of you. You’re taking big steps right now. Be proud of yourself!”*
 |

|  |  |  |
| --- | --- | --- |
| **Stage of Change:** | **Contemplation*** Acknowledges that being in the life is painful and probably not what they want for themselves.
* Not yet ready to leave but processing the abuse and the effects of the abuse.
* Ambivalent about actually leaving.
* Open to self-reflection, weighing consequences and talking about feelings.
 |  |
| **What this looks like with CSEC victims:** | * Often an external event, or “reality,” has confronted the pre-contemplative stage.
* Incidents can include violence, rape, assault, getting pregnant, diagnosis with an STD, new girls in the house, getting arrested, not getting bailed out.
* Fear of the consequences of leaving: Violence, retribution, threats to self and family, being homeless, having no money.
* Thinking of leaving but feeling isolated from the “square” world.
 | * *“I didn’t think it was going to turn out this way.”*
* *“I feel like I don’t deserve this.”*
* *“I don’t want this for my daughter.”*
* *“I’m afraid that if I try to leave, he’ll just track me down and find me. There’s no point.”*
* *“This is what I’m good at. I’m not good at anything else.”*
 |
| **Counselor’s goals:** | * Listen!!!!
* Encourage client to list out the pros and cons.
* Reflect change talk.
* Affirm processing of problems.
* Validate ability for client to make changes.
* Identify and assist in problem-solving/obstacles.
* Help identify sources of support.
 | * *“When are the times you feel really good? When are the times you feel really bad?” (make lists)*
* *“What do you feel is holding you back the most?”*
* *“I think you should be proud of yourself for…”*
* *“I’m proud of you. You’re taking big steps right now. Be proud of yourself!”*
 |
| **Stage of Change:** | **Preparation*** Has made a commitment to leave.
* Has thought a lot about leaving, now begins to “test the waters.”
* Exhibits signs of independence by taking small steps to be able to leave.
* Researches and is open to resources available.
 |  |
| **What this looks like with CSEC victims:** | * Regularly attends events/groups/counseling at agency
* Stashes money.
* Brings clothes or belongings to the agency.
* Doesn’t answer cell phone every time exploiter calls.
* Starts GED classes.
* Thinking about a part-time job.
* Exploring housing/shelter options.
 | * *“I would really like to finish school.”*
* *“I still love home and want to be with him, just not with all the other stuff.”*
* *“I want to leave. I just want to save some money first.”*
 |
| **Counselor’s goals:** | * Create a safety plan.
* Case management: Find housing, education, employment, regular therapy.
* Encourage small initial steps.
* Validate fear of change.
* Introduce client to new experiences where he/she can gain new skills and increase self-esteem.
* Affirm underlying skills for independence.
 | * *“You should be really proud of yourself for doing…, you are doing something healthy for yourself.”*
* *“It’s normal to be nervous about the changes you’re making.”*
* *“What kinds of things are you interested in? What are your dreams for the future?”*
* *“I’m proud of you. You’re taking big steps right now. Be proud of yourself!”*
 |
| **Stage of Change:** | **Action*** Leaving the life.
 |  |
| **What this looks like with CSEC victims:** | * There are often stages of exiting (may feel the need to rely on a few regular “johns” until financial situation is stable).
* Goes through intake at a youth shelter.
* Placement at a residential treatment center.
* Staying with relatives.
* Starts part-time job.
* Cuts off contact with pimps/johns.
* Moves from area of exploitation.
 | * *“It’s so hard and it’s taking so long to get everything together.”*
* *“I’m so glad I left. I hate him… but I miss him.”*
* *“I can see myself going to college and getting a good job.”*
* *“It’s so weird being in the ‘square’ world. I feel different from everyone else.”*
 |
| **Counselor’s goals:** | * Support & validate the effort it takes to leave.
* Address safety concerns.
* Focus on restructuring environment and social support.
* Discuss self-care.
* Create system with youth for short-term rewards he/she can give to him/herself.
* Process feelings of anxiety and loss.
* Reiterate long term benefits of change.
 | * *“It’s going to take a while to get things in your life in order. Try to be patient and not do everything at once.”*
* *“It’s completely normal to love and hate your ex at the same time. Let’s talk about your feelings before you act on them.”*
* *“I’m proud of you. You’re taking big steps right now. Be proud of yourself!”*
 |
| **Stage of Change:** | **Maintenance*** Remains out of CSEC.
* Develops new skills for a new life.
* Successfully avoids temptations and responding to triggers.
 |  |
| **What this looks like with CSEC victims:** | * May maintain job/school.
* Living in stable environment.
* Develops new relationships (intimate and social), often struggles with this.
* Develops network of support.
* Begins to address trauma of experiences.
 | * *“I can’t believe I wasted so many years.*
* *It’s like I never had a childhood.”*
* *“I could never go back to the track/club.”*
* *“I feel bad for other girls/boys who are still in it.”*
* *“Sometimes I’m bored and kinda miss the drama.”*
* *“It’s hard starting relationships because they only want one thing.”*
 |
| **Counselor’s goals:** | * Plan for follow-up support.
* Reinforce internal rewards and self-care.
* Discuss coping with relapse.
* Discuss triggers and temptations, creating coping strategies.
* Continue to help look for opportunities to develop new skills and invest in supportive communities.
* Recognize progress and validate strengths.
* Be patient and realistic.
 | * *“Can you tell me the times you most feel like going back? What do you miss the most?”*
* *“How can you find ‘excitement’ and ‘attention’ in other ways?”*
* *“What kinds of people are you attracted to? Why do you think that is?”*
* *“I’m proud of you. You’re taking big steps right now. Be proud of yourself!”*
 |
| **Stage of Change:** | **Relapse*** Returns back to the life

. |  |
| **What this looks like with CSEC victims:** | * Runs away from program.
* Re-establishes contact with exploiter (exploiter gets out of jail, runs into exploiters or someone from the life on the street, seeks exploiter out to reconnect).
* Returns to strip club or escort agency.
* Begins to see “johns” regularly.
 | * *“He really loves me.”*
* *“I’m always going to be like this. This is who I am.”*
* *“I’m so ashamed. I don’t want to come back.”*
* *“You don’t understand. I missed him and besides, it’s different now.”*
* *It was too hard. I just couldn’t do it.”*
 |
| **Counselor’s goals:** | * Address feelings of failure.
* Reassure that most people experience relapse.
* Revisit subsequent stages of change (hopefully preparation or action, but sometimes contemplation).
* Evaluate the triggers that resulted in relapse.
* Reassess motivation to leave again and barriers.
* Plan stronger coping strategies.
 | * *“It’s ok. It’s normal to struggle with making really big changes. You’re still welcome here.”*
* *“What did you feel like you needed that you weren’t getting?”*
* *“Perhaps we can talk about why it was so hard.”*
* *“Are things better this time? Why do you think that? What changed?”*
* *“I still support you and believe in you.”*
 |

**Resource 1-E**

**The 12 Core Concepts for Understanding Traumatic Stress Responses in Children and Families – adapted for youth who are trafficked**[[4]](#footnote-4)

*Used by permission of The National Child Traumatic Stress Network.*

The 12 Core Concepts for Understanding Traumatic Stress Responses in Children and Families provide a rationale for trauma-informed assessment and intervention. The concepts cover a broad range of points that practitioners and agencies should consider as they strive to assess, understand and assist trauma-exposed children, families and communities in trauma-informed ways.

1. **Traumatic experiences are inherently complex.** Every traumatic event is made up of different traumatic moments. These moments may include varying degrees of objective life threat, physical violation and witnessing of injury or death. The moment-to-moment reactions youth have to these individual events are even more complex due to limitations in appraising and responding to danger, safety and protection. When youth are sold for sex or labor, they constantly receive information that they must weigh and react to quickly. Thoughts come quickly and continuously: “What do I need to do to survive this? What’s worse, if he rapes me or kills me? If I don’t do what they say, what will they do to me? If I don’t do this, will my ‘boyfriend’ be angry?”

2. **Trauma occurs within a broad context that includes youth's personal characteristics, life experiences and current circumstances.** Early interpersonal trauma may make youth more vulnerable to trafficking, teaching them not to trust others and to survive by any means necessary even if that involves further maltreatment. How they deal with, respond to, and cope with these situations stems from their current experience (e.g., a strong bond with the trafficker), the accumulation of their past experiences (e.g., childhood sexual abuse, domestic violence) and temperament, as well as their physical, familial, community and cultural environments.

3. **Traumatic events often generate secondary adversities, life changes and distressing reminders in youth's daily lives.** Some trafficked youth cannot escape a constant flood of painful and demoralizing reminders of past traumatic events or moments. Reminders can be anything that a youth associates with a traumatic experience (i.e., smell of alcohol, cologne or sweat, certain locations) whether large or small, obvious or unknown. Reminders occur when least expected and youth may react with avoidance, numbing, hypervigilance, re-experiencing or other responses. Traumatic events often generate secondary adversities, such as social stigma, ongoing treatment for injuries and legal proceedings. These adversities coupled with trauma reminders and loss reminders may produce significant fluctuations in a youth’s emotional and behavioral functioning.

4. **Youth can exhibit a wide range of reactions to trauma and loss.** Due to past or ongoing trauma, youth may respond to everyday challenges with rage, aggression, defiance, recklessness or by bonding with aggressors. Others may withdraw, emotionally shut down, dissociate, self-harm or self-medicate.

5. **Danger and safety are primary concerns in the lives of youth who have had traumatic experiences.** Trafficked youth may believe that no person, relationship or place can ever be safe or trustworthy. Continual exposure to traumatic experiences can make it more difficult for youth to distinguish between safe and unsafe situations, and may lead to significant changes in their own protective and risk-taking behavior.

6. **Traumatic experiences affect the family and broader caregiving system.** Parents, caregivers, family members and friends may want to help a youth who has been trafficked, but they may not know how to regain the youth’s trust or how to help the youth envision a life that doesn’t involve being trafficked.

7. **Protective and promotive factors can reduce the adverse impact of trauma.** Supportive adults and communities, strong social connections, positive mentors, high self-esteem and good coping skills can buffer the effects of trauma experienced by trafficked youth. When given the opportunity, many trafficked youth demonstrate remarkable resilience and enormous capacity to heal.

8. **Trauma and post-trauma adversities can strongly influence development.** Trafficked youth may have had many interruptions and interference in their childhood (e.g., innocence, playfulness, creativity) and adolescence (e.g., autonomy, intimacy, self-definition) causing a disruption in healthy development.

9. **Developmental neurobiology underlies youth's reactions to traumatic experiences.** Trafficked youth may develop “survival brain” – an automatic focus on anticipating or counteracting danger rather than letting down their guard – especially when life seems safe (the times when they have most often been blindsided by victimizers).

10. **Culture is closely interwoven with traumatic experiences, responses and recovery.** Every trafficked youth has a unique set of past and current cultural experiences, values, beliefs and expectations. Youth may feel conflicted by divided loyalties when cultures clash.

11. **Challenges to the social contract, including legal and ethical issues, affect trauma response and recovery.** Trafficked youth may have lost hope that society, especially people with power (such as, law enforcement or judicial professionals), will fulfill their societal mandate to protect and help them. Vulnerable to criminalization, stigmatization and victimization, youth often resist and are distrustful of the authority of those they perceive as unwilling and unable to help. Some of the distrust is due to the instances in the past when these systems have failed them.

12. **Working with trauma-exposed youth and their families can be extremely rewarding.** Adults who come to know trafficked youth in the course of providing them with services may be deeply affected by hearing about the tragedy and horror of these youths’ experiences. It is imperative for these adults to take care of their own emotional and physical health in order to be able to be thoughtfully and consistently helpful to trafficked youth.

**Resource 1-F**

**Ground rules for interaction**[[5]](#footnote-5)

*Used by permission of Shared Hope International.*

1. **Be nonjudgmental and kind.** This is the building block for all future interactions.
2. **Address emergency and basic needs first.** Youth cannot engage in a substantive dialogue if these primary needs are not addressed.
3. **Check your environment.** Interview space should be youth-friendly, comfortable, and confidential.
4. **Time.** Allow for plenty of time and space to develop rapport and engage with a survivor prior to the interview. Most youth do not disclose all details of their victimization in the first interview. It may take several interactions before they begin to trust you.
5. **Be flexible.** While there are certain goals that you want to achieve with the youth during this time, it is important to begin the empowerment process from the start of the conversation. Allowing youth to guide or prioritize the conversation can ultimately help you achieve your goals at a later time.
6. **Be upfront.** Tell the youth in the beginning who you are and your goals for the conversation. Be very clear about your mandated reporting requirements and make sure the youth fully understands what it means, providing examples that include prostitution. Some youth may be dissuaded from disclosing their victimization at first, in which case the practitioner should focus on building rapport and providing resources or services to fit the perceived needs.
7. **Ask for permission.** If you must use a form or take notes during the interview, make sure that you ask permission first so that the youth knows what and why you are writing down information about them. Also, clarify for what the information will be used and whether it is confidential.
8. **Language.** Use youth-friendly language and mirror (appropriate) language used by youth when asking questions about events in their story.
9. **Body language.** Ensure that your body language is open and communicates a desire to hear all, including unpleasant or uncomfortable details.
10. **Limited personal references.** Balance the amount of personal information shared. While it is important to participate in the conversation so it does not feel one-sided, sharing significant or extremely personal stories in an effort to connect can place an inappropriate burden on the youth to counsel the practitioner.
11. **Minimal interjections.** Limit interruptions when youth begin to share information, as a continuous line of questions from the practitioner can feel invasive rather than relational. However, if during the course of disclosure the youth’s behavior changes or distress is noticed, practitioners should “check in” with the youth and ask what is happening for that person right now – “What are you feeling right now?” could be a good prompting question. Then, the practitioner should listen to that and respect it. Taking short breaks throughout the disclosure process ensures proper respect and balance in the nervous system before re-engaging in the disclosure or narrative. The practitioner should never be so focused on hearing the “whole” story or completing the intake process that the youth feels revictimized.
12. **Meet the youth where they are.** Respect where the youth is psychologically and emotionally in understanding their situation. The youth may not acknowledge the situation as exploitative and may even have to or “want to” return to the abusive situation. Working first to understand and define the youth’s immediate and long-term goals, it is then the practitioner’s role to guide the youth (over time) into defining and understanding the situation, not to assign a label.
13. **Setting boundaries for the youth.** Practitioners should respect personal boundaries set by the youth, especially regarding touching the youth. While touch (e.g., hugging) may seem like a comforting gesture, for exploited youth it may feel invasive and uncomfortable. Practitioners should not touch a youth without permission. Additionally, if permission is given by the youth to hug, the interaction should be led by the youth. Lots of warmth can be communicated through smiling, nodding and otherwise affirming and empowering the youth.
14. **Setting boundaries for practitioners.** Practitioners need to set realistic goals and expectations for youth regarding the services with which they can assist. Promises should never be made unless it is certain that they can be achieved. Additionally, unless other protocols have been established within an agency/organization, shared personal information (home address, cell phone number, etc.) should be limited, too.
15. **Professionalism.** A multidisciplinary team approach is vitally important to holistically caring for the youth. It should be expected that the youth will bond more closely with certain practitioners. Practitioners should resist taking this personally and recognize that this is human nature. Additionally, practitioners should refrain from colluding or talking disrespectfully with the youth about other practitioners on the team.
16. **Be transparent.** Survivors of domestic minor sex trafficking have been abused and hurt by most adults in their life. Trust should not be expected – it is earned. The more a practitioner can involve the youth in recommended actions and conversations to achieve the youth’s goals, the more quickly trust can be built. For example, if the practitioner is referring the youth to another agency for additional services, the youth can be included in the referral call. The youth can watch “her” practitioner interact with another professional, as well as hear how and why the practitioner is recommending this referral.

**Additional ground rules for interacting with victims of gang trafficking:**

1. **Show respect.** Gang-involved youth may have a natural resentment of authority or may be chronically angry. Respect in the gang culture is paramount. These youth tend to have a personal code of fairness that isn’t always apparent in initial interactions and practitioners should monitor their language, tone and demeanor when working with them. The practitioner should focus on extensive rapport-building before beginning the interview to gain a sense of how the youth perceives themselves and their environment. The survivor must never feel like she/he is being patronized or disrespected.
2. **Be aware of your clothing.** Survivors of gang trafficking are hypersensitive to signs, symbols, colors, etc., that reflect gang affiliation. They are taught to reject people and possessions that display colors touted by rival gangs. If the practitioner is wearing an article of clothing that displays an offensive color or symbol, the survivor may display signs of aggression or negative attitude and may be unwilling to cooperate with the interview process. Practitioners may minimize this response by asking if the victim has a favorite color during the rapport building interactions.

**Resource 1-G**

**Do’s and Don’ts OF APPROPRIATE ENGAGEMENT WITH csec vICTIMS**[[6]](#footnote-6)

*Used by permission of the Girls Educational and Mentoring Services.*

**DO** put into practice your knowledge of **risk factors, pathways to CSEC**, and techniques for **victim identification** when identifying and engaging with youth.

**DON’T** rely on **stereotypes** to identify or engage with sexually exploited children.

**DO** provide a **safe** place for engagement.

**DON’T** question or engage a sexually exploited child at a location where they feel **threatened** or **unsafe**.

**DO** be **nonjudgmenta**l when listening to a sexually exploited child.

**DON’T** react verbally or physically in a way that communicates **disgust** or **disdain**. Refrain from displaying a **shocked** face or talking about how “awful” the child’s experience was. This may shut the child down.

**DO** work to build **trust** with a sexually exploited child.

**DON’T** expect immediate **gratitude** for your efforts.

**DO** pay attention to your **body posture**. Face the child and make eye contact. Show interest, empathy and understanding through verbalizations, nods and facial expressions. Speak in a calm and even tone.

**DON’T** act or appear to be distracted, disinterested or disapproving. Do not use **intimidation** tactics like interrogating the child or standing over the child.

**DO** keep **physical contact** to a minimum. When there is physical contact, let a child know exactly what you are doing and remind the child that you are not there to hurt them.

**DON’T** use physical contact where it is not appropriate. Physical contact as a comforting response should be initiated by the child.

**DO** be familiar with **street language** and slang that children and youth might use.

**DON’T** try to use street language and slang **out of context** when talking with children and youth.

**DO** use language and terms that are **appropriate** and **sensitive** to a child’s experience as a victim.

**DON’T** expect youth to always phrase their experiences in language that is appropriate or to **refer to themselves as victims**. Do not use inappropriate language, derogatory terms, shame or belittlement when discussing the child's experiences.

**DO** recognize the various symptoms of **trauma** exhibited and **coping mechanisms** used by a CSEC victim that may not be those one typically associates with victims.

**DON’T** use strategies that switch intermittently between treating the child as an **offender**, then as a **victim**.

**DO** recognize the child as a victim and a survivor of severe **child abuse**.

**DON’T** treat the child as a **perpetrator** by prosecuting the child and not using statutory rape, sexual abuse and trafficking laws to prosecute pimps, johns, traffickers, and recruiters.

**DO** help a child “slow down” and **debrief** if they seem overwhelmed or disconnected when telling their story. Limit the amount of information you ask them to disclose.

**DON’T** expect or push every child to **disclose** all the details of their abuse. Sometimes heavy information will need to be gathered in stages.

**DO** keep the child **talking** and make them feel comfortable.

**DON’T** dispute facts or comment on a child’s motivation. This is likely to stop the flow of information.

**DO** take sexually exploited youth **seriously**.

**DON’T** diminish the seriousness of their experiences or concerns.

**DO** meet a sexually exploited child **where they are** and on their terms, and try to meet the needs they present.

**DON’T** expect a child to recognize their situation as **exploitative** or to present themselves as a victim in need of immediate intervention or rescuing.

**DO** apply sensitivity and attention to a child’s **cultural background**.

**DON’T** draw **conclusions** based on stereotypes of a child’s culture, race, ethnicity, class, gender or sexual orientation. Do not impose **actions** that are culturally inappropriate or insensitive.

**DO** continually **process** your own experiences, feelings, and judgments concerning the issues surrounding sexual exploitation.

**DON’T** ignore signs of vicarious re-traumatization or burnout fatigue.

**DO** improve a **systemic response** to CSEC by creating interagency relationships to comprehensively meet victims’ needs.

**DON’T** assume sole responsibility for meeting the myriad and **complex needs** of a CSEC victim.

**DO** collaborate with local **experts** and **survivors** of sexual exploitation to engage with victims or to work for policy change.

**DON’T** marginalize the experiences or voices of survivors in a community response to CSEC.

**Resource 2-A**

**CSEC Training: Policy & Implementation Considerations for Agencies**

To ensure success in the implementation of a CSEC training program, each agency is encouraged to consider the following items, and internal policies and procedures.

**What are outcomes of the training?**

* What are the desired practice outcomes resulting from each training?
* Which policies and procedures at the agency need to be revised? *(For example, will the agency internally track or report on identified or suspected CSEC? With whom will these reports be shared?)*
* What are possible barriers or challenges to each training being well-received or implemented?

**What is the content for trainings?**

* For CSEC 101, does the content incorporate, at a minimum, the CSEC 101 Training Competencies and Learning Objectives?
* For all other CSEC trainings, does the content address desired competencies and learning objectives?
* Is the training content reflective of the audience and their roles, and include discipline-specific information, e.g., for CSEC 101, does it include:
* Red flags?
* Screening tools?
* Changes or updates to the agency’s policies and procedures?
* If the agency is part of the effort to identify CSEC, are reporting procedures to the local law enforcement agency and/or child protective services included?
* Does the training include an evaluation of the content, process and trainer?

**Who will participate in training?**

* Will all new hires be required to participate in CSEC 101 and CSEC 102 trainings, or just staff who are more likely to interact or be exposed to the CSEC population? *(For example, staff who interact with families and youth in a case management role versus administrative/clerical staff who do not.)*
* Will all current employees who have *not* received CSEC Introductory Awareness Training that meets the required training competencies be required to participate in the training? *(If an employee indicates they have already had CSEC training, it is recommended that they provide the competencies and/or learning objectives from the training so that the agency can compare it to the identified CSEC Introductory Awareness Training Competencies and Learning Objectives.)*
* For all other CSEC trainings, who will be required to attend vs. who may voluntarily attend?

**When will training be offered and to whom?**

* When will the CSEC 101 Introductory Awareness training be provided?
* Will it be required for all new staff as part of their new employee training and/or onboarding experience?
* Or will there be a requirement to participate in the training within sixty days upon hire?
* Once employees receive the introductory training, what expectation will there be regarding participation in refresher training at specified intervals? *(This can include dissemination of changes to existing laws and best common practices via internal communications or existing training platforms.)*
* What expectation will there be for employees to participate in advanced and/or specialized training for CSEC at specified intervals?
* How will managers/supervisors be trained first, i.e., before their staff, so they can prime employees regarding the content *prior to* the training?
* How will managers/supervisors learn enough about the topic so they can support ongoing learning with their staff *after* the training?

**Who will provide the CSEC training?**

* Will training be provided by internal or external trainers?
* Do trainers identified by the agency meet the recommended standards?
* Will internal trainers be developed through the Training of Trainers course that specifically focuses on the CSEC Introductory Awareness and Skill-Building trainings?
* How might CSEC survivors be incorporated as guest speakers or co-trainers?

**Does the agency have a training coordinator?**

* Noting that CSEC best practices and laws can change often, how will the agency disseminate updates or coordinate new, ongoing training? Through its training coordinator? If the agency does not have a training coordinator, will one be assigned?

**Resource 2-B**

**TRAINING EVALUATION**

Program Title:

Program Sponsor:

Date:

Instructor(s):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **INSTRUCTION** | *Strongly Disagree* | *Disagree* | *Does Not Apply* | *Agree* | *Strongly Agree* |
| The training objectives were met. |  |  |  |  |  |
| 1. *Learning objective 1*
 |  |  |  |  |  |
| 1. *Learning objective 2*
 |  |  |  |  |  |
| 1. *Learning objective 3*
 |  |  |  |  |  |
| 1. *Learning objective 4*
 |  |  |  |  |  |
| Teaching methods were effective.  |  |  |  |  |  |
| Visual aids, handouts and oral presentations clarified content.  |  |  |  |  |  |
| Content was trauma-informed.  |  |  |  |  |  |
| Content was relevant to the needs of Nevadans.  |  |  |  |  |  |
| Perspective and voice of CSEC victims and survivors were evident throughout the program.  |  |  |  |  |  |
| This presentation increased my knowledge about trafficking.  |  |  |  |  |  |

| **LEARNING** | *Strongly Disagree* | *Disagree* | *Does Not Apply* | *Agree* | *Strongly Agree* |
| --- | --- | --- | --- | --- | --- |
| The information could be applied to my practice, daily life or other context. |  |  |  |  |  |
| The information contributes to achieving personal or professional goals.  |  |  |  |  |  |
| Issues of diversity were addressed.  |  |  |  |  |  |
| This program enhanced my professional expertise.  |  |  |  |  |  |
| I would recommend this program to others.  |  |  |  |  |  |
| Teaching methods and tools focused on how to apply program content to my practice/work environment. |  |  |  |  |  |
| Learning was enhanced through a variety of media utilizing auditory, visual and multimedia formats. |  |  |  |  |  |
| Legal, professional and ethical issues were incorporated throughout the program content. |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **INSTRUCTOR** | *Strongly Disagree* | *Disagree* | *Does Not Apply* | *Agree* | *Strongly Agree* |
| Knew the subject matter. |  |  |  |  |  |
| Presented content effectively. |  |  |  |  |  |
| Elaborated upon the stated objectives. |  |  |  |  |  |
| Maintained my interest. |  |  |  |  |  |
| Answered questions effectively. |  |  |  |  |  |
| Was responsive to questions, comments and opinions. |  |  |  |  |  |
| Provided a variety of applied examples (e.g., case presentations).  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **VENUE, SETTING, ETC.** | *Strongly Disagree* | *Disagree* | *Does Not Apply* | *Agree* | *Strongly Agree* |
| Facility was adequate for my needs.  |  |  |  |  |  |
| Special needs were met.  |  |  |  |  |  |
| Facility was comfortable and accessible.  |  |  |  |  |  |
| Program brochure was informative and accurate.  |  |  |  |  |  |

*Source: Adapted from the American Psychological Association Office of CE Sponsor Approval.*

The level of material was:  Basic  Intermediate  Advanced

What was your overall impression of the activity? What went well? What could be improved?

What did you learn that was new or different? How and/or will this information change how you practice or approach your daily life?

Other comments:

**Resource 2-C**

**CSEC 101: Introductory Awareness of CSEC**

**Training Competencies & Learning Objectives**

**Purpose**

Increase identification and protection of commercially sexually exploited children (CSEC) by defining CSEC and describing factors that contribute to victim vulnerability, red flags, recruitment, intervention strategies and steps to take going forward.

***NOTE****: All training should adhere to the Guiding Principles of the Coalition.*

**Training Competencies with Learning Objectives**

*Competency 1:* Knowledge of children who are victims of, or at risk of, sex trafficking.

*The learner will be able to:*

* 1. Define CSEC.
	2. Describe the prevalence and demographics of child sex trafficking in Nevada and locally.
	3. Interpret acronyms of commonly used terms and agencies/initiatives involved in combating human trafficking.

*Competency 2:* Understand legal issues (definitions/laws) related to protecting children at risk of sex trafficking.

*The learner will be able to:*

1. Describe basic components of human trafficking laws.
2. Identify how human trafficking legal issues relate to CSEC.
3. Describe the paradigm shift from delinquent child to victim.
4. Designation of CSEC as child maltreatment.
5. Mandatory reporting.
6. Understand the intersection of CSEC, domestic minor sex trafficking (DMST), and the juvenile justice and child welfare systems.

*Competency 3:* Identifies the factors that place children at risk of sex trafficking.

*The learner will be able to:*

1. Describe how societal factors (e.g., historical oppression, cultural forces, racism, mainstream and popular culture, including ease of access to children for sex through the internet) contribute to demand for commercial sexual exploitation of children and youth.
2. Describe interpersonal dynamics that contribute to the victimization of children by sex traffickers (e.g., position of vulnerability from a child development and trauma perspective, recruitment tactics, domestic violence dynamics, trauma bonding, Stockholm Syndrome, etc.).

*Competency 4:* Identifies the warning signs and risk factors associated with child sex trafficking.

*The learner will be able to:*

1. Identify common physical and behavioral indicators exhibited by children who are experiencing commercial sexual exploitation.
2. Identify risk factors and warning signs related to commercial sexual exploitation and how these manifest in children.

*Competency 5:* Identifies the needs of and intervention strategies for child sex trafficking victims or survivors.

*The learner will be able to:*

1. Become aware of the impact of sex trafficking on victims.
2. Describe the process of recruitment, indoctrination, exploiter tactics and the role of cumulative trauma.
3. Describe the connections among CSEC and
	* 1. Children who are homeless, have runaway, are couch serving, etc. (survival sex).
		2. Children in the juvenile justice system (survival sex, peer recruitment, burglary, theft, trespassing).
		3. Children in the child welfare system (peer recruitment, lack of connections to adults, increased vulnerability).
		4. Increased vulnerability related to trauma exposure.
		5. Unique circumstances of youth who identify as LGBTQ.
4. Describe tools and protocols that may be utilized in the identification and assessment of victims of trafficking.
5. Describe treatment challenges for professionals.
6. Become aware of the support needed by service providers as they support victims or survivors.

*Competency 6:* Identifies steps to report a potential victim.

*The learner will be able to:*

1. Identify reporting process to responsible agencies.

*Competency 7:* Identifies steps to increase competency in serving CSEC.

*The learner will be able to:*

1. Define ways to increase competency in serving CSEC (e.g., web-based materials, skill-building trainings that are trauma-informed, gender-specific and culturally responsive).

*Sources:*

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The Training Subcommittee of the Nevada Coalition to Prevent the Commercial Sexual Exploitation of Children

**Resource 2-D**

**CSEC Training Resources**

| **Course** | **Description** | **CSEC Training Resources** | **Target Audience** |
| --- | --- | --- | --- |
| **CSEC 101A:****CSEC Awareness Overview – *Online*** | 60 - 120 minute online, on demand overview. | ***Nevada’s CSEC Awareness Overview Online.***An online CSEC Awareness Overview for Nevada may be developed in the future.***SOAR Online*** *–**by Postgraduate Institute for Medicine et al.*On demand. Designed to educate health care providers, social workers, public health professionals, and behavioral health professionals on how to identify, treat, and respond appropriately to individuals who are at risk or who have been trafficked. CE/CME available. Three modules: * SOAR to Health and Wellness Online (1 hour)
* Trauma-Informed Care (30 minutes)
* Culturally and Linguistically Appropriate Services (30 minutes).

*Source:* [*https://www.acf.hhs.gov/otip/training/soar-to-health-and-wellness-training/soar-online*](https://www.acf.hhs.gov/otip/training/soar-to-health-and-wellness-training/soar-online)***Introduction to Child Sex Trafficking: Awareness and Response*** *– by NCMEC University Online*Free self-paced, online training. Addresses risk factors making individuals vulnerable to sex trafficking, recruitment and seasoning process, various rules and beliefs of the sex trafficking culture, adolescent development, victim differences, trauma bonding, dissociative disorders and the role and purpose of a MDT. For child-serving professionals, forensic interview specialists, law enforcement officers, victim advocates, prosecutors, healthcare providers, child protective service workers, child protection attorneys and juvenile justice personnel. Must complete application to access; access to courses based upon discipline. (ICSTAR; 1.5 hours)*Information:* [*http://www.missingkids.com/ourwork/training/ncmecuniversity*](http://www.missingkids.com/ourwork/training/ncmecuniversity)***An Overview of Child Sex Trafficking*** *– by National Human Trafficking & HHS Online Trainings* On demand. Overview of child sex trafficking, including risk factors, network characteristics, trafficking indicators, models for institutional response, and promising practices for serving youth.*Source:* [*https://humantraffickinghotline.org/resources/overview-child-sex-trafficking*](https://humantraffickinghotline.org/resources/overview-child-sex-trafficking)*List of trainings:* [*https://humantraffickinghotline.org/nhtrc-hhs-online-trainings*](https://humantraffickinghotline.org/nhtrc-hhs-online-trainings)***Domestic Minor Sex Trafficking 101*** *– by Shared Hope International.*Interactive, self-paced e-learning course about child sex trafficking. Four modules that address laws, relationship between vulnerability and sex trafficking, trafficker control and recruitment tactics, the role of demand, and how to respond effectively. Includes information, videos, case studies, stories and quizzes. Purchase provides 30-day access. *Resource:* [*https://sharedhope.org/product/d/*](https://sharedhope.org/product/d/) | All stakeholders – see stakeholder list in the *Training* chapter. |
| **CSEC 101B:****CSEC Introductory Course – *In Person*** | *Builds on CSEC 101A* 1+ day in-person course addressing approved CSEC 101 learning objectives and competencies. Focus on knowledge acquisition. | ***GEMS/OJJDP CSEC Community Intervention Project (CCIP) Modules 1 – 5, Part 1****Presenters: NV trainers who completed GEMS CCIP TOT training.*See CSEC 401 below for description and links. | All who serve/interact with CSEC, including their supervisors and managers Primary partners:* Child welfare
* Juvenile justice
* Service providers
* Treatment/mental health
* Survivor advocates
* CSEC caregivers
* Justice (attorneys, law enforcement, courts)
* School counselors, social workers
* Supervisors, managers, admins
 |
| **CSEC 101C:****CSEC Introductory Course for Out-of-Home Caregivers** | *Builds on CSEC 101A* Knowledge related to role | ***QPI Nevada – On demand online video trainings****Source - under Select a Topic, select CSEC Awareness, scroll down:* [*http://www.qpinevada.org/traininglibrary/topicindex.shtml*](http://www.qpinevada.org/traininglibrary/topicindex.shtml)*CSEC: Awareness and Identification (2.0 CE)*Addressing, raising awareness, recognizing the dynamics, identifying the vulnerabilities, intersection of foster/kinship/group home care and CSEC, identifying CSEC.*Providing for CSEC Youth in Foster Care (1.0 CE)*Addresses needs of CSEC survivors and how fostering can help meet needs, trauma and trauma-informed care, safety needs of CSEC, vicarious trauma and self-care.*Caregiver’s Toolkit: Human Trafficking (1.0 CE)*Addresses what human trafficking is, the lingo, who the victims are, who the traffickers are, traumatic bonding, resulting psychological issues, who the purchasers are, potential hotspots, prostitution hierarchy of coercion. ***Capacity Building Center for States:*** ***Child Welfare Response to Child and Youth Sex Trafficking (TOT)*** *Possible presenters: NV trainers who completed GEMS CCIP TOT training or caregiver/foster care trainers.**Module 4:* ***Caregivers*** *(Knowledge)* Targeted to caregivers, this module provides basic information to caregivers about victims/survivors of sex trafficking. Participants will learn about: their role as foster parents/caregivers; the Federal definition of “sex trafficking”; identification of the risk factors associated with children and youth who are victims, or at risk of becoming victims, of sex trafficking; the impact of sex trafficking on survivors; and strategies for responding to youth who are in caregivers’ care. The curriculum also includes digital stories, handouts, and PowerPoint presentations relevant to this module.*Source – must register to access:* [*https://learn.childwelfare.gov/content/child-welfare-response-child-and-youth-sex-trafficking*](https://learn.childwelfare.gov/content/child-welfare-response-child-and-youth-sex-trafficking)***The CSEC Caregiver Project: Fostering a Community of Empowered Parents and Caregivers of Commercially Sexually Exploited Youth****Presenter: Nola Brantley Speaks*Educate parents/caregivers about CSEC while providing environment to support one another. Includes: Overview of what CSEC is, risk factors and pathways of entry, understanding the impact of CSEC involvement, challenges with leaving "the life," how to advocate for their youth/young adult, and empowerment.*Source:* [*http://www.nolabrantleyspeaks.org/curriculum-development.html*](http://www.nolabrantleyspeaks.org/curriculum-development.html) | Out-of-home caregivers* Foster parents
* Group home parents/staff
* Child Welfare/Juvenile Justice placement staff
 |
| **CSEC 102:****CSEC Skill Development for MDT Partners** | *Builds on CSEC 101B* Knowledge and skill development related to role, including agencyP&Ps. | ***GEMS/OJJDP CSEC Community Intervention Project (CCIP) Modules 1 – 5, Part 2****Possible presenters: NV trainers who completed GEMS CCIP TOT training.*See CSEC 401 below for description.***GEMS 201: Victim, Survivor, Leader****Possible presenters: GEMS.* 2 day in-person training – Survivor-driven and -led: Developing transformational relationships; Victim, Survivor, Leader Model; intra-agency response; inter-agency response; Survivor leadership and Survivor-informed programming.Six core values: Gender responsive, trauma informed, developmentally grounded, strengths based, social justice oriented, culturally competent.*Source:* [*http://www.gems-girls.org/get-trained/training-curriculum*](http://www.gems-girls.org/get-trained/training-curriculum)***California’s CSEC 102: Engaging and Serving Youth Trainer Guide****Possible presenters: NV trainers who completed GEMS CCIP TOT training or agency trainers or California trainers, e.g., CalSWEC or CSEC 102 by Nola Brantley Speaks.*Best practices and *skills* for delivery of services, continuum of holistic services, trauma-informed practices, trauma bonds, stages of change, motivational interviewing, working toward safety, screening, strengths and needs assessment, culturally/SOGIE (i.e., Sexual Orientation, Gender Identity and Expression) affirming, youth voice, self-care.*Source – Click on Training, scroll down to CSEC 102:* [*https://calswec.berkeley.edu/commercially-sexually-exploited-children-csec-toolkit/spreading-word*](https://calswec.berkeley.edu/commercially-sexually-exploited-children-csec-toolkit/spreading-word)*CSEC 102 by Nola Brantley Speaks:* [*www.nolabrantleyspeaks.org/csec-102.html*](http://www.nolabrantleyspeaks.org/csec-102.html)***Capacity Building Center for States:*** ***Child Welfare Response to Child and Youth Sex Trafficking (TOT)****Possible presenters: NV trainers who completed GEMS CCIP TOT training or agency trainers or agency supervisors/managers.**CSEC 101 – Module 2: For* ***Supervisors***Designed for supervisors, this 3-hour curriculum provides information about how to supervise frontline staff working with victims/survivors of sex trafficking. Participants will learn how to apply, monitor, and support the policies unique to the Preventing Sex Trafficking and Strengthening Families Act, Public Law (P.L.) 113–183, as well as how to supervise effective casework practice related to working with children and youth who are victims of sex trafficking. The curriculum also includes digital stories, handouts, and PowerPoint presentations relevant to this module.*Source – must register to access:* [*https://learn.childwelfare.gov/content/child-welfare-response-child-and-youth-sex-trafficking*](https://learn.childwelfare.gov/content/child-welfare-response-child-and-youth-sex-trafficking)*CSEC 101 – Module 3: For* ***Administrators and Managers***In this 3-hour module, managers and administrators will discuss how to implement the sex trafficking provisions of P.L. 113–183. Participants will learn about the systemic issues related to implementation of the legislation and strategies for how to collaborate across systems and agencies to identify, screen, report, and provide services to youth who are survivors of sex trafficking. The curriculum also includes digital stories, handouts, and PowerPoint presentations relevant to this module.*Source – must register to access:* [*https://learn.childwelfare.gov/content/child-welfare-response-child-and-youth-sex-trafficking*](https://learn.childwelfare.gov/content/child-welfare-response-child-and-youth-sex-trafficking)***Capacity Building Center for States:*** ***Child Welfare Response to Child and Youth Sex Trafficking (TOT) – Part 2****Possible presenters: NV trainers who completed GEMS CCIP TOT training or agency trainers.*Translates knowledge and awareness learned in Part 1 (Introduction to CSEC) to the *skill* level. Specifically, this curriculum offers learners increased capacity to identify, report, and/or address the needs of children and youth who are victims of sex trafficking. Modules correspond to the functions of intake/investigation workers, ongoing workers, and caregivers and feature skill-building activities and accompanying videos.*Module 1:* ***Intake/Investigation***This module is specific for learners who conduct the intake and/or investigative function at an agency. Topics covered in this 3-hour curriculum include the factors increasing vulnerability, strategies for maintaining survivor safety, and tools and approaches for engaging survivors. Video clips interspersed throughout illustrate key points and skills. Pre- and post-training surveys are provided so you can administer to trainees as you use the curriculum. *Source – must register to access:* [*https://learn.childwelfare.gov/content/child-welfare-response-child-and-youth-sex-trafficking-part-2*](https://learn.childwelfare.gov/content/child-welfare-response-child-and-youth-sex-trafficking-part-2)*Module 2:* ***Ongoing***This module is specific for learners who conduct the ongoing service delivery function at an agency. Topics covered in this 3-hour curriculum include potential needs of survivors, strategies for engaging with survivors, the use of strengths in case planning, and how to provide culturally appropriate and supportive services. Video clips interspersed throughout illustrate key points and skills. Pre- and post-training surveys are provided so you can administer to trainees as you use the curriculum. *Source – must register to access:* [*https://learn.childwelfare.gov/content/child-welfare-response-child-and-youth-sex-trafficking-part-2*](https://learn.childwelfare.gov/content/child-welfare-response-child-and-youth-sex-trafficking-part-2)***Capacity Building Center for States:*** ***Child Welfare Response to Child and Youth Sex Trafficking (TOT) – Part 3****Possible presenters: Agency trainers or supervisors.* Digital stories and discussion guides: Through firsthand accounts from a diverse group of individuals involved in child welfare, this series of digital stories builds awareness and insights into the complexities of responding to sex trafficking. The series contains five digital stories, highlighting the experiences of three survivors, a caseworker, and a caregiver. The course also includes discussion guides with learning objectives and discussion questions that prompt reflection and dialogue. Child welfare trainers, managers, and supervisors can use these stories to generate further discussion in ***group supervision, staff meetings****,* and caregiver trainings. They also can show these stories to community members to raise awareness about sex trafficking.*Source – must register to access:* <https://learn.childwelfare.gov/content/child-welfare-response-child-and-youth-sex-trafficking-part-3> ***OJJDP National Training and Technical Assistance Center Webinars*** Recorded webinars for the juvenile justice field and related criminal justice initiatives, includes: * Reducing Demand for Commercial Sexual Exploitation of Minors in Your Community (1.5 hours)
* Understanding the Complexities of Commercial Sexual Exploitation (1.5 hours)
* Commercial Sexual Exploitation: Assessment and Identification in Mentoring Programs (1.5 hours)
* Sexting and Sextortion: Keeping Kids Safe (1 hour)

*Source:* [*https://www.youtube.com/channel/UCMVg2tlVluJlDdug9C3QKRA/search?query=exploitation*](https://www.youtube.com/channel/UCMVg2tlVluJlDdug9C3QKRA/search?query=exploitation) | All who serve/interact with CSEC – primary partners by discipline/role.Primary partners:* Child welfare
* Juvenile justice
* Service providers
* Treatment/mental health
* Survivor advocates
* CSEC out-of-home caregivers
* Justice (attorneys, law enforcement, courts)
* Supervisors, managers, administrators
 |
| **CSEC 102C:****CSEC Skill Development for Out-of-Home Caregivers** | *Builds on 101C*Training specific to their role – i.e., skill development,including agencyP&Ps. | ***Capacity Building Center for States:*** ***Child Welfare Response to Child and Youth Sex Trafficking (TOT) – Part 2****Possible presenters: NV trainers who completed GEMS CCIP TOT training or agency trainers or caregiver/foster care trainers.*Translates knowledge and awareness learned in Part 1 (Introduction to CSEC) to the skill level. Specifically, this curriculum offers learners increased capacity to identify, report, and/or address the needs of children and youth who are victims of sex trafficking. Modules correspond to the functions of intake/investigation workers, ongoing workers, and caregivers and feature skill-building activities and accompanying videos.*Module 3:* ***Caregivers*** *(Skills)*This module is specific for learners who act as caregivers for survivors of sex trafficking. Topics covered in this 2-hour curriculum include information about the unique needs of survivors and the knowledge and use of engagement strategies. Video clips interspersed throughout illustrate key points and skills. Pre- and post-training surveys are provided so you can administer to trainees as you use the curriculum. *Source – must register to access:* [*https://learn.childwelfare.gov/content/child-welfare-response-child-and-youth-sex-trafficking-part-2*](https://learn.childwelfare.gov/content/child-welfare-response-child-and-youth-sex-trafficking-part-2)***Capacity Building Center for States:*** ***Child Welfare Response to Child and Youth Sex Trafficking (TOT) – Part 3****Possible presenters: NV trainers who completed GEMS CCIP TOT training or agency trainers or caregiver/foster care trainers.*Digital stories and discussion guides: Through firsthand accounts from a diverse group of individuals involved in child welfare, this series of digital stories builds awareness and insights into the complexities of responding to sex trafficking. The series contains five digital stories, highlighting the experiences of three survivors, a caseworker, and a caregiver. The course also includes discussion guides with learning objectives and discussion questions that prompt reflection and dialogue. Child welfare trainers, managers, and supervisors can use these stories to generate further discussion in group supervision, staff meetings, and ***caregiver***trainings. *Source – must register to access:* <https://learn.childwelfare.gov/content/child-welfare-response-child-and-youth-sex-trafficking-part-3> ***CSEC: A Training for Out-of-Home Care Providers****Presenter: Nola Brantley Speaks*For group home staff and foster parents. Engagement strategies for developing relationships with youth at-risk and involved in CSEC. *Scroll down for link to “Book a CSEC OHC Training”: Source:* [*http://www.nolabrantleyspeaks.org/curriculum-development.html*](http://www.nolabrantleyspeaks.org/curriculum-development.html) | Out-of-home caregivers:* Foster parents
* Group home staff
* Child Welfare/Juvenile Justice Placement staff
 |
| **CSEC 102HC:****Health Care Providers: Serving CSEC** | *Builds on CSEC 101A*Knowledge and skill development related to role. | ***SOAR Online*** *–**by Postgraduate Institute for Medicine, US DHHS, National Human Trafficking Training and Technical Assistance Center, Administration for Children and Families* On demand. Designed to educate health care providers, social workers, public health professionals, and behavioral health professionals on how to identify, treat, and respond appropriately to individuals who are at risk or who have been trafficked. Three modules: SOAR to Health and Wellness Online (1 hour); Trauma-Informed Care (30 minutes); Culturally and Linguistically Appropriate Services (30 minutes). CE/CME available.*Source:* [*https://www.acf.hhs.gov/otip/training/soar-to-health-and-wellness-training/soar-online*](https://www.acf.hhs.gov/otip/training/soar-to-health-and-wellness-training/soar-online)***Original OJJDP CCIP Curriculum – Module 8: Medical & Mental Health Care of CSEC Victims****Possible presenters: Local Master Trainers or NV trainers who completed GEMS CCIP TOT training and have needed expertise.*90-minute training. Objectives: Use a holistic definition of health in referring to healthcare for CSEC victims, understand how CSEC victims develop and exhibit symptoms of post-traumatic stress disorder, learn appropriate protocols for interviews and physical exams of CSEC victims. Includes Facilitator’s manual, handouts, and PPT. *Prerequisite: CCIP Modules 1 – 5.**Original curriculum:* [*www.kristihouse.org/csec-ccip-training-materials*](http://www.kristihouse.org/csec-ccip-training-materials/)***GEMS Updated******OJJDP CCIP Curriculum – Module 8: Medical & Mental Health Care of CSEC Victims****Presenter: GEMS.*1-day training. Same objectives as original curriculum (see above).*Source – scroll down to bottom of CSEC 101:* [*http://www.gems-girls.org/get-trained/training-curriculum*](http://www.gems-girls.org/get-trained/training-curriculum)***Dignity Health Human Trafficking Response Program*** *(HTR)**Resource: Shared Learnings Manual (SLM)*Goal of the HTR Program is to ensure trafficked persons are identified in the health care setting and appropriately assisted with victim-centered, trauma-informed care and services. The SLM provides information about the HTR program and how to implement a similar program in health care settings.*Source – scroll down to download the SLM:* [*https://www.dignityhealth.org/hello-humankindness/human-trafficking*](https://www.dignityhealth.org/hello-humankindness/human-trafficking)***Health Care Needs of Commercially Sexually Exploited Youth: Challenges for Survivors and medical Professionals*** – *by National Child Traumatic Stress Network*Recorded webinar: Common reasons for seeking care, as well as challenges to victim identification. How survivors may experience health care visits and what medical professionals can do to best serve these youth. CE credit.*Source – must register:* [*https://learn.nctsn.org/course/view.php?id=438*](https://learn.nctsn.org/course/view.php?id=438)***Confronting CSEC and Sex Trafficking of Minors in the United States: A Guide for the Health Care Sector*** *– by Institute of Medicine and National Research Council*To raise awareness and guide health care professionals in preventing, recognizing, and responding to CSEC. *Resource:* [*www.nationalacademies.org/hmd/~/media/Files/Resources/SexTrafficking/guideforhealthcaresector.pdf*](http://www.nationalacademies.org/hmd/~/media/Files/Resources/SexTrafficking/guideforhealthcaresector.pdf)***i:CARE Health Care Provider’s Guide to Recognizing and Caring for Domestic Minor Sex Trafficking Victims*** *– by Shared Hope International*To improve identification and response to victims of sex trafficking within health care settings. Addresses current laws, trafficker tactics for recruitment and control and victim vulnerabilities. Includes Guide, training video series (four 5-minute segments) and private access to additional resources.*Resource:* [*https://sharedhope.org/product/icare-health-care-providers-guide/*](https://sharedhope.org/product/icare-health-care-providers-guide/)*i:CARE for EMS**Self-paced online training resource:* [*https://sharedhope.org/product/icare-ems-training/*](https://sharedhope.org/product/icare-ems-training/)*i:CARE for Nurses**Self-paced online training resource:* [*https://sharedhope.org/product/icare-nurses-training/*](https://sharedhope.org/product/icare-nurses-training/)*i:CARE for Physicians**Interactive, self-paced e-learning course:* [*https://sharedhope.org/product/icare-physicians-training/*](https://sharedhope.org/product/icare-physicians-training/)***Protocol Toolkit for Developing a Response to Victims of Human Trafficking in Health Care Settings*** *– by HEAL Trafficking and Hope for Justice*Toolkit to help health care settings develop an interdisciplinary protocol to respond to victims of human trafficking by creating safe procedures and spaces that encourage exploited individuals to seek assistance.*Resource:* [*https://healtrafficking.org/2017/06/new-heal-trafficking-and-hope-for-justices-protocol-toolkit-for-developing-a-response-to-victims-of-human-trafficking-in-health-care-settings/*](https://healtrafficking.org/2017/06/new-heal-trafficking-and-hope-for-justices-protocol-toolkit-for-developing-a-response-to-victims-of-human-trafficking-in-health-care-settings/) | Health care providers |
| **CSEC 102CT:****CSEC and the Role of the Courts** | *Builds on CSEC 101A* Knowledge and skill development related to the role of Courts – per OVC TTAC Human Trafficking Task Force e-Guide:[[7]](#footnote-7)* Ethical considerations
* Trauma-informed courts
* Innovative court responses
 | ***National Judicial Institute on Domestic Child Sex Trafficking*** *– by National Council of Juvenile and Family Court Judges*2.5-day interactive workshop that seeks to increase the judiciary’s understanding of child sex trafficking in the U.S. and improve the justice system’s response to victims and those at risk for sex trafficking. *Only state and tribal court judges and judicial officers are eligible to attend*.*Source – see calendar for next dates:* [*http://www.ncjfcj.org/conference-training/calendar*](http://www.ncjfcj.org/conference-training/calendar)***NCTSN Bench Cards for the Trauma-Informed Judge, including Bench Card for Court-Ordered Trauma-Informed Mental Health Evaluation of Child***Provides judges with useful questions and guidelines to help make decisions for youth based on the emerging scientific findings in the traumatic stress field. Includes guidance on obtaining needed information through trauma-informed mental health evaluations.*Resource:* [*https://www.nctsn.org/resources/nctsn-bench-cards-trauma-informed-judge*](https://www.nctsn.org/resources/nctsn-bench-cards-trauma-informed-judge)***Domestic Child Sex Trafficking: Desk Reference Guide*** *– by the Capacity Building Center for Courts* Bench Card on Child Sex Trafficking and Public Law 113-183.*Download:* [*www.clarola.org/resources/directory/item/1438-bench-card-on-child-sex-trafficking-public-law-113-183*](http://www.clarola.org/resources/directory/item/1438-bench-card-on-child-sex-trafficking-public-law-113-183)***Survivor Protection: Reducing the Risk of Trauma to Child Sex Trafficking Victims*** *– by TrustLaw/Thomson Reuters Foundation and Rights4Girls*Report addressing innovative court protections for child trafficking victim witnesses. Describes legal framework to justify extending courtroom protections afforded other victims of gender violence and child abuse, to survivors of child sex trafficking who testify at trial, i.e., safeguards to help prevent re-traumatization and prioritize psychological and emotional well-being of survivors. *Source:* [*http://rights4girls.org/wp-content/uploads/r4g/2018/01/Survivor-Protection.pdf*](http://rights4girls.org/wp-content/uploads/r4g/2018/01/Survivor-Protection.pdf)***Missing Children, State Care, and Child Sex Trafficking: Engaging the Judiciary in Building a Collaborative Response*** *– by NCJFCJ and NCMEC*Technical assistance brief to educate judges about steps to be taken to assist in the location and recovery efforts for children missing from care by ensuring the legal guardians, social workers, and child advocates within child serving agencies engage assistance from NCMEC on behalf of endangered missing children.*Source:* [*https://www.ncjfcj.org/DCST-TAB*](https://www.ncjfcj.org/DCST-TAB)***NCJFCJ Trauma Series*** *(Videos)**Part I – Understanding Trauma and Its Effects* 20-minutes overview of trauma and its effects on child and adolescent development, and includes information on the adverse childhood experiences study.*Source:* [*http://www.ncjfcj.org/trauma-series-part-i-understanding-trauma-and-its-effects*](http://www.ncjfcj.org/trauma-series-part-i-understanding-trauma-and-its-effects)*Part II – Creating Conditions of Healing*15-minute presentation addressing core components of healing, including examples for how and why these are helpful in working with traumatized youth and families.*Source:* [*http://www.ncjfcj.org/trauma-series-part-ii-creating-conditions-healing*](http://www.ncjfcj.org/trauma-series-part-ii-creating-conditions-healing)*Part III – Creating a Trauma-Responsive Court System* *30-minute presentation which applies information from Part I and II toward creating a trauma-responsive court experience.**Source:* [*http://www.ncjfcj.org/trauma-series-part-iii-creating-trauma-responsive-court-system*](http://www.ncjfcj.org/trauma-series-part-iii-creating-trauma-responsive-court-system)***Other NCJFCJ/NJIDCST Resources****10 Things Every Juvenile Court Judge Should Know About Trauma & Delinquency:* [*http://www.ncjfcj.org/sites/default/files/trauma bulletin\_1.pdf*](http://www.ncjfcj.org/sites/default/files/trauma%20bulletin_1.pdf)*Trauma-Informed Court systems - PPT:* [*http://www.ncjfcj.org/sites/default/files/Trauma-Informed Court Systems 7-6-17.pdf*](http://www.ncjfcj.org/sites/default/files/Trauma-Informed%20Court%20Systems%207-6-17.pdf)*National Judicial Institute on Domestic Child Sex Trafficking – online resources page:* [*http://www.ncjfcj.org/DCST-Materials*](http://www.ncjfcj.org/DCST-Materials)*NCJFCJ’s Victim Series:* [*www.ncjfcj.org/victim-series*](http://www.ncjfcj.org/victim-series)***Confronting CSEC and Sex Trafficking of Minors in the US: A Guide for the Legal Sector*** *– by Institute of Medicine and National Research Council*Outlines ways law enforcement, attorneys, the juvenile justice system, and the judiciary can help in addressing CSEC.*Resource:* [*www.nationalacademies.org/hmd/~/media/files/resources/sextrafficking/guideforlegalsector.pdf*](http://www.nationalacademies.org/hmd/~/media/files/resources/sextrafficking/guideforlegalsector.pdf)***Consolidated Court Proceedings for Crossover Youth*** *– by Center for Juvenile Justice Reform, Georgetown University*Highlights promising examples of court models that Crossover Youth Practice Model sites have implemented to better serve crossover youth. The strategies discussed in the bulletin are designed to support cross-system collaboration and coordination, lessen burdens on youth and families, and maximize system resources.  *Source:* [*cjjr.georgetown.edu/wp-content/uploads/2018/06/CYPM-Series-Bulletin-Conslidated-Court-Processing-for-Crossover-Youth-June-2018.pdf*](http://cjjr.georgetown.edu/wp-content/uploads/2018/06/CYPM-Series-Bulletin-Conslidated-Court-Processing-for-Crossover-Youth-June-2018.pdf) | * Judges
* Court personnel, as appropriate
 |
| **CSEC 102JUS:****Building Strong CSEC Cases** | *Builds on CSEC 101B*Knowledge and skill development related to role, i.e., building strong cases – per OVC TTAC Human Trafficking Task Force e-Guide:[[8]](#footnote-8)* Victim-centered investigations.
* Taking a proactive approach.
* Victim interview and preparation -trauma-informed.
* Landing a successful prosecution.
* Strategies for prosecutors and law enforcement.
 | ***America Bar Association – Center for Child & Adolescent Health****Possible presenter:*Eva Klain, Director, ABA Center for Child & Adolescent Health*Available training:* [*https://www.americanbar.org/groups/child\_law/training.html*](https://www.americanbar.org/groups/child_law/training.html)*To request training, email:* *annemarie.lancour@americanbar.org****Justice Clearinghouse*** ***Webinars*** *(Some free or individual/organizational subscriptions)*Interdisciplinary online training for justice and public safety officials. Recorded webinars include: * Protecting the Victims of Domestic Minor Sex Trafficking
* Domestic Child Sex Trafficking and Children in Foster Care
* An Overview of U.S. Efforts to Combat Demand for Prostitution and Trafficking Sex

*Source:* [*https://justiceclearinghouse.com/*](https://justiceclearinghouse.com/)***National Criminal Justice Training Center*** *(NCJTC – Fox Valley Technical College)**Classroom trainings include:** Introduction to Child Sex Trafficking
* Child Sex Trafficking – From Suspicion to Disclosure
* Child Sex Trafficking Forensic Interview Training
* Interrogation Techniques for Child Sex Trafficking and Exploitation Investigations
* Law Enforcement Investigative Response to Child Sex Trafficking
* Proactive Investigation of Child Sex Trafficking
* Prosecutor Strategies for Child Sex Trafficking and Exploitation Cases
* The Role of Technology: Trafficking and Commercial Sexual Exploitation
* Managing Child Sex Trafficking for System Managers/CEOs
* Developing a Community Response for High-Risk Victims of Child Sex Trafficking and Exploitation
* Community Workshop on Trafficking and Exploitation in Tribal Communities
* Recognition and Response to Child Sex Trafficking and Exploitation at Tribal Casinos
* Responding to Child Sex Trafficking in Indian Country

*Source:* [*https://ncjtc.fvtc.edu/Training/search-results?terms=child sex trafficking*](https://ncjtc.fvtc.edu/Training/search-results?terms=child%20sex%20trafficking)*On Demand trainings (eLearning and recorded webinars) include:** Child Sex Trafficking Overview
* Child Sex Trafficking: Victim-Centered Investigations
* Sextortion Part 1: Dynamics and Impact on Victims
* Sextortion Part 2: What Is It and How Can We Respond?
* Practical Tips When Encountering and Interviewing CSEC Victims
* Child Sex Trafficking: Interviewing Victims
* Child Sex Trafficking: Law Enforcement Response, Introductory Module
* Child Sex Trafficking: Prosecuting Child Sex Trafficking Cases
* Child Sex Trafficking and Gangs
* Following the Evidence in a Child Sex Trafficking Forensic Interview
* An Overview of Technology Used in Child Exploitation Cases
* Interpreting Child Sex Trafficking Cyber Tipline Reports and Resources Available for LE
* Overcoming Victim/Witness Intimidation: Innovative Prosecutor Tools and Techniques
* Prosecuting Sex Trafficking Cases

*Source:* [*https://ncjtc.fvtc.edu/on-demand?terms=child%20sex%20trafficking#findOnDemand*](https://ncjtc.fvtc.edu/on-demand?terms=child%20sex%20trafficking#findOnDemand)***Coalition to Abolition Slavery & Trafficking (CAST)****Source – scroll down:* [*www.castla.org/training*](http://www.castla.org/training)*A Practical Guide for Attorneys Serving U.S. and Foreign National Trafficking Victims.* Free, 16-Hour in-depth overview of legal issues faced by U.S. citizens and foreign national survivors (e.g., criminal victim witness advocacy issues, criminal vacatur and sealing records, civil remedies and immigration benefits. Will partner with co-host to obtain CLE credits. *On-demand e-Learning courses and webinars for attorneys.* Practical guidance on legal remedies available for survivors. Most e-Learning sessions eligible for CA MCLEs. Click on link for list of e-Learning courses and recorded webinars.*Legal Anti-Trafficking Weekly Working Group.* Weekly call (Wednesdays, 12 – 1 pm PST) providing technical assistance at no cost from legal professionals; updates for anti-trafficking legal and policy issues.*Individualized Technical Assistance.* Free support to attorneys and social service providers assisting trafficking survivors with legal needs. Request through online Technical Assistance Request form.***AEquitas: The Prosecutor’s Resource for Violence Against Women***Available upon request to provide training related to the prosecution of gender-based violence and human trafficking. Trainings can be on-site or web-based; specific to a particular jurisdiction, statewide or national in scope; and can range in length from 1 hour to several days. AEquitas also hosts an Institute on the Prosecution of Human Trafficking. All training events are tuition-free and scholarships may be available to help prosecutors and their offices offset travel-related expenses. *Resource:* [*http://www.aequitasresource.org/trainings/*](http://www.aequitasresource.org/trainings/)*For on-site or web-based training for prosecutors and allied professionals, contact Christina Supinski:* *CMathews@AEquitasResource.org**.****Trauma-Informed Response Training: Trauma Training for Criminal Justice Professionals*** *– by the GAINS Center/SAMHSA**Presenter:* [*https://www.samhsa.gov/gains-center/criminal-justice-professionals-locator/trauma-trainers?field\_gains\_tt\_state\_value=Nevada*](https://www.samhsa.gov/gains-center/criminal-justice-professionals-locator/trauma-trainers?field_gains_tt_state_value=Nevada)1-day training. Objectives: Increase understanding and awareness of impact of trauma, develop trauma-informed responses, provide strategies for developing and implementing trauma-informed policies. Highly interactive. For community-based criminal justice professionals, including law enforcement, community corrections personnel and court personnel.*Source:* [*https://www.samhsa.gov/gains-center/trauma-training-criminal-justice-professionals*](https://www.samhsa.gov/gains-center/trauma-training-criminal-justice-professionals)***Original GEMS/OJJDP CCIP Curriculum – Module 6 - 7: Law Enforcement & Legal Services****Possible presenters: Local Master Trainers or NV trainers who completed GEMS CCIP TOT training and have needed expertise.**Original curriculum:* [*www.kristihouse.org/csec-ccip-training-materials*](http://www.kristihouse.org/csec-ccip-training-materials/)*Module 6: Law Enforcement – Investigating CSEC Cases & Interviewing Victims*95-minute training. Objectives: Focus on victim-centered investigation and prosecution, learn strategies for building a case against CSEC, practice appropriate protocol for interviewing victims. *Prerequisite: CCIP Modules 1 – 5.**Module 7: Legal Services – Working with CSEC Cases & Developing Effective Legal Strategies*90-minute training. Objectives: Understand potential strategies for effective collaboration between federal and local law enforcement, understand the challenges of successfully prosecuting a CSEC case, and learn how to effectively prep a CSEC victim for court. *Prerequisite: CCIP Modules 1 – 5.****Updated******GEMS/OJJDP CCIP Curriculum – Module 6 - 7: Law Enforcement & Legal Services****Presenter: GEMS.**Source – scroll down to bottom of CSEC 101:* [*http://www.gems-girls.org/get-trained/training-curriculum*](http://www.gems-girls.org/get-trained/training-curriculum)*Module 6: Law Enforcement – Investigating CSEC Cases & Interviewing Victims**Module 7: Legal Services – Working with CSEC Cases & Developing Effective Legal Strategies*1-day trainings. Same objectives as original curriculum (see above).***Forensic Interviewing of Children*** *– by National Children’s Advocacy Center**Presenter: NCAC Instructors (National experts who are practicing forensic interviewers and senior attorneys from the Association of Prosecuting Attorneys).*5-day, interactive training to learn NCAC Child Forensic Interview Structure. Evidence-based, practical, research-based. Includes: Forensic questioning, child development, memory and suggestibility, pre-interview planning, strategies for reluctantly disclosing and actively disclosing children, potential challenges, direct and incremental transitions to areas of concern, effective courtroom testimony, child interview practicum, review of recorded forensic interviews, experiential skill-building exercises, and mock court simulation. CE for LE and SW.*Information and training dates:* [*www.nationalcac.org/forensic-interviewing-of-children-training*](http://www.nationalcac.org/forensic-interviewing-of-children-training/)*OJJDP Child Forensic Interviewing: Best Practices:* [*http://www.nationalcac.org/wp-content/uploads/2016/07/Child-Forensic-Interviewing-Best-Practices.pdf*](http://www.nationalcac.org/wp-content/uploads/2016/07/Child-Forensic-Interviewing-Best-Practices.pdf)***A Trauma Primer for Juvenile Probation and Juvenile Detention Staff*** Presents definitions of key concepts, how children respond to trauma, and tips for juvenile probation and detention staff on how to be trauma-informed in their work.*Resource:* [*www.ncjfcj.org/trauma-primer*](http://www.ncjfcj.org/trauma-primer)***National Children’s Advocacy Center Online Trainings****Resource – click on topic of interest, e.g., CSEC, for list of available trainings (online/recorded webinars):* [*www.nationalcac.org/online-training-catalog*](http://www.nationalcac.org/online-training-catalog/)***Confronting CSEC and Sex Trafficking of Minors in the US: A Guide for the Legal Sector*** *– by Institute of Medicine and National Research Council*See above under CSEC 102CT***Enhancing Police Responses to Children Exposed to Violence: A Toolkit for Law Enforcement*** *– by International Association of Chiefs of Police, Yale Medicine Child Study Center and OJJDP*Provides practical tools and resources to assist law enforcement agencies in building or enhancing effective operational responses to children exposed to violence (with or without a mental health partner). This toolkit contains tools targeted to police leaders and frontline officers.*Source:* [*www.theiacp.org/Children-Exposed-to-Violence*](http://www.theiacp.org/Children-Exposed-to-Violence)***NCMEC University Online***Free self-paced, online training courses for law enforcement, the legal profession and private security professionals regarding various aspects of missing and sexually exploited children cases. Must complete application to access; access to courses based upon discipline. Courses include:* Missing Children: Dynamics & Response for First Responders (MCDR-1; 2 hours)
* Missing Children: Dynamics & Response for Command Personnel (MCDR-2; 3 hours)
* Introduction to Protecting Children in a Digital Age (IPCDA; 1.75 hours)
* Indian Country Criminal Jurisdiction (ICCJ; 1.5 hours)

*Information:* [*http://www.missingkids.com/ourwork/training/ncmecuniversity*](http://www.missingkids.com/ourwork/training/ncmecuniversity)***Improving Offender Accountability in CSEC Cases: Tools for Investigating and Prosecuting Adult Exploiters*** *– by Barton Child Law and Policy Center, Emory University of Law*Toolkit to assist in building successful prosecutions. Includes building the case, educating the jury, a victim-centered case/protecting children during prosecutions, language and sensitivity, CSEC street terminology and additional resources. *Source:* [*https://humantraffickinghotline.org/sites/default/files/Improving Offender Accountability in CSEC - Emory Law.pdf*](https://humantraffickinghotline.org/sites/default/files/Improving%20Offender%20Accountability%20in%20CSEC%20-%20Emory%20Law.pdf) | Justice:* Prosecutors
* Law enforcement
* Forensic interviewers
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| **CSEC 103:****The Multidisciplinary Team** | *Builds on CSEC 102*A training addressing the role of the MDT as adapted from Nevada’s CSEC Model Coordinated Response Protocol. | ***Multidisciplinary Team Response to Child Sex Trafficking (MDT to CST)****Presenter: NCJTC*Free, 3.5-day team-based training guides existing MDTs to improve their response to CST and assists those seeking to establish a formal MDT in their communities to effectively respond to CST cases.  Subject matter experts work with teams to identify gaps and develop short and long-term response plans. *Source:* [*https://ncjtc.fvtc.edu/training/details/TR00000142/mec-mdt-response-to-child-sex-trafficking*](https://ncjtc.fvtc.edu/training/details/TR00000142/mec-mdt-response-to-child-sex-trafficking)***MDT Convening Curriculum*** *(California)*Provides a framework for the facilitation of a convening to allow counties to bring together multi-disciplinary team members who will be working together to serve youth who have been commercially sexually exploited. The guide offers the facilitator an agenda, group activities for the MDT members, and background information about the requirements for MDTs. Includes Facilitation Guide, Participant Guide, and supplemental materials.*Source:* [*https://calswec.berkeley.edu/commercially-sexually-exploited-children-csec-toolkit/spreading-word*](https://calswec.berkeley.edu/commercially-sexually-exploited-children-csec-toolkit/spreading-word)***What is Child Welfare?***Factsheet series about how child welfare and partner agencies can work together to provide beneficial outcomes for children.*What is child welfare? A guide for healthcare professionals.*[*https://www.childwelfare.gov/pubs/cw-healthcare/*](https://www.childwelfare.gov/pubs/cw-healthcare/)*What is child welfare? A guide for law enforcement.*[*https://www.childwelfare.gov/pubs/cw-law-enforcement/*](https://www.childwelfare.gov/pubs/cw-law-enforcement/)*What is child welfare? A guide for educators.*[*https://www.childwelfare.gov/pubs/cw-educators/*](https://www.childwelfare.gov/pubs/cw-educators/)*What is child welfare? A guide for domestic violence services advocates.*[*https://www.childwelfare.gov/pubs/cw-domestic-violence/*](https://www.childwelfare.gov/pubs/cw-domestic-violence/)*What is child welfare? A guide for behavioral health/mental health professionals.*[*https://www.childwelfare.gov/pubs/cw-mentalhealth/*](https://www.childwelfare.gov/pubs/cw-mentalhealth/) | All who serve/interact with CSEC – primary partners by discipline/role.* Child welfare
* Juvenile justice
* Survivor advocates
* Service providers
* Treatment/mental health
* CSEC out-of-home caregivers
* Justice (attorneys, law enforcement)
* Supervisors
 |
| **CSEC 104:****Resiliency and Self-Care for the Professional Serving CSEC** | *Builds on CSEC 102*Resiliency and self-care for professionals who are exposed to secondary trauma through their work. | ***Green Cross Academy of Traumatology – Standards of Self-Care***Purpose: Do no harm to self when helping/treating others; and attend to own physical, social, emotional, and spiritual needs to ensure quality services to those who look to you for support.*Source:* [*http://greencross.org/about-gc/standards-of-care-guidelines/*](http://greencross.org/about-gc/standards-of-care-guidelines/)***Headington Institute***Free online training center providing resources on stress and burnout, trauma and resilience for humanitarian and emergency response personnel. Includes online certificate courses, quick handouts, videos and self-tests. *Resource Index:* [*http://www.headington-institute.org/resource-index*](http://www.headington-institute.org/resource-index)*Headington Institute e-Learning site:* [*https://headington-institute-elearning.org/*](https://headington-institute-elearning.org/)***NCTSN: Secondary Traumatic Stress*** Addresses the complex impact of secondary traumatic stress, vicarious trauma, compassion fatigue, and burnout. Prevention and intervention strategies addressed at various levels within an organization. Includes a Spanish resource.*Resources:* [*https://www.nctsn.org/trauma-informed-care/secondary-traumatic-stress*](https://www.nctsn.org/trauma-informed-care/secondary-traumatic-stress)*Webinar series:* [*https://learn.nctsn.org/course/index.php?categoryid=41*](https://learn.nctsn.org/course/index.php?categoryid=41)*Professional Quality of Life Scale-5*ProQOL-5 is a 30-item self-report measure of the positive and negative effects of working with people who have experienced extremely stressful events. The ProQOL contains three subscales measuring Compassion Fatigue, Burnout and Compassion Satisfaction.[*https://www.nctsn.org/measures/professional-quality-life-scale-5*](https://www.nctsn.org/measures/professional-quality-life-scale-5)***The Impact of Repeated Exposure to Trauma on First Responders*** *– by NCMEC*Online course providing overview of trauma, how trauma impacts first responders in various ways depending on their level of exposure and their personalities, and different ways in which first responders can reduce their stress and build their resilience. (1.5-hrs)*Information:* [*http://www.missingkids.com/ourwork/training/ncmecuniversity*](http://www.missingkids.com/ourwork/training/ncmecuniversity)***Building Resilience: The Importance of Privacy and Confidentiality in Wellness Programs*** *– by OJJDP National Training and Technical Assistance Center*Recorded webinar designed to help law enforcement professionals and their support systems develop wellness practices to promote resilience and address the negative effects of exposure to trauma and stress in their work. Explores mental health consultation and support, how to identify and address trauma from working within the field of child sexual exploitation, and when to refer for mental health treatment or counseling. *Source:* [*https://youtu.be/syWHgNuGkt4*](https://youtu.be/syWHgNuGkt4)*For handouts and documents for this video, contact the OJJDP NTTAC Help Desk at* *ojjdptta@usdoj.gov* *or phone at 1-833-647-0513.****Well-Being Toolkit for Lawyers and Legal Employers*** *– Created by Anne M. Brafford for use by the American Bar Association; facilitated by the ABA Presidential Working Group to Advance Well-Being in the Legal Profession*Tools and practical guidance (e.g., design prototype) for legal employers who want to launch organizational well-being initiatives. Includes reasons to care about well-being, healthy workplace factors, dimensions of lawyer well-being, action plan for launching a well-being program, ideas for well-being activities and events, topic ideas for education and development, well-being activity worksheets and links to online resources.*Toolkit:* [*https://www.americanbar.org/content/dam/aba/administrative/lawyer\_assistance/ls\_colap\_well-being\_toolkit\_for\_lawyers\_legal\_employers.pdf*](https://www.americanbar.org/content/dam/aba/administrative/lawyer_assistance/ls_colap_well-being_toolkit_for_lawyers_legal_employers.pdf)*Well-being Toolkit Nutshell: 80 Tips for Lawyer Thriving:* [*https://www.americanbar.org/content/dam/aba/administrative/lawyer\_assistance/ls\_colap\_Well-Being\_Toolkit\_Flier\_Nutshell.pdf*](https://www.americanbar.org/content/dam/aba/administrative/lawyer_assistance/ls_colap_Well-Being_Toolkit_Flier_Nutshell.pdf)***Academy Hour Online Courses*** *(Small fee)*Training provider offering mental health & leadership courses to law enforcement, first response teams and public safety personnel, including: * Staying Strong in a Challenging Environment (2 hours)
* Burnout – Staying Out of the Red Zone (2 hours)
* Minimizing Trauma in Emergency Response/Medicine (2 hours)
* Un-Therapy: mental Health for the Skeptic (mini-sessions totaling 12 hours)
* Ethics and Well-being (1 hour)

*Source:* [*https://www.academyhour.com/*](https://www.academyhour.com/)***Justice Clearinghouse Webinars*** *(Some free or individual/organizational subscriptions)*Interdisciplinary online training for justice and public safety officials. Recorded webinars include: * Staying Strong in a Challenging Environment
* Creating an Organizational Culture of Wellness
* From Website to Arrest: Providing Wellness Support for Online Child Exploitation Personnel
* Mass Casualty Response Resilience / Post Action Strategic Debriefing

*Source: https://justiceclearinghouse.com/****The NCMEC Safeguard Program: A Model for Developing Your Resiliency Program****Presenter: NCJTC*Webinar that addresses steps to support a healthy staff environment throughout the course of employment. Includes research and case examples.*Source:* [*https://ncjtc.fvtc.edu/training/details/TR00005061/TRI0005062/the-ncmec-safeguard-program-a-model-for-developing-your-resiliency-program*](https://ncjtc.fvtc.edu/training/details/TR00005061/TRI0005062/the-ncmec-safeguard-program-a-model-for-developing-your-resiliency-program)*Description of program:* [*https://vtt.ovc.ojp.gov/ojpasset/Documents/IMP\_NCMEC\_Safeguard\_Program-508.pdf*](https://vtt.ovc.ojp.gov/ojpasset/Documents/IMP_NCMEC_Safeguard_Program-508.pdf)***Tend Online Courses*** *(Fee in CAD)*Training to address the complex needs of high stress, trauma-exposed workplaces, including front line workers, supervisors and managers and support staff. Online courses include: * Compassion Fatigue 101: Online Course
* Organizational Health in Trauma-Exposed Environments Online Course: Essentials
* Resilience in Trauma-Exposed work Online Course

*For 20% group discount for 6+ participants, contact* *info@tendacademy.ca**.* *Online courses:* [*www.tendacademy.ca/courses-2/*](http://www.tendacademy.ca/courses-2/)***Professional Resilience Training & Accelerated Recovery for Compassion Fatigue*** *(Fee)**Presenter: J. Eric Gentry*Intensive two-day experiential training for professional helpers to prevent and lessen compassion fatigue and other work-related stress disorders. An inoculation or vaccination against the potentially painful effects to caregivers working with troubled and traumatized populations.  Training is also intended to produce an ameliorative effect upon the current compassion fatigue symptoms that participants may be experiencing.  This **training-as-treatment** effect is recognized as an effective treatment for the symptoms of compassion fatigue. *CAC of Virginia sample agenda:* [*http://events.r20.constantcontact.com/register/event?oeidk=a07ef5jdgnu75b0c4d1&llr=6unawefab*](http://events.r20.constantcontact.com/register/event?oeidk=a07ef5jdgnu75b0c4d1&llr=6unawefab)***PESI: Compassion Fatigue CE Trainings*** *(Fee)**Presenter: J. Eric Gentry**Compassion Fatigue Prevention & Resiliency: Fitness for the Frontline (1.5 CE)**Source:* [*https://catalog.pesi.com/item/compassion-fatigue-prevention-resiliency-fitness-frontline-5778*](https://catalog.pesi.com/item/compassion-fatigue-prevention-resiliency-fitness-frontline-5778)*Compassion Fatigue: Purpose, Passion and Power (2.0 CE)**Source:* [*https://catalog.pesi.com/item/compassion-fatigue-purpose-passion-power-12121*](https://catalog.pesi.com/item/compassion-fatigue-purpose-passion-power-12121)***APA Online Education***Online courses/Videos on demand; cost.*Coping with Vicarious Trauma, Building Resilience and the Ethics of Self-Care (3 CE)**Source:* [*www.apa.org/education/ce/ccw0008.aspx*](http://www.apa.org/education/ce/ccw0008.aspx)*Ethics and Self-Care: Balancing our Lives and Reducing Risk (3 CE)*[*www.apa.org/education/ce/ccw0012.aspx*](http://www.apa.org/education/ce/ccw0012.aspx) | All who serve/interact with CSEC |
| **CSEC 200 series:****Promising Practices in Treatment for CSEC** | *Builds on CSEC 102*Advanced training specific to the therapeutic role – i.e., knowledge and skill development for treatment for CSEC | ***Trauma-Focused Cognitive Behavioral Therapy*** *(TF-CBT)*Possible presenter: CARES Institute – scroll down: <http://caresinstitute.org/services_trauma.php> or carestraining@rowan.eduEmpirically-supported model adapted for use with children who have suffered a variety of traumatic experiences. Goals include: Teaching children and their non-offending caregivers adaptive coping skills, assisting children to emotionally and cognitively process their traumatic experiences, reducing the emotional and behavioral reactions exhibited by children, facilitating children's adjustment to placement when needed, assisting non-offending caregivers in responding to their child's reactions as well as helping them cope with their own feelings related to the trauma(s), working with caregivers and children in joint sessions to improve interaction, enhance communication and practice personal safety skills to help reduce the risk of future victimization. Effectively helps children and adolescents overcome PTSD, depression and feelings of shame as well as other behavioral and emotional difficulties.Description: <http://caresinstitute.org/services_trauma.php> ***TF-CBT*** *– by Project Intersect, Georgia*Foundations and Keystones (CSEC-specific): <https://project-intersect.org/> *TF-CBTWeb2.0* Free web-based TF-CBT training course. Covers procedures of TF-CBT and includes streaming video demonstrations. Small fee. CEUs may be available.*Source:* [*https://www.nctsn.org/resources/tf-cbt-web*](https://www.nctsn.org/resources/tf-cbt-web) *or* [*https://tfcbt2.musc.edu/*](https://tfcbt2.musc.edu/)*TF-CBT with CSEC – Kristi House C-START (Children’s Sexual-Related Trauma Advocacy, Response and Treatment Center)**Resource:* [*https://www.nctsn.org/about-us/network-members?state=FL&field\_organization\_type\_value\_2=3&field\_person\_type\_value\_2=All*](https://www.nctsn.org/about-us/network-members?state=FL&field_organization_type_value_2=3&field_person_type_value_2=All)*Trauma-Focused Cognitive Behavioral Therapy for Children Affected by Sexual Abuse or Trauma* *Resource – scroll to end for online resources and training contacts:* [*https://www.childwelfare.gov/pubPDFs/trauma.pdf*](https://www.childwelfare.gov/pubPDFs/trauma.pdf)***Risk Reduction Family Therapy with CSEC****Possible presenter: Kristi House C-START Project (Children’s Sexual-Related Trauma Advocacy, Response & Treatment Center)*Integrative, ecologically informed approach to addressing co-occurring symptoms of PTSD, substance use, depression, and other health risk behaviors often experienced by trauma-exposed adolescents. It incorporates TF-CBT, substance abuse and caregiver engagement. Promising practice.*Training resource:* [*www.kristihouse.org/miami-c-start*](http://www.kristihouse.org/miami-c-start)*Description:* [*www.kristihouse.org/rrft*](http://www.kristihouse.org/rrft/)***Seeking Safety with Adolescents****Possible presenters: Lisa Najavits and/or Summer Krause – Info@seekingsafety.org*1 - 2 day in-person training: Evidence-based, present-focused counseling model designed to promote safety and recovery for individuals with PTSD and substance abuse, and for individuals who have trauma histories but who do not meet clinical criteria for PTSD. Key principles: Safety; integrated treatment (trauma and substance abuse); focus on ideals; four content areas – cognitive, behavioral, interpersonal, case management; and attention to clinician processes. Treatment manual with 25 topics; includes client handouts and clinician guidelines.*Description:* [*https://www.treatment-innovations.org/ss-description.html*](https://www.treatment-innovations.org/ss-description.html)*Seeking safety for adolescents:* [*https://www.treatment-innovations.org/ss\_adol.html*](https://www.treatment-innovations.org/ss_adol.html)*Training options:* [*https://www.treatment-innovations.org/training.html*](https://www.treatment-innovations.org/training.html)**Ending the Game: An Intervention Curriculum for Survivors of Commercial Sexual Exploitation** *Possible presenters: ETG Trainers*ETG Facilitator Training. A “coercion resiliency” 10-core lesson curriculum to reduce feelings of attachment to traffickers and/or a lifestyle characterized by commercial sexual exploitation, thereby reducing the rate of recidivism among sex trafficking survivors. Available in 3 formats: 2-hour group class; 1-hour group class; flexible 1-on-1 session. Survivor-created and survivor-informed. Facilitates experiential learning through activities, guided reflection and meaningful homework assignments. Research-based as promising practice. *Source:* [*https://endingthegame.com/*](https://endingthegame.com/)***Dialectical Behavior Therapy*** *Possible presenters: Behavioral Tech (A Linehan Institute Training Company)*Cognitive behavioral treatment. Emphasizes individual psychotherapy and group skills training classes to help people learn and use new skills and strategies to develop a life that they experience as worth living. DBT skills include skills for mindfulness, emotion regulation, distress tolerance, and interpersonal effectiveness. *Source – Behavioral Tech (A Linehan Institute Training Company):* [*https://behavioraltech.org/training*](https://behavioraltech.org/training/)*Behavioral Tech Online Training:* [*https://behavioraltech.org/training/online-training-courses*](https://behavioraltech.org/training/online-training-courses) *and* [*http://www.btechresearch.com/products*](http://www.btechresearch.com/products)*DBT-Linehan board of Certification:* [*http://dbt-lbc.org/*](http://dbt-lbc.org/)The *UCSF DBT Program for Adolescents and Young Adults* created a fun, easy-to-understand overview of Dialectical Behavior Therapy. Targets 5 areas: Confusion about self, impulsivity, emotional instability, interpersonal problems, parent-teen problems.*Resource: UCSF DBT Program for Adolescents and Young Adults:* [*http://psych.ucsf.edu/DBTprogram*](http://psych.ucsf.edu/DBTprogram)*DBT Skills Training as a Treatment Strategy for Female Survivors of Human Trafficking (Adults)**Resource:* [*www.academia.edu/34279354/DBT\_Skills\_Training\_as\_a\_Treatment\_Strategy\_for\_Female\_Survivors\_of\_Human\_Trafficking*](http://www.academia.edu/34279354/DBT_Skills_Training_as_a_Treatment_Strategy_for_Female_Survivors_of_Human_Trafficking)***The 12 Core Concepts for Understanding Traumatic Stress Responses in Children and Families***Provide practitioners with a shared vocabulary for conceptualizing and talking about traumatic events. This course contains interactive online lessons.*Source:* [*https://learn.nctsn.org/course/view.php?id=94*](https://learn.nctsn.org/course/view.php?id=94)*Adapted for youth who are trafficked:* [*https://www.nctsn.org/resources/12-core-concepts-understanding-traumatic-stress-responses-children-and-families-adapted*](https://www.nctsn.org/resources/12-core-concepts-understanding-traumatic-stress-responses-children-and-families-adapted)***Psychotherapy for Commercially Sexually Exploited Children: A Guide for Community-Based Behavioral Health Practitioners and Agencies*** ***(2018)***Provides an overview of key issues in mental health treatment for exploited children, describes current therapeutic approaches, and sets forth an integrative treatment framework as a guide for practitioners. Based on practices developed by C-Change, a specialized program at WestCoast Children’s Clinic. (Not a manual for treatment or a substitute for in-depth training.)*WestCoast Children’s Clinic; Authors: Basson, D., Langs, J., Acker, K., Katz, S., Desai, N., & Ford, J.:* [*http://www.westcoastcc.org/wp-content/uploads/2018/10/MH\_Treatment\_Guide\_CSEC.pdf*](http://www.westcoastcc.org/wp-content/uploads/2018/10/MH_Treatment_Guide_CSEC.pdf)***Other treatment models/resources for CSEC****The Sanctuary Model*[*http://www.sanctuaryweb.com/TheSanctuaryModel.aspx*](http://www.sanctuaryweb.com/TheSanctuaryModel.aspx)*Somatic Experiencing**Somatic Experiencing Trauma Institute:* [*https://traumahealing.org/learn-se*](https://traumahealing.org/learn-se/)*Stress Inoculation for PTSD**Society of Clinical Psychology – scroll down for training information:* [*https://www.div12.org/treatment/stress-inoculation-training-for-post-traumatic-stress-disorder*](https://www.div12.org/treatment/stress-inoculation-training-for-post-traumatic-stress-disorder)*Eye Movement Desensitization and Reprocessing Therapy**EMDR Institute:* [*http://www.emdr.com/*](http://www.emdr.com/)*Trauma-informed therapeutic supports that supplement counseling**Information:* [*http://www.sanar-institute.org/traumainformed-resources*](http://www.sanar-institute.org/traumainformed-resources)*Adolescent Trauma and Substance Abuse Online**NCTSN – register for access:* [*https://learn.nctsn.org/enrol/index.php?id=59*](https://learn.nctsn.org/enrol/index.php?id=59)*Webinar: Mental Health Interventions for Commercially Sexually Exploited Youth**NCTSN – register for access:* [*https://learn.nctsn.org/course/view.php?id=388*](https://learn.nctsn.org/course/view.php?id=388)*Webinar: Impact of Polyvictimization in Victims of Human Sex Trafficking**NCTSN – register for access:* [*https://learn.nctsn.org/course/view.php?id=210*](https://learn.nctsn.org/course/view.php?id=210) | CSEC treatment/mental health providers |
| **CSEC 300 series:****Continuing Education – CSEC topics** | *Builds on core training.* Topics determined by agency’s needs and the role of the responder/service provider | ***Topics may include:***Refreshers, e.g., CSEC 101 and 102 courses, motivational interviewing, Stages of ChangeTargeted, in-depth knowledge in an area of need/interest (e.g., see CSEC 200 series)Updates that describe best/promising practices across the nationSpecial populations, e.g., CSEC with disabilities, AI/AN, LGBTQ, immigrants, children and youth, homeless, victims with mental health/substance abuse issues, transgender and gender nonconforming.[*http://iofa.org/category/disabilities-and-csec*](http://iofa.org/category/disabilities-and-csec)[*https://www.ovcttac.gov/views/TrainingMaterials/dspOnline\_VATOnline.cfm?tab=1#specificconsiderations*](https://www.ovcttac.gov/views/TrainingMaterials/dspOnline_VATOnline.cfm?tab=1#specificconsiderations)[*https://www.mrcac.org/?s=transgender+adolescents*](https://www.mrcac.org/?s=transgender+adolescents)*Gang-involved Sex Trafficking* [*https://humantraffickinghotline.org/resources/gang-involved-sex-trafficking*](https://humantraffickinghotline.org/resources/gang-involved-sex-trafficking)*Medical providers, JJS, CW, cross-system collaboration*[*https://learn.nctsn.org/course/index.php?categoryid=69*](https://learn.nctsn.org/course/index.php?categoryid=69)*Ending the Game Supporter Training*[*https://endingthegame.com/etg-supporter-training*](https://endingthegame.com/etg-supporter-training)*Child Interviewing: The Ten Step Forensic Interview Protocol*[*https://www.mrcac.org/elearning/ten-step-ce/*](https://www.mrcac.org/elearning/ten-step-ce/)*Understanding the Complexities of Commercial Sexual Exploitation*[*https://youtu.be/-0kUSIdeoI8*](https://youtu.be/-0kUSIdeoI8)*Improving CAC’s response to CSEC*[*http://csec-response.org/about/improve*](http://csec-response.org/about/improve)*Human Trafficking: A Rural Perspective*[*https://ruralbehavioralhealth.org/webinars/webinar-1-human-trafficking-rural-perspective-may-24-2018-300-pm-430-pm-eastern-time*](https://ruralbehavioralhealth.org/webinars/webinar-1-human-trafficking-rural-perspective-may-24-2018-300-pm-430-pm-eastern-time)*2017 Youth Experiences Survey: Studying Homeless Young Adults and Their Experiences with Human Trafficking*[*https://ncjtc.fvtc.edu/training/details/TR00007465/TRI0007466/2017-youth-experiences-survey-studying-homeless-young-adults-and-their-experiences-with-human-traff*](https://ncjtc.fvtc.edu/training/details/TR00007465/TRI0007466/2017-youth-experiences-survey-studying-homeless-young-adults-and-their-experiences-with-human-traff)*ChildVictimWeb Online Training*[*http://cv.musc.edu/*](http://cv.musc.edu/)***Online Anti-Human Trafficking Certificate*** *– by Global Center for Woman and Justice, Vanguard University (faith-based)*Comprehensive overview of anti-trafficking efforts. Aligned with 4 P’s of prevention, protection, prosecution and partnership. Includes four courses (total of 12 units):* Human Trafficking
* Commercial Sexual Exploitation of Children
* Human Trafficking Aftercare
* Ethics and Human Trafficking

*Information:* [*https://www.vanguard.edu/academics/academic-programs/professional-studies/anti-human-trafficking-certificate*](https://www.vanguard.edu/academics/academic-programs/professional-studies/anti-human-trafficking-certificate) | All who serve/interact with CSEC – primary partners by discipline/role:* Child welfare
* Juvenile justice
* Service providers
* Survivor advocates
* CSEC caregivers
* Justice (attorneys, law enforcement, courts)
* Treatment/MH
* CSEC caregivers
* Schools (counselors/ social workers)
* Supervisors
 |
| **CSEC 401:** **Training of Trainers for CSEC 101/102** | *Builds on CSEC 102*Foundational knowledge for teaching CSEC 101/102. | ***GEMS/OJJDP CSEC Community Intervention Project (CCIP) Training of Trainers****Possible presenters: GEMS or Kristi House*Foundational knowledge of CSEC. 5 modules addressing the following:* Understanding trauma bonds
* Identification of victims
* Investigating CSEC
* Best practices in programming and prevention
* Counseling techniques for commercially sexually exploited (CSE) youth
* Conducting assessment/intake with CSE victims
* Criminal behaviors and market forces: supply, demand, motivation
* Federal and local laws
* Best practices in investigation and defense
* Appropriate interviewing for victims and perpetrators
* Models for court-based interventions

*Source – GEMS:* [*http://www.gems-girls.org/get-trained/training-curriculum*](http://www.gems-girls.org/get-trained/training-curriculum)*Kristi House Training:* [*http://www.kristihouse.org/human-trafficking-training/*](http://www.kristihouse.org/human-trafficking-training/)*Original GEMS/OOJDP CCIP Training materials:* [*http://www.kristihouse.org/csec-ccip-training-materials/*](http://www.kristihouse.org/csec-ccip-training-materials/) | TOT Trainers for CSEC 101/102 |

**Resource 2-E**

**CSEC Survivors as Guest Speakers or Co-Trainers:**

**Implementation Considerations**

**Selecting the survivor guest speaker or co-trainer.**Screen a potential survivor guest speaker or co-trainer to determine their readiness by considering the following.

* Has the host agency’s training coordinator or the instructor selected a survivor that has been vetted by a *local* advocate and law enforcement where the case was investigated?
* Is this the survivor’s first time speaking?
* What was the survivor’s victimization and case history? Was it reported and investigated by law enforcement? Was a suspect identified or arrested? Is the suspect incarcerated or free?
* If the survivor is not local, what advocate worked with the survivor in their recovery process? Can that person be present during the class? *(Note: It is highly recommended that the advocate be present if this is the survivor’s first time speaking.)*
* If the survivor has spoken previously, what is the feedback from the instructor or the training coordinator that hosted the training?

**Meeting with the survivor guest speaker or co-trainer.** Prepare the survivor (in-person or over the phone) by addressing the following items.

* Discuss the purpose and goals of the class, the survivor’s story, what to expect and the audience. The intent is to eliminate any surprises.
* Clarify any requests or requirements from the survivor and advocate, including any needed audiovisual and presentation equipment, travel arrangements, and how the survivor’s name may be used that day and in the curriculum.
* Identify any requests or requirements from the host agency’s training coordinator or instructor, including security concerns and appropriate attire.
* Clarify whether the survivor is willing to take questions from training participants. If so, whether they are prepared for *any* questions, such as victim blaming.
* Determine whether the suspect in the survivor’s case is free and whether there are concerns they or their friends and family may show up. Develop a plan of action with the host and survivor in the event this occurs.

**Tips for training day.**The following actions provide clarity and support to the survivor on the day of training.

* The host agency’s training coordinator and/or advocate should arrange travel to and from the training venue, especially if this is a survivor’s first time speaking.
* Prepare training attendees for the survivor’s participation by setting and enforcing guidelines that protect the survivor (see following suggestions).
* If the training is the survivor’s first time speaking, a ‘no questions’ rule is recommended.
* Consider having questions submitted in writing to the host agency’s training coordinator or the instructor during breaks. This allows the survivor to review and choose ones they feel comfortable answering.
* The instructor and advocate must be present while the survivor is speaking.
* The instructor or host agency’s training coordinator should remain near the front of the class when the survivor is speaking in order to intervene, if needed.

**Following up with feedback and support.**To support the survivor’s continued recovery and development as a guest speaker or co-trainer, elicit feedback from the survivor, training participants and the instructor or host agency’s training coordinator.

* Invite feedback from the survivor on their experience as a guest speaker or co-trainer and their observations for improving the guest speaker or co-trainer role and experience in future trainings.
* As participating as a guest speaker or co-trainer in CSEC Training could trigger painful memories, the survivor should be offered and provided support after the training, in addition to before and during training.
* Feedback to the survivor should be done in a manner that expresses appreciation, is supportive of the survivor and encourages their further development as a presenter and survivor in recovery.
* Designate a separate space on the class evaluation form for feedback by training participants on the survivor’s presentation.
* Feedback from the class evaluation form should be reviewed by the host agency’s training coordinator and later discussed with the survivor and advocate.

**Resource 3-A**

**RECOMMENDED CSEC DATA COLLECTION VARIABLES**

In order to facilitate data-driven and evidence-based services, below is a list of recommended data points that all agencies already do or should collect and track as they serve CSEC. Also presented (in the three columns on the right of the table) are the variables agencies are encouraged to share with the Nevada Statistical Analysis Center (SAC) to facilitate the creation of annual statewide and regional reports. Individual agencies, private or public, can enact a Data-Sharing Agreement with the SAC to ensure confidentiality of the data shared (see *Resource 3-C* for a sample agreement).

| **Variable** | **Collect internally*****(X = usually collected)*** | **Critical to share with SAC** | **Recommend sharing with SAC** | **Not necessary to share with SAC** |
| --- | --- | --- | --- | --- |
| Client # | X |  |  | X |
| Case # | X |  |  | X |
| Client name | X | X |  |  |
| Gender | X | X |  |  |
| Race | X | X |  |  |
| Age | X | X |  |  |
| Birth date | X | X |  |  |
| Sexual orientation | Recommended |  | X |  |
| Zip | X | X |  |  |
| Date CSEC reported to agency/organization | X |  | X |  |
| Report by | X |  | X |  |
| Screening tool completed (Y/N) | X | X |  |  |
| Screening tool used | Recommended |  | X |  |
| Date of incident | X |  | X |  |
| Report to law enforcement | X | X |  |  |
| Law enforcement agency reported to | X | X |  |  |
| Law enforcement report number | X |  | X |  |
| Reported to NCMEC | X | X |  |  |
| NCMEC Report Number | X |  |  | X |
| **Nevada Rapid Indicator Tool** |
| UNITY ID | X |  | X |  |
| Person completing form | X |  |  | X |
| Agency | X | X |  |  |
| Date of report | X | X |  |  |
| Confirmed victim (Y/N) | X | X |  |  |
| Confirmed victim: Child self-report | X |  | X |  |
| Confirmed victim: Law enforcement confirmed | X |  | X |  |
| Confirmed victim: Reported survival sex  | X |  | X |  |
| Confirmed victim: Internet posts | X |  | X |  |
| High risk (1 or more flags) | X | X |  |  |
| High Risk: Injuries or tattoos | X |  | X |  |
| High Risk: Multiple runaways | X |  | X |  |
| High Risk: Risky sexual behavior or STIs | X |  | X |  |
| High Risk: Unexplained resources | X |  | X |  |
| High Risk: Gang affiliation | X |  | X |  |
| High Risk: Hotels or locations | X |  | X |  |
| High Risk: Other reason | X |  | X |  |
| No conditions apply on screening | X | X |  |  |
| **Recommended Outcomes to Track** |
| Immediate crisis response plan | Recommended |  | X |  |
| Referred for medical assessment | X |  | X |  |
| Date of medical assessment | X |  | X |  |
| Referred for medical services | X |  | X |  |
| Referred for mental health assessment | X |  | X |  |
| Date of mental health assessment | X |  | X |  |
| Referred for mental health services | X |  | X |  |
| Substance abuse screening done | X |  | X |  |
| Placement plan | Recommended |  | X |  |
| Legal advocacy | Recommended |  | X |  |
| Support and skills development referral | Recommended |  | X |  |
| Type of victimization | Recommended |  | X |  |
| Involved in delinquency system | Recommended |  | X |  |
| Reduction in police contacts/diversion from court | Recommended |  | X |  |
| Court appearances (support victim as a witness) | Recommended |  | X |  |

**Resource 3-B**

**CSEC DATA CODE BOOK**

Below is the recommended data to be collected for all CSEC victims. Items 1 - 32 should be collected by all agencies providing services to CSEC victims for statewide and regional data reports. Items 33 - 54 are recommended to be collected to increase information on victims and for leveraging resources.

1. Client name. What is the client’s full name? Insert client’s full name.

2. Gender. What is the client’s self-identified gender?

|  |  |
| --- | --- |
| *Value* | *Label* |
| 1 | Male |
| 2 | Female |
| 3 | Other \_\_\_\_\_\_\_\_ |

3. Race. What is the client’s race?

|  |  |
| --- | --- |
| *Value* | *Label* |
| 1 | Caucasian |
| 2 | African American |
| 3 | Asian |
| 4 | Native American |
| 5 | Other \_\_\_\_\_\_\_\_ |

4. Ethnicity. What is the client’s ethnicity?

|  |  |
| --- | --- |
| *Value* | *Label* |
| 1 | Non-Hispanic or Latino |
| 2 | Hispanic or Latino |

5. Age. What is the client’s age? Insert client’s age at time of report.

6. Birth date. What is the client’s date of birth? Insert date (MM/DD/YYYY).

7. Zip code. What is the client’s zip code? Insert client’s zip code.

8. Sexual orientation. What is client’s sexual orientation (if available)?

|  |  |
| --- | --- |
| *Value* | *Label* |
| 1 | Heterosexual |
| 2 | Homosexual |
| 3 | Bisexual |
| 4 | Other \_\_\_\_\_\_\_\_ |

9. Transgender. Is the client transgender?

|  |  |
| --- | --- |
| *Value* | *Label* |
| 1 | Yes |
| 2 | No |

10. Date reported. W**hat** date was client’s involvement in CSEC first reported to the agency? Insert date (MM/DD/YYYY).

11. Agency reported to. What agency was CSEC reported to? Insert name of agency that CSEC was reported to.

12. Screened for CSEC. Was a screening tool completed to confirm commercial sexual exploitation?

|  |  |
| --- | --- |
| *Value* | *Label* |
| 1 | Yes |
| 2 | No |

13. Screening tool used. What screening tool was used to confirm CSEC? Insert name of screening tool used to confirm CSEC.

14. Incident date. What was the date of the incident that led to contact with agency? Insert date (MM/DD/YYYY).

15. Law enforcement report made. Was the CSEC identification reported to a law enforcement agency?

|  |  |
| --- | --- |
| *Value* | *Label* |
| 1 | Yes |
| 2 | No |

16. Law enforcement agency. Which law enforcement agency was the CSEC identification reported to? Insert name of law enforcement agency.

17. Law enforcement report number. What is the law enforcement report number (if available)? Insert law enforcement report number.

18. NCMEC report. Was the CSEC incident reported to the National Center for Missing and Exploited Children (NCMEC)?

|  |  |
| --- | --- |
| *Value* | *Label* |
| 1 | Yes |
| 2 | No |

Nevada Rapid Indicator Tool

19. Confirmed victim – Self report. Is the client a confirmed victim of CSEC based on a self-report by the youth?

|  |  |
| --- | --- |
| *Value* | *Label* |
| 1 | Yes |
| 2 | No |

20. Confirmed victim – Law enforcement. Is the client a confirmed victim of CSEC based on a report by law enforcement?

|  |  |
| --- | --- |
| *Value* | *Label* |
| 1 | Yes |
| 2 | No |

21. Confirmed victim – Survival sex. Is the client a confirmed victim of CSEC based on the youth engaging in survival sex (e.g., engaging in sexual act to escape abuse at home)?

|  |  |
| --- | --- |
| *Value* | *Label* |
| 1 | Yes |
| 2 | No |

22. Confirmed victim – Internet posts. Is the client a confirmed victim of CSEC based on postings on the Internet (i.e., advertisements on internet websites)?

|  |  |
| --- | --- |
| *Value* | *Label* |
| 1 | Yes |
| 2 | No |

23. High risk (1 or more flags). Are there one or more risk factors (see below, 24 - 31) present?

|  |  |
| --- | --- |
| *Value* | *Label* |
| 1 | Yes |
| 2 | No |

24. High risk – Injuries. Does the client have any signs of physical injuries or tattoos?

|  |  |
| --- | --- |
| *Value* | *Label* |
| 1 | Yes |
| 2 | No |

25. High risk – Runaway. Has the client run away from home more than one time?

|  |  |
| --- | --- |
| *Value* | *Label* |
| 1 | Yes |
| 2 | No |

26. High risk – Controlling partner. Does the client have an older, controlling partner?

|  |  |
| --- | --- |
| *Value* | *Label* |
| 1 | Yes |
| 2 | No |

27. High risk – Risky sexual behaviors. Has the client engaged in risky sexual behaviors (e.g., not using a condom) or have a history of sexually transmitted infections?

|  |  |
| --- | --- |
| *Value* | *Label* |
| 1 | Yes |
| 2 | No |

28. High risk – Unexplained resources. Does the client have unexplained resources (e.g., clothes, cash)?

|  |  |
| --- | --- |
| *Value* | *Label* |
| 1 | Yes |
| 2 | No |

29. High risk – Gang affiliation. Does the client have any gang affiliation (e.g., gang member, boyfriend in gang)?

|  |  |
| --- | --- |
| *Value* | *Label* |
| 1 | Yes |
| 2 | No |

30. High risk – Hotels. Does the client frequently visit hotels?

|  |  |
| --- | --- |
| *Value* | *Label* |
| 1 | Yes |
| 2 | No |

31. High risk – Other. Does the client engage in other risky behavior?

|  |  |
| --- | --- |
| *Value* | *Label* |
| 1 | Yes |
| 2 | No |

32. Not high risk – No risk factors. There are no known risk factors?

|  |  |
| --- | --- |
| *Value* | *Label* |
| 1 | Yes |
| 2 | No |

Recommended Outcomes to Track

33. Immediate crisis. Has an immediate crisis response plan been developed?

|  |  |
| --- | --- |
| *Value* | *Label* |
| 1 | Yes |
| 2 | No |

34. Referral – Medical assessment. Has the client been referred for a medical assessment (i.e., since the report of CSEC was made)?

|  |  |
| --- | --- |
| *Value* | *Label* |
| 1 | Yes |
| 2 | No |

35. Medical assessment date. What was the date of the medical assessment (if applicable)? Insert date (MM/DD/YYYY).

36. Referral – Medical services. Has the client been referred for medical services?

|  |  |
| --- | --- |
| *Value* | *Label* |
| 1 | Yes |
| 2 | No |

37. Referral – Mental health assessment. Has the client been referred for a mental health assessment?

|  |  |
| --- | --- |
| *Value* | *Label* |
| 1 | Yes |
| 2 | No |

38. Mental health assessment date. What was the date of the mental health assessment? Insert date (MM/DD/YYYY).

39. Referral – Mental health services. Has the client been referred for mental health services?

|  |  |
| --- | --- |
| *Value* | *Label* |
| 1 | Yes |
| 2 | No |

40. Substance abuse screening. Has a substance abuse screening been conducted (e.g., internally or through a mental health assessment)?

|  |  |
| --- | --- |
| *Value* | *Label* |
| 1 | Yes |
| 2 | No |

41. Placement plan. Has a placement plan been conducted?

|  |  |
| --- | --- |
| *Value* | *Label* |
| 1 | Yes |
| 2 | No |

42. Legal advocacy. Has the client received any legal advocacy support?

|  |  |
| --- | --- |
| *Value* | *Label* |
| 1 | Yes |
| 2 | No |

43. Skills development. Has any skills-development (e.g., life skills, job readiness) programming or referrals been planned?

|  |  |
| --- | --- |
| *Value* | *Label* |
| 1 | Yes |
| 2 | No |

44. Physical victimization history. Has the client experienced childhood physical victimization (e.g., self-report or child protection services report)?

|  |  |
| --- | --- |
| *Value* | *Label* |
| 1 | Yes |
| 2 | No |

45. Emotional abuse or neglect victimization history. Has the client experienced childhood emotional victimization or neglect (e.g., self-report or child protection services report)?

|  |  |
| --- | --- |
| *Value* | *Label* |
| 1 | Yes |
| 2 | No |

46. Sexual victimization history. Has the client experienced childhood sexual victimization (e.g., self-report or child protection services report)?

|  |  |
| --- | --- |
| *Value* | *Label* |
| 1 | Yes |
| 2 | No |

47. Other victimization history. Has the client experienced childhood victimization other than physical, emotional, neglect or sexual (e.g., bullying or physical/sexual assault outside of the home)?

|  |  |
| --- | --- |
| *Value* | *Label* |
| 1 | Yes |
| 2 | No |

48. Repeat victimization. Has the client experienced multiple instances of sexual victimization (e.g., multiple child protective services reports or self-report of multiple incidences)?

|  |  |
| --- | --- |
| *Value* | *Label* |
| 1 | Yes |
| 2 | No |

49. Juvenile justice involvement. Has the client ever been involved in the juvenile justice system?

|  |  |
| --- | --- |
| *Value* | *Label* |
| 1 | Yes |
| 2 | No |

50. Juvenile justice involvement – CSEC. Has the client ever been involved in the juvenile justice system due to an arrest related to prostitution (e.g., identified as CSEC; possibly also arrested for being a minor in a gaming establishment, violating curfew, providing false information to police officers, etc.)?

|  |  |
| --- | --- |
| *Value* | *Label* |
| 1 | Yes |
| 2 | No |

51. Police contact. Has the client reported a reduction in police contact since receiving services?

|  |  |
| --- | --- |
| *Value* | *Label* |
| 1 | Yes |
| 2 | No |

52. Court attendance – Charges. Does the client have to appear in juvenile court for charges against them?

|  |  |
| --- | --- |
| *Value* | *Label* |
| 1 | Yes |
| 2 | No |

53. Court attendance – Witness. Does the client have to appear in court as a witness against their traffickers?

|  |  |
| --- | --- |
| *Value* | *Label* |
| 1 | Yes |
| 2 | No |

**Resource 3-C**

**SAMPLE DATA-SHARING AGREEMENT**

between

**[Agency Name]**

and

Statistical Analysis Center, Nevada System of Higher Education

This is a Data-Sharing Agreement (Agreement) between the **[Agency Name]** and the Statistical Analysis Center (SAC), Nevada System of Higher Education.

**Purpose**

To generate data to determine the nature and extent of commercial sexual exploitation of children (CSEC) in Nevada, regionally and at **[Agency Name]**.

**Data to be provided by [Agency Name]**

**[Agency Name]** will collect data identified in the attached CSEC Table of Variables. **[Agency Name]** will provide **[client-level and/or aggregate]** data to the SAC by January 31 of each year. Data under this Agreement may be provided in the form of CD-ROMs, electronic data, hard copy, etc. The SAC may only use the **[client-level and/or aggregate]** data in a manner and for the purpose herein described. The principal person at SAC responsible for the reception, use, disclosure, and security of the data shall be **[name of SAC representative]**.

**Reports to be provided by SAC**

The SAC will analyze and summarize the findings in both a brief agency-specific report for **[Agency Name]** as well as a brief statewide and regional reports based on congregate data from Nevada’s CSEC-serving agencies at no cost to **[Agency Name]**. Additional detailed reports can be provided to **[Agency Name]** with requisite funding.

**Data security**

Data received and stored electronically will be maintained at the SAC in a secure network with access limited to authorized staff within the SAC. Data will not be placed on other electronic media. Data will only be accessed by those authorized by **[Agency Name]**. Computers must have password-protected screensavers.

Further, all records received under this agreement will be treated by the SAC as confidential and the SAC will maintain the confidentiality and security of data in the manner required by relevant federal or state law. No reports or publications made from these data will offer any information that could be used in identifying a particular person. Only aggregated information will be released, any client-level data obtained from **[Agency Name]** and aggregated by SAC will be held confidential and secured by SAC. The SAC will not report numbers or rates which could threaten confidentiality.

Under no circumstances shall SAC pass on any of the data it receives from **[Agency Name]** in whole or in part to any third-party unless **[Agency Name]** agrees in advance to the involvement of any third-party and is satisfied by the security and confidentiality procedures SAC and that third-party have established.

Data will be maintained at the SAC as long as it is required for the purposes outlined above. In the event that this agreement is terminated, or the data is no longer needed, the data will be destroyed or returned to **[Agency Name]** within 10 days of the termination. Appropriate proof of the destruction of the data will be supplied to **[Agency Name]**.

**Reporting and repair of disclosure**

SAC will immediately report any use or disclosure of the data not provided for in this Agreement as soon as the SAC becomes aware. The SAC will take reasonable steps to limit any further such use or disclosure, and if a material breach of this Agreement occurs and is not cured within thirty (30) days, **[Agency Name]** will discontinue providing data.

**Time period**

This Agreement shall become effective upon signature of this document by authorized representatives of **[Agency Name]** and the SAC and is valid for 2 years from the latest signature. This Agreement is subject to termination by either party with 30 days written notice, or upon the completion of a new/replacement Agreement via signature to the new Agreement by both parties.

**Signatures**

**[Agency Name]**

BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Statistical Analysis Center

BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

**Resource 3-D**

**Standards for CSEC Service Providers**

Qualified service providers are essential to supporting the recovery of children who have been sexually exploited. Building and sustaining a network of CSEC- and trauma-informed service providers will increase positive outcomes and provide CSEC with the caring support needed to (re)build their lives.

The purpose of these standards is to increase the capacity to meet the multiple service and placement needs of CSEC. They align with and reflect the practice recommendations in the Nevada CSEC Model Coordinated Response Protocol and Toolkit (CSEC Protocol). Agencies should use the CSEC Protocol to inform practice and policies.

These standards can be used in two ways. First, agencies, programs and service providers may conduct a self-assessment of their ability to serve CSEC competently. Second, the standards may be used in service contracts as a means of ensuring CSEC service providers have the capability to meet their needs. Certain standards may not apply depending upon an individual agency’s services, or program roles and responsibilities.

**Building a Foundation for CSEC services**

***Approach to CSEC services***

* Practices and policies are in place that reflect and incorporate guiding principles for CSEC services.
* Agency culture, practices and policies reflect a victim-centered, CSEC-informed, trauma-informed, strengths-based, culturally- and linguistically-responsive, and respectful-engagement approach.
* Agency obtains meaningful survivor input on practices and policies.

***Well-trained responders and service providers***

* Policies outlining training requirements for each employee position are in place.
* Trainers of CSEC courses meet the minimum standards identified in the CSEC Protocol, and policies are in place for trainers.
* Use of survivor co-trainers reflect the guidance provided in the CSEC Protocol.
* Evaluations are completed by participants for all agency trainings (*See Resource 2-B*).
* Training in the following areas is provided to all staff who serve CSEC:
	+ Guiding principles for CSEC services.
	+ CSEC 101 training that incorporates the CSEC 101 Training Competencies and Learning Objectives (as outlined in *Resource 2-C*).
	+ How to communicate and engage with CSEC.
	+ Stages of Change as applied to CSEC.
	+ Advanced/discipline-specific CSEC topics based on the service provider’s role and position.
	+ The impact of trauma on children, youth and families.
	+ The impact of exposure to trauma (i.e., secondary trauma) and self-care strategies.
	+ Topics related to cultural competency and humility (e.g., “building knowledge of the background and identities of the communities [the program] serves, how to communicate and interact in affirming and respectful ways with [LGBTQ] and diverse cultures, including identifying and addressing potential staff biases” [[9]](#footnote-9)).

***Data-driven and outcome-focused services***

* Agency has signed data-sharing agreements with the Nevada Statistical Analysis Center (SAC).
* Agency has data plan which includes:
	+ Collection of CSEC data, including the elements to be collected and the frequency with which they are to be collected (see *Data* chapter).
	+ Staff requirements for collecting CSEC data.
	+ Staff responsible for entering, collating and sharing data with partner agencies and SAC.
* Services are outcome focused:
	+ Client service plans identify desired service outcomes.
	+ Programs identify and track targeted CSEC outcomes.
* Agency conducts annual self-assessments using the Standards for CSEC Service Providers and makes adjustments, as needed.
* Agency reviews client and program data at least annually to support a quality-improvement process to inform policy and training, and improve service delivery outcomes.

**Supporting a Coordinated Response to CSEC Services**

***Regional CSEC task forces and CSEC multidisciplinary teams***

* Relationship with the regional CSEC task force is formalized through a memorandum of understanding.
* Participates regularly or as-needed on the regional CSEC task force and/or multidisciplinary teams.
* Practices and policies outline staff responsibilities for participating on the regional CSEC task force and/or multidisciplinary teams.
* Agreements are in place to share training(s) with other CSEC system partners.

***CSEC mentor-advocates***

* The CMA organization/program’s practices and policies are survivor-informed.
	+ The organization/program conducts a self-assessment annually utilizing the NHTTTC’s Toolkit for Building Survivor-Informed Organizations.[[10]](#footnote-10)
* The following practices and policies are in place:
	+ Minimum qualifications for the CSEC mentor-advocate (CMA) position, including education (knowledge), experience (skills) and personal characteristics (abilities) such as emotional grounding, perceptiveness, confidence and flexibility.
	+ Position description for the CMA.
	+ Requirements for local, state and FBI background checks, including how and when background checks are required, where background checks are stored and how often they are updated.
	+ CMA responsibilities specific to the setting and roles in which they provide services (e.g., case management, immediate response, co-training, street outreach, life coaching, etc.), and related caseload size and supervision.
* A process for assessing an individual’s readiness to take on the CMA role is in place and includes (see *CMA* chapter).
* Individual supervision and support is provided to CMAs, including more intensive support for survivor CMAs, as needed.
* Minimum training per the CSEC Protocol or certification as a Peer Recovery Supporter is required and provided.
* Ongoing training and/or opportunities for continuing education are provided.

***CSEC service network***

* Staff are aware and have received training on the continuum of care for CSEC and all children, including the crossover of services among agencies, e.g., role of law enforcement, child welfare, juvenile justice and service providers.
* Services that are accessed for CSEC are CSEC- and trauma-informed and victim-centered.
* When needed services are unavailable, service providers seek out solutions with partners and the regional CSEC task force.
* Practices and policies are in place that inform CSEC and their caregivers of the limits to their confidentiality.
* Survivor input is obtained when designing and delivering services.[[11]](#footnote-11)

**CSEC Service Delivery Process**

***CSEC prevention, screening and identification***

* Primary prevention activities targeted to clients served are in place, including:
* The link to the CSEC Prevention Resource Guide (Guide) is on the agency website.
* Targeted prevention strategies/trainings are implemented and ongoing (see Guide).
* Youth experience staff as welcoming, caring, nonjudgmental and reliable.
* Secondary prevention activities to prevent further risk and victimization to clients served are in place, including:
	+ Targeted prevention strategies/trainings, e.g., runaway prevention and response.
	+ Targeted prevention strategies/trainings are implemented and ongoing (see Guide).
	+ CSEC experience staff as welcoming, caring, nonjudgmental and reliable.
* Tertiary prevention activities to remediate harm done through victimization are in place, including:
	+ Victim-centered, CSEC- and trauma-informed services (see *Approach* chapter).
	+ CSEC experience staff as welcoming, caring, nonjudgmental and reliable.
* Practices and policies are in place regarding the use of the Nevada Rapid Indicator Tool (NRIT) as a screening tool to identify both High Risk and Confirmed Victims of CSEC, including:
	+ Criteria for determining for which children an NRIT should be completed, and how often.
	+ Staff requirements related to administering/re-administering the tool.
	+ Response to youth identified as High Risk.
	+ Response to youth identified as a Confirmed Victim.
	+ Data-tracking and reporting requirements related to the NRIT.
* Awareness training is provided on the role of Child Advocacy Centers, including when to access them for coordinated interviewing and forensic evaluation.
* Training is provided on:
	+ Mandated reporting.
	+ Cross-reporting.

***CSEC safety assessment and planning***

* CSEC safety is assessed, including:
	+ At initial contact to address immediate safety needs.
	+ During comprehensive, individualized service planning to address ongoing safety needs.
	+ At regularly scheduled multidisciplinary team (MDT) meetings to address any new safety needs.
	+ In response to crisis events or upon return from runaway to address immediate/new safety needs.
* CSEC safety plans include:
	+ Engaging a CSEC in developing the plan.
	+ Identification of strategies before and after leaving the trafficker.
	+ Monitoring the CSEC safety plan and making needed revisions when an event or crisis occurs.
* Prevention and response to runaway episodes include:
	+ The time frame for reporting the missing youth.
	+ The individuals or entities entitled to be notified that the youth is missing.
	+ Any required initial and ongoing efforts to locate the youth.
	+ Plans to return the youth to family/caregiver or placement.
	+ Notifications required upon a youth’s return.
	+ Use of the Child Returning De-briefing protocol.
	+ Identified coping strategies to prevent runaways.
* Safety measures are in place to ensure the safety of staff and the agency.
* Safety measures are in place for preventing and responding to peer recruitment.

***Assessment of holistic needs***

* Rapid Response Team assesses the immediate needs of a CSEC in response to a crisis including:
* Use of a CMA to provide individual support and advocacy.
* Identification of safety issues and development of an immediate CSEC safety plan.
* Coordination with law enforcement, medical personnel and other service providers.
* Meeting basic needs of CSEC.
* Assessing and meeting acute health, mental health and substance use needs.
* Identification of emergency housing/placement.
* Accessing resources for language interpretation, as needed.
* Scheduling a 72-hour MDT.
* Identifies and facilitates assessment of the ongoing underlying needs of a CSEC in the following areas:
	+ Safety.
	+ Physical, sexual and reproductive health needs.
	+ Mental health and substance use needs.
	+ Legal advocacy needs.
	+ Placement and residential treatment needs.
	+ Educational, vocational and skill development needs.
	+ Supportive relationships and networks.
* Identifies functional strengths and resources of the CSEC.
* Identifies subgroup membership and meets the needs of special populations, e.g., boys, LGBTQ, CSEC with disabilities, African Americans, foreign nationals, American Indian/Alaska Natives (AI/AN), and CSEC parents.

***Comprehensive, individualized service planning, linkage and monitoring***

* Rapid Response and 72-hour MDTs develop plans to address immediate concerns and related needs.
* MDTs develop, coordinate and monitor comprehensive individualized service plans (CISP) based on the holistic assessment of ongoing underlying needs which include:
* Desired service outcomes.
* Incremental tasks towards outcomes, which are specific and measurable.
* Timelines for tasks to be completed.
* Resources and/or service providers to be accessed.
* Responsible parties for linking the CSEC with identified resources.
* Responsible parties who will attend the MDT to provide feedback on progress.
* Scheduled monitoring and revision of the CISP to ensure effectiveness.
* CSEC is included in development of service plans.

**Additional Standards for CSEC Mental Health Providers**

* The Child and Adolescent Needs and Strengths (CANS) assessment tool is utilized.
* Evidenced-based therapies are utilized, e.g., Trauma-focused Cognitive Behavioral Therapy, Dialectical Behavior Therapy, Eye Movement Desensitization and Reprocessing.
* Advanced, discipline-specific training is provided and/or ongoing, addressing:
	+ Trauma.
	+ Stages of change in relation to CSEC.
	+ Evidence-based therapeutic practices.

**Additional Standards for CSEC Placement Providers**

***Short-term community-based shelters***

* CSEC experience staff as welcoming, caring, nonjudgmental and reliable.
* A harm reduction model is employed, and staff have received training in the harm reduction model.
* Medical and mental health needs of CSEC are assessed, and/or CSEC are linked to these services.
* Case management services are provided.
* Special populations are identified and/or linked to appropriate services (e.g., boys, LGBTQ, CSEC with disabilities, African-Americans, foreign nationals, AI/ANs, and CSEC who are parents).
* Practices and policies are in place regarding cultural competency and cultural humility.

***Specialized CSEC foster and group homes, CSEC residential treatment programs***[[12]](#footnote-12)

* The following training is provided:
	+ National Child Traumatic Stress Network Caring for Children Who Have Experienced Trauma training.[[13]](#footnote-13)
	+ Evidenced-based parent training, e.g., Together Facing the Challenge[[14]](#footnote-14)
	+ Trauma-informed services.
* CSEC experience staff as welcoming, caring, nonjudgmental and reliable.
* Positive engagement strategies are employed, including youth participation incentives.
* 24/7 CMA support is available to the CSEC and caregiver.
* Intensive case management is in place for the CSEC.
* Depending upon the population served, specialized programming is available for youth from other countries, LGBTQ, boys, AI/ANs, and CSEC who are parents.
* Protocols are in place for responding to runaways and reporting runaways to law enforcement and licensing bodies.
* Practices and policies are in place that:
	+ Support the continuity of services and placement, e.g., flexible protocols to address runaway episodes.[[15]](#footnote-15)
	+ Define cultural competency and cultural humility.
	+ Prevent and respond to peer recruitment.
* Alarm systems and other physical safety measures are in place.

**Resource 4-A**

**GUIDANCE FOR A MEMORANDUM OF UNDERSTANDING**

**FOR REGIONAL CSEC TASK FORCES AND MULTIDISCIPLINARY TEAMS**

**Purpose of the Memorandum of Understanding (MOU)**

A multi-system collaborative approach is the cornerstone to preventing, identifying and serving victims of sex trafficking. The Nevada CSEC Model Coordinated Response Protocol and Toolkit (CSEC Protocol) provides guidance for implementing a coordinated response to Commercially Sexually Exploited children (CSEC). The Memorandum of Understanding (MOU) outlines the roles and responsibilities of jurisdictions who commit to implementing the CSEC Protocol. Cooperating under an MOU signed by all participant agencies and adhering to an agreed-upon protocol will foster collaboration and improve coordination of services to promote development of individualized holistic services and positive outcomes for CSEC. The MOU aligns with and reflects the practices in the CSEC Protocol.This document is offered to assist jurisdictions in developing and formalizing an interagency approach to serving CSEC. For additional information, see the *Task Force* and *Multidisciplinary Team* (MDT) chapters.

**Regional CSEC Task Forces**[[16]](#footnote-16)

The Parties agree to form a regional CSEC task force comprised of partner agencies that are responsible to serve or have oversight of CSEC. The regional CSEC task force may be aligned with an existing task force with the specific agenda of overseeing CSEC services, or it may be a newly-formed entity.

***Define responsibilities of the Regional CSEC Task Force.*** Regional CSEC task force responsibilities include:

* Adapting the CSEC Protocol to local or regional needs.
* Overseeing the implementation of the adapted CSEC Protocol.
* Developing a task force structure, e.g., membership, roles, leader, and identifying or seeking out funding and other support for the operation of the regional CSEC task force.
* Setting clear, meaningful and achievable goals.
* Ensuring that CSEC training is available to agency and community service providers (see *Training* chapter).
* Overseeing and providing support and guidance to MDTs.
* Identifying and addressing systemic challenges and removing barriers.
* Assessing gaps in resources and advocating for funding to improve service array.
* Leading local public education campaigns and CSEC prevention efforts.
* Reporting annually to local, regional and state stakeholders the region’s progress and needs in implementing prevention, intervention and restorative services for CSEC.
* Facilitating the collection and sharing of regional CSEC data and reviewing data to monitor CSEC prevalence and service outcomes.
* Conducting case reviews and/or reviewing aggregate data to evaluate progress in implementing the adapted CSEC Protocol and making needed adjustments.

***Identify members of the Task Force.*** A Task Force will benefit from representatives from agencies and disciplines that serve and interact with CSEC, including:

* Law enforcement.
* FBI/Homeland Security.
* Juvenile probation.
* Child welfare.
* Mental/behavioral health.
* Public health.
* Attorney general.
* District Attorney.
* Dependency/Juvenile Court.
* School District.
* CSEC mentor-advocates.
* Service providers.
* CSEC survivors and/or parents of CSEC survivors.

Adult CSEC survivors and parents of CSEC survivors participate as equal members on the regional task forces or, at minimum, provide meaningful input to task force activities.

***Define responsibilities of individual members of the Regional CSEC Task Force.*** The responsibilities of each regional CSEC task force member/agency include:

* Appointing a representative who has authority to make decisions and speak on behalf of their agency/organization.
* Meeting regularly to steer regional CSEC task force development.
* Committing to the collaborative process, with an understanding of the CSEC’s holistic needs and the requisite continuum of care.
* Supporting efficiencies and reducing duplicative efforts through resource sharing.

**CSEC Multidisciplinary Teams**

The parties agree to form CSEC MDTs with well-trained, qualified staff who provide coordinated responses to individual CSEC.

***Responsibility of MDTs.*** The responsibility of MDTs is to provide reliable, caring support to the CSEC during the implementation of their comprehensive individualized service plan. This includes:

* Convening regularly (as defined below) to assess both immediate and ongoing underlying needs.
* Creating comprehensive individualized service plans that target desired outcomes.
* Facilitating linkage to immediate and ongoing services.
* Monitoring the implementation of service plans and making needed adjustments.

***CSEC MDT Members.*** Core members are primary partners in identifying and serving CSEC.

They include:

* CSEC, as appropriate.
* CSEC mentor-advocate (CMA).
* Law enforcement.
* Child welfare.
* Juvenile services.
* Mental health.

As-needed members are determined by the CSEC’s situation and holistic needs, and may include:

* Legal advocate.
* Mobile crisis services.
* Community service providers.
* Placement provider.
* Public health.
* Substance abuse.

***Define MDT members’ roles and responsibilities.*** MDT members determine which of their members will lead the MDT. MDT members agree to support the MDT process by coordinating their respective discipline activities to meet the CSEC’s needs, and to implement the following approach when responding to an identified CSEC. Individual member responsibilities may be further defined by the MDT or regional CSEC task force.

*Convening a Rapid Response MDT (within 2 hours).*In instances when the CSEC is identified by law enforcement, the response is considered urgent and in need of a Rapid Response MDT.

* The recommended practice is for the CMA to respond immediately to the child’s location when a CSEC is identified. (However, consideration should be given to any protections needed as discussed in the *CSEC Mentor-Advocate* chapter.) The CMA comforts, supports and engages the CSEC, provides for basic needs, such as clothing and food, and ensures their voice is heard.
* The CMA is met on scene by one other MDT core member.
* The responding MDT core member convenes an on-scene MDT (i.e., at the child’s location) to address the CSEC’s immediate needs, conduct an initial needs assessment, develop an immediate CSEC safety plan, identify a placement resource, and coordinate services and supportive actions until the initial meeting of the full MDT.
* Participants of this Rapid Response MDT include the CSEC, the CMA, the responding MDT core member and the family/caregiver, if appropriate.

*Convening a 72-Hour MDT.* Following an urgent response and for all non-urgent responses to the identification of a CSEC, the full MDT assembles within 72 hoursto review and address the CSEC’s immediate needs to include:

* Following-up on immediate needs for clothing, food, placement and medical services.
* Refining and implementing the CSEC safety plan.
* Coordinating services and supportive actions.

*Assessing ongoing concerns and underlying needs.* Parties agree, to the best of their ability to eliminate unnecessary and duplicative assessments and potential re-traumatization of the CSEC by:

* Coordinating holistic assessments of a CSEC’s underlying needs.
* Ensuring service partners who participate in the MDT have access to the assessment report which is used to jointly identify needed services.

*Ongoing CSEC MDT Convenings.* These MDTs address case planning and monitoring.

Convening an MDT to develop a Comprehensive Individualized Service Plan.

* Members agree to convene once the holistic needs assessment is available to develop a comprehensive individualized service plan based on the CSEC’s immediate and ongoing needs.
* Members agree to involve the CSEC in the development of their service plan, recognizing that the CSEC’s participation may vary depending on their stage of recovery.

Convening at scheduled intervals.

* MDTs meet at regularly-scheduled times to review the implementation of the service plan.
* MDTs monitor the services provided, address barriers, ensure services are coordinated and make adjustments to the service plan, as needed.

Reconvening when circumstances change.

* MDTs agree to reconvene immediately when significant events occur in order to address the CSEC’s changing service needs in a timely manner. Examples of such events include when the CSEC returns from a runaway, disrupts from placement or is arrested.
* MDTs agree to convene a Rapid Response MDT based on circumstances.

***The relationship of MDTs to the Regional CSEC Task Force.*** Parties agree that the regional CSEC task force is the avenue through which the CSEC MDT can request assistance in resolving service needs for individual CSEC, as well as make recommendations for improvements to the continuum of care for CSEC. Specific requests and recommendations from the MDT may include:

* Requests for assistance in accessing existing services for individual CSEC.
* Requests for assistance in creating needed services for individual CSEC.
* Recommendations related to systemic barriers impeding the effectiveness of the MDT.
* Recommendations for improving the MDT process, including adjustments to roles and responsibilities.
* Requests to improve the continuum of care for CSEC by filling MDT-identified service gaps and providing MDT-requested training for service providers and stakeholders.

*Sources:*

California Child Welfare Council CSEC Action Team. (2016). Memorandum of understanding template for state and federal commercially sexually exploited children (CSEC) requirements. Retrieved from: <http://youthlaw.org/wp-content/uploads/2015/05/Memorandum-of-Understanding-Template-for-the-CSEC-Program.pdf>

Center for Children & Youth Justice. (March 2013). Revised Washington State model protocol for commercially sexually exploited children. Retrieved from: [http://www.ncjfcj.org/sites/default/files/Final Revised Protocol March 2013.pdf](http://www.ncjfcj.org/sites/default/files/Final%20Revised%20Protocol%20March%202013.pdf)

Office of Victims of Crime Training and Technical Assistance. (n.d.). Human trafficking E-Guide. Retrieved from: <https://www.ovcttac.gov/TaskForceGuide/eguide/>

**Resource 7-A**

**Legal Representation for CSEC involved in Child Welfare**[[17]](#footnote-17)

When a CSEC is involuntarily removed from their home, a court must review agency decisions about the family, the suitability of the child’s placement and services, as well as the permanency goal. Attorneys for a child welfare agency present evidence to the courts that the agency is diligently working with the family and providing needed services to support the case plan. CSEC involved with child welfare agencies in Nevada have legal advocacy and representation requirements established in law.

In addition to agency attorneys, NRS 432B.500 requires that courts appoint a guardian ad litem (GAL) after a petition is filed indicating that a child is in need of protection. This requirement is met in most jurisdictions through the use of Court Appointed System Advocates (CASAs). If a GAL or CASA is not available, the law permits the use of another volunteer; this is used primarily by small rural jurisdictions. GAL/CASA represent and protect the best interests of the child. They participate in the development and negotiation of any plans for and orders regarding the child. Additionally, they monitor implementation of plans and orders to determine whether services are being provided in an appropriate and timely manner.

In 2017, SB 305 strengthened NRS 432B.420 to require courts to appoint attorneys to represent the child. This revision aligns with guidance from the U.S. Administration for Children and Families that children need an attorney to protect and advance their interests in court, to provide legal counsel, and to help children understand the process and feel empowered. “The confidential attorney-client privilege allows children to feel safe sharing information with attorneys that otherwise may go unvoiced.”[[18]](#footnote-18)

CSEC involved in open dependency cases may also have pending criminal charges in delinquency court, or be on informal or formal probation, or be participating in a diversion program. Coordination and communication between the various legal representatives is critical to address conflicting orders and ensure that all parties are aware of the requirements and expectations of the court(s).

**Resource 8-A**

**NEVADA RAPID INDICATOR TOOL**

***To identify a child who may be a sex trafficking victim or is at risk of being a sex trafficking victim.***

**Name of youth:**  **DOB:**

**Unique ID #:**

**Name of person completing form:**

**Agency:**  **Date:**

**Do not directly ask the child or family these questions. This is not a questionnaire.**

**Confirmed Victim:** If one or more indicators are checked, enter this in the data record, initiate an MDT and proceed with a comprehensive assessment for safety planning and service planning. **Yes**

|  |  |
| --- | --- |
| Has the child self-reported being forced or coerced into sexual activity for the monetary benefit of another person? | [ ]  |
| Has law enforcement confirmed through an investigation that the child has been trafficked or engaged in any commercial, sexually-exploitive activity? | [ ]  |
| Has the child participated (forced, coerced or consensual) in a sexual act in exchange for shelter, transportation, drugs, alcohol, money or other items of value? | [ ]  |
| Has the child used the internet for posting sexually explicit material or have others posted pictures of the child with/without their consent for monetary benefit? | [ ]  |

**High Risk:** The following indicators are red flags that might indicate a child is, or is at high risk of being, a sex trafficking victim. If one or more indicators are checked, enter this in the data record and proceed with safety planning, additional information-gathering, assessment and monitoring. **Yes**

|  |  |
| --- | --- |
| Does the child have unaccounted for injuries, marking or tattoos (i.e., branding) that suggest ownership that he or she does not have an explanation for? (e.g., daddy’s girl, property or someone’s name, symbols, etc.) | [ ]  |
| Does the child have a history of multiple runaways/AWOLs or episodes of homelessness/couch surfing in the past? | [ ]  |
| Has the child had a sexual relationship with an older person and/or with someone who is controlling and/or whom the child appears to be afraid of? | [ ]  |
| Does the child have a history of multiple or chronic sexually transmitted infections, or pregnancies/abortions, or report multiple anonymous sexual partners? | [ ]  |
| Does the child have money, a cell phone, hotel keys or other items that he or she does not have the resources to obtain and cannot account for? | [ ]  |
| Has a gang affiliation been disclosed, reported or suspected? | [ ]  |
| Confirmed or reported uses of hotels for parties or sexual encounters in which trafficking is suspected? | [ ]  |
| Do you have any other reason to believe the child may be a sex trafficking victim? Explain:       | [ ]  |

**No indicators apply to this youth at this time** **[ ]**

*Adapted from Connecticut Department of Children and Families.*

**Resource 8-B**

**NEVADA RAPID INDICATOR TOOL:**

**POLICY & IMPLEMENTATION CONSIDERATIONS FOR AGENCIES**

To ensure success in implementing the use of the NRIT, each agency is encouraged to consider the following items as they develop their internal policies and procedures.

**What criteria will be used to determine which children will be screened with the NRIT?**

* Upon becoming a client of the agency, which children will be screened? *For example, will all children be screened? Or all children age 10 years and older?*
* What events will trigger a NRIT screening? *For example, will it be when a youth returns from being missing, abducted or absent without consent, or a youth with excessive truancy (more than 6 days per school year)?*
* Which warning signs for sex trafficking will trigger an NRIT screening?

**What are the staff requirements related to completing the tool?**

* What training is required to complete the tool? *For example, must staff who complete the NRIT have participated in awareness training that addresses the risk factors for exploitation, the warning signs of commercial sexual exploitation, the impact of complex trauma and information about secondary traumatic stress?*
* Who is responsible for completing the tool?
* What is the timeframe for completing the tool? *For example, will the tool be completed within one vs. two business days of the triggering event?*

**What is the response when youth are identified as High Risk on the NRIT?**

* What primary and secondary prevention efforts will be implemented? *For example, how will safety planning be used to address risk factors?*
* What will be the timeframe or triggering events to re-administer the NRIT? *For example, if a youth is determined to be High Risk, will the NRIT be re-administered upon a return from runaway or at a designated time-frame, e.g., every 90 days?*
* How will safety planning be initiated to address risk factors?
* How and when will additional screening and assessment occur?
* How will this be addressed in the Comprehensive Individualized Service Plan?
* To which services will the youth be linked?

**What is the response when youth are identified as a Confirmed Victim on the NRIT?**

* When will a multidisciplinary team be initiated?
* When will a CSEC mentor-advocate be assigned, if available?
* How will safety planning be initiated to address risk factors?
* How and when will a referral be made for a comprehensive assessment?
* How will this be addressed in the Comprehensive Individualized Service Plan?
* To which services will the youth be linked?

**What will the data tracking and reporting requirements be in relation to the NRIT?**

* Where will completed hard copies of the NRIT be stored, if not in electronic form?
* What policies will be implemented to address confidentiality of the data?
* What data will be entered into the agency’s information management system?
* What data will be shared with partner agencies and the Nevada Statistical Analysis Center?

**Resource 9-A**

**CSEC SAFETY ASSESSMENT**

A safety assessment should be conducted to assess current potential risk of harm to the CSEC, their family members and service providers so protective measures can be implemented. All members of a CSEC’s Multidisciplinary Team should be cognizant of the safety issues identified in the assessment. A standard CSEC Safety Assessment should, at a minimum, include: [[19]](#footnote-19) [[20]](#footnote-20)

1. Location of trafficker, name of trafficker, known to law enforcement.
2. Known associates – organized crime or gang affiliation.
3. History of threats or violence made by the trafficker or associates against the CSEC.
4. History of threats or violence made by the trafficker or associates against the CSEC.
5. History of threats or violence made by the trafficker against family members, friends or service providers.
6. Trafficker’s knowledge of location of CSEC’s family members, friends and service providers.
7. Trafficker’s potential risk to CSEC’s family members, friends and service providers.
8. Trafficker’s possession of or access to weapons.
9. CSEC’s fears about risk of lethality.
10. CSEC’s participation in prosecution of the trafficker, risk of retaliation and whether the trafficker is in custody.
11. Trafficker’s ability to contact CSEC through cell phone, social media or internet.
12. CSEC family member’s connection to the trafficker.
13. CSEC family member’s understanding of safety issues and support of CSEC’s safety.

**Resource 9-B**

**A SAFETY PLANNING CHECKLIST**

[[21]](#footnote-21), [[22]](#footnote-22)

**Name of Youth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Staff \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

These strategies are being discussed to help you protect yourself, and to know who you can contact and where you can go if you are uncomfortable or you feel you are in danger.

**The following safety strategies may be helpful when thinking about leaving a trafficking situation:**

* If in immediate danger, call 9-1-1.
* Plan an escape route and brainstorm a safe person or place to go.
* Keep any important documents close by in preparation for an immediate departure.
* Prepare a bag with any important documents/items and a change of clothes.
* Identify agency, trusted friends or relatives to notify or ask for assistance.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Contact the National Human Trafficking Resource Center Hotline to obtain local referrals for shelter or other social services**. 1-888-373-7888**; **Text 233733**; **TTY:711**
* Location of and/or contact information for local shelter or other service organization.

Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_­\_ Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Contact information for CSEC mentor-advocate.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­ Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The following safety strategies may be helpful after leaving a trafficking situation.**

* Vary travel habits and timing of daily routines.
* Obtain a protective order against the trafficker so he or she is legally prohibited from making contact.
* Keep any court orders and emergency numbers on hand.
* Consider changing phone numbers to a number unknown to the trafficker.
* Keep an emergency cell phone and emergency numbers.
* Avoid use of social media and the internet.
* Change passwords and user names, ensure location and privacy settings are enabled to prevent trafficker from being able to locate.
* Identify places that you may go that would be in close proximity or promote a connection to trafficker or associates. Avoid or identify safeguards.
* Identify family members who may not understand risk or be complacent
* Contact trusted CSEC mentor-advocate, trusted friend, or relative to ask for assistance

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Use of Confidential Address Program.

**Youth Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Staff Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Resource 9-C**

**RUNAWAY PREVENTION INTERVENTIONS GUIDE**

[[23]](#footnote-23), [[24]](#footnote-24)

*Used by permission of Los Angeles County Probation Department from the LA Responder Protocol.*

The following questions can be used to engage the CSEC in identifying triggers that might prompt a runaway episode. They also help identify coping strategies to prevent one.

* What are your strengths?
* What are you good at?
* What are some triggers or behaviors that you have noticed occur when you start to feel like running?
* What has helped prevent you from running in the past?
* Who is a good support to you when you feel like running?

| **Issues** | **Solutions and Interventions** | **Helpful** | **Not Helpful** |
| --- | --- | --- | --- |
| Youth wants to AWOL due to conflict at placement. | 1. Problem-solve conflict.
2. Utilize motivational interviewing skills.
3. Brainstorm and identify coping skills.
4. Other:
 | [ ] [ ] [ ] [ ]  | [ ] [ ] [ ] [ ]  |
| Youth is unable to sleep at night. | 1. Sleep with lights on/door open.
2. Develop a bedtime routine.
3. Remind youth that [s]he is safe.
4. Sit outside youth’s door until [s]he falls asleep.
5. Other:
 | [ ] [ ] [ ] [ ] [ ]  | **[ ]** **[ ]** **[ ]** **[ ]** **[ ]**  |
| Youth experiences symptoms of post-traumatic stress disorder (flashbacks, disassociation). | 1. Practice grounding – orient youth to the present.
2. Stay calm.
3. Speak in short sentences.
4. Remind youth that [s]he is safe.
5. Remind youth who you are and where [s]he is.
6. Other:
 | [ ] [ ] [ ] [ ] [ ] [ ]  | [ ] [ ] [ ] [ ] [ ] [ ]  |
| Youth is anxious about what will happen (placement, court hearing, etc.). | 1. Validate youth’s anxiety.
2. Engage in distracting activities.
3. Report anxiety symptoms to caseworker in case youth needs referral to therapist.
4. Other:
 | [ ] [ ] **[ ]** **[ ]**  | [ ] [ ] **[ ]** **[ ]**  |
| Youth wants to smoke. | 1. Validate youth’s frustration and anger

 about not being able to smoke.1. Offer the youth gum to chew.
2. Other:
 | **[ ]** **[ ]** **[ ]**  | **[ ]** **[ ]** **[ ]**  |
| Youth doesn’t like being told what to do. | 1. Speak to youth with respect.
2. Ask youth to do things rather than tell them what to do.
3. Provide choices.
4. Other:
 | **[ ]** **[ ]** **[ ]** **[ ]**  | **[ ]** **[ ]** **[ ]** **[ ]**  |

|  |
| --- |
| **Coping Skills and Distracting Activities** |
| 1. Watch TV.
2. Listen to music.
3. Talk to someone from support system.
4. Journal/write about future goals.
5. Paint nails.
6. Take a nap.
7. Squeeze playdough.
8. Exercise/do yoga.
 | 1. Color.
2. Read a book/magazine.
3. Play a board game.
4. Do a puzzle.
5. Take a warm shower.
6. Play with a stuffed animal.
7. Meditate.
8. Sing.
 |

**Resource 9-D**

**HOTLINES AND HELPLINES**

**National Center for Missing & Exploited Children®: 1-800 THE-LOST**

[[25]](#footnote-25)

The National Center for Missing & Exploited Children® (NCMEC) assists families and law enforcement agencies 24 hours a day, when they are notified a child is missing. NCMEC's case management teams provide coordinated support and access to analytical and technological resources. It can also provide law enforcement direct links to many investigative services, including coordinated case management, case enhancement, information analysis, imagery and identification service, age progression and regression, photo distribution, web site postings, Project Alert and Team Adam. NCMEC has the ability to assist even when a child has been missing for a long period of time, was abducted internationally by a parent or has special needs. NCMEC can provide support and technical assistance to local law enforcement in serious child abduction cases using specially trained, retired law enforcement professionals.

NCMEC collaborates with more than 270 corporate photo partners who disseminate photos of missing children to millions of homes across the U.S. every day.

The NCMEC’s CyberTipline provides the public and electronic service providers with the ability to report online (and via toll-free telephone) instances of online enticement of children for child sex tourism, child sex trafficking, unsolicited obscene materials sent to a child, sexual acts, extra-familial child sexual molestation, child pornography, misleading domain names, and misleading words or digital images on the Internet. CyberTipline reports are continuously reviewed to ensure that reports of children who may be in imminent danger get first priority. After NCMEC’s review is completed, all information in a CyberTipline report is made available to law enforcement.

*CyberTipline:* <http://www.missingkids.com/gethelpnow/cybertipline>

The NCMEC also provides prevention and safety resources for professionals and families such as a digital Child ID kit and an online safety program, called NetSmartz®.

*NetSmartz:* <http://www.missingkids.com/education>

**National Runaway Safeline: 1-800-RUNAWAY**[[26]](#footnote-26)

The National Runaway Safeline serves as the national system for runaway and homeless youth. The goal of Safeline is to connect youth who are considering leaving home or who are on the streets with services or support. The Safeline is staffed 24/7, year-round, by 120 trained volunteers who serve as crisis intervention specialists under the supervision of the program’s staff. The program also provides live online chats between 4:30 p.m. and 11:30 p.m. Central Time, a text service, an online bulletin board and crisis email services. All of the services are anonymous and confidential. It operates a Home Free program which provides free Greyhound tickets to youth, 12 to 20 years of age, who have run away from home and want to reunite with their families. It also provides a 14-module runaway prevention curriculum to community groups or schools.

**National Human Trafficking Hotline: 1-888-373-7888, TTY:711, Text 233733**

[[27]](#footnote-27)

The National Human Trafficking Hotline is a national anti-trafficking confidential hotline serving victims and survivors of human trafficking and the anti-trafficking community in the United States.  The toll-free hotline is available to answer calls in more than 200 languages from anywhere in the country, 24 hours a day, 7 days a week, every day of the year.

The National Hotline also can be accessed by emailing help@humantraffickinghotline.org, submitting a tip through the [online tip reporting form](https://humantraffickinghotline.org/report-trafficking): <https://humantraffickinghotline.org/report-trafficking>, as well as visiting the web portal at <http://www.humantraffickinghotline.org/>.

The National Hotline is not a government entity. It is operated by Polaris, a non-profit, non-governmental organization. It helps individuals access direct services through an extensive referral network and facilitates reporting of potential human trafficking tips to specialized law enforcement agencies.

**Other National and Nevada Helplines**

***LGBT National Youth Talk Line:*  1-800-246-7743.** Provides telephone, online private one-to-one chat and email peer-support, as well as factual information and local resources. Free and confidential. For teens and young adults up to age 25. See website for hours: <http://www.glbtnationalhelpcenter.org/talkline>

***National Suicide Prevention Lifeline****:* 1-800-273-8255. Provides free and confidential support for people in distress, and prevention and crisis resources. Available 24/7. Includes resources for youth and LGBTQ: <https://suicidepreventionlifeline.org/>

***Crisis Text Line:* Text HOME to 741741.** Free 24/7 support for those in crisis. Text with trained Crisis Counselor: <https://www.crisistextline.org/>

***Crisis Call Center:*  1-800-273-8255.** Provides a safe source of support for individuals in any type of crisis. Available 24/7/365: <http://crisiscallcenter.org/>

***Rape Crisis Center Hotline:* 888-366-1640.** Offers free support in the aftermath of any type of sexual violence. Available 24/7/365. Trained advocates provide information and resources: <http://www.therapecrisiscenter.org/>

**Resource 9-E**

**SUPPORTIVE EMERGENCY SERVICES**

Supportive emergency services include drop-in centers, emergency shelters for youth and community resources.

Safe Places *–* a program of theNational Safe Place

Youth outreach program that provides access to immediate help and supportive resources for youth under 18 years of age. Each community designates specific locations (e.g., schools, fire stations, libraries) as Safe Place locations which display the Safe Place yellow and black sign.

*How Safe Place Works:* A teen enters any location with the Safe Place sign and tells a staff person they saw the sign and need help.  The trained staff person will assist them, and a trained counselor will meet them at the site within 30 minutes.Additional information: [www.nationalsafeplace.org/how-does-safe-place-work](http://www.nationalsafeplace.org/how-does-safe-place-work)

***Las Vegas*** *–* Safe Place locations are Terrible Herbst convenience stores, City of Las Vegas Fire Stations or any Regional Transportation Commission (RTC) bus; with the Nevada Partnership for Homeless Youth serving as the lead Safe Place agency. For help finding the closest Safe Place, call **1-866-U-ARE-SAFE** (1-866-827-3723). A trained Crisis Responder will meet the youth within 30 minutes.

***Reno*** *–* Safe Place locations include McDonald’s restaurants, the Reno Police Department substations, Family Resource Centers and any RTC bus; with the Children’s Cabinet serving as the lead local Safe Place agency. For a complete list, see: [www.childrenscabinet.org/family-youth/youth-programs/safe-place](http://www.childrenscabinet.org/family-youth/youth-programs/safe-place/)

*How to find a Safe Place through a web search:* Youth can enter their address or zip-code here: <http://www.nationalsafeplace.org/find-a-safe-place>

*How to find a Safe Place through TXT 4 HELP:* Nationwide, 24/7 text-for-support service that identifies closest Safe Place site and allows one-on-one texting with trained counselor. Information here: <http://www.nationalsafeplace.org/txt-4-help>

Drop-in Centers

***Las Vegas*** *– NPHY Drop-In Center*(Nevada Partnership for Homeless Youth), 4981 Shirley Street, Las Vegas, NV 89119 (near the intersection of Tropicana Ave. and Maryland Parkway, across Tropicana from the Thomas & Mack Center). Associated with Safe Place. For youth ages 12 - 18, addresses emergency/survival needs while building path to self-sufficiency. Walk-ins welcome Monday - Saturday, 8 a.m. - 7 p.m. Phone: **702-383-1332**.

***Las Vegas*** *– TEP Drop-In Center* (The Embracing Project), 800 East Charleston Blvd., Las Vegas, NV 89104 (big yellow house downtown on the corner of Charleston and 8th Street across from Legal Aid). For youth ages 13 - 19; receive or be linked to services that address basic needs, including access to shower, clothes, hygiene, food, etc. Walk-ins welcome Monday, 9 am - 6 p.m.; Tuesday through Friday, 9 a.m. - 8 p.m.; Saturday, 9 a.m. - 6 p.m. Additional information: [www.theembracingproject.org](http://www.theembracingproject.org)  Phone: **702-463-6929**.

***Reno*** *– Eddy House,* 423 East 6th Street, Reno, NV 98512 (RTC: Bus 2 at the East 6th Street/Record Street Stop). Associated with Safe Place. Northern Nevada’s central intake and assessment facility for homeless, runaway, foster and at-risk youth, ages 12 - 24. Drop-in Center provides care and comfort services (e.g., basic hygiene, survival and technology needs), a safe space to spend time and linkage to additional services. Walk-ins welcome Monday through Friday, 10 a.m. - 5 p.m. (Check website for an expansion of hours as their goal is to become a 24/7 resource.) Additional information: <http://eddyhouse.org/> If in need of assistance, youth can drop in, call **775-384-1129** or email info@eddyhouse.org

***Reno*** *– Awaken,* 435B Spokane Street, Reno, NV, 89512. Drop-in center for those in the sex industry or victims of sex trafficking. Services offered include counseling, mentorship, celebration events, personal case management, support groups, trips and outings. Additional information: **775-393-9183** or <http://awakenreno.org/for-industry-girls/drop-in-center/>

Youth Emergency Shelters

***Las Vegas*** *– NPHY Emergency Shelter.* For homeless youth, ages 12 - 18, in need of immediate shelter. A confidentially-located, residential-style emergency shelter, fulfilling youth’s survival needs and positioning them to transition to stable housing. For information: <http://www.nphy.org/what-we-do/emergency-shelter> or **702-383-1332**.

***Reno*** *– RHYME* (Runaway and Homeless Youth Mentoring and Equipping). Support to youth who have run away from home, are thinking of running or have been pushed out of the home by another family member. Includes potential shelter/housing, food, clothing, etc. Case management support is available to help reunify the family or find a parentally-approved safe alternative living arrangement. For 24/7 help, call: **1-800-536-4588**. A Children’s Cabinet program: <http://www.childrenscabinet.org/family-youth/youth-programs/rhyme>

**Resource 9-F**

**RUNAWAY REPORT FORM**

*Adapted with permission from Washoe County Human Services Agency.*

|  |  |
| --- | --- |
| Youth’s name:       | DOB:       |
| Identification or driver’s license #:      | Law enforcement agency called:      |
| Runaway police report number:      | Agency staff name:      |
| Agency staff phone number:      | Agency staff email:      |
| Date and time of run:      | Address youth ran from:      |
| Home phone:      | Youth’s cell phone number:      |
| Other names and nicknames youth goes by:      |
| Social media profile name(s) and password(s) [Please circle: Snapchat / Instagram / Facebook / YouTube / Twitter]:      |
| Physical description, clothing, car:      | Personal items taken:      |
| Height:       | Weight:      | Hair color:      | Eye color:       | Race:      | Sex:      |
| Scars, birthmarks or tattoos:      | Piercings:      |
| Medical conditions/diagnosis:      | Medications:      |
| Services in place:      | School and grade:      |
| Gang affiliation/name:      | Probation status:      |
| Any addresses youth might run to:      | Relatives of youth address, phone number, email and employer:      |
| Names, phone numbers and addresses of anyone youth may have contact with (friends, etc.)      | Has NCMEC been notified? [ ]  Yes [ ]  NoReport #:       |
| Suggested locations to distribute flyers of youth:      | Is youth suspected of being trafficked:[ ]  Yes [ ]  No |
| Any information the MDT should know about the youth?      |
| Is there a current photo of youth? If yes, insert picture of runaway below: [ ]  Yes [ ]  No |

**Resource 9-G**

**RETURNING CHILD DE-BRIEFING**

*Adapted with permission form Washington State Department of Social and Health Services.*

This interview is best conducted by an adult with whom the child has a trusting relationship. It is recommended that this debriefing tool be used each time a CSEC returns from a runaway episode.

|  |  |
| --- | --- |
| NAME OF CHILD      | PERSON I.D.      |
| INTERVIEWER      |
| DATES MISSINGFROM:       TO:       | DATE OF DE-BRIEFING      | [ ]  Youth refused to participate |
| 1. Do you feel you are in danger now? *If yes, conduct safety assessment and plan.*

[ ]  Yes [ ]  No |
| 1. Who should be contacted to let them know you have returned? *Give child choice to call.*

      |
| 1. When did you last eat?

 Can I get you something to eat? [ ]  Yes [ ]  No |
| 1. Were you harmed in any way?

[ ]  Yes [ ]  NoComments:       |
| 1. Were you the victim of a crime? *Check all that apply.*
 |
| [ ]  No.[ ]  Sexually assaulted.[ ]  Belongings stolen. | [ ]  Physically assaulted.[ ]  Robbed by someone with a weapon.[ ]  Forced to do something you didn’t want to do. |
| Comments:       |
| 1. How is your health?

[ ]  Good [ ]  Fair [ ]  Need assistanceComments:       |

|  |
| --- |
| 1. Do you need any urgent health care? *Check all that apply.*
 |
| [ ]  No.[ ]  Physician.[ ]  Dentist.[ ]  Vision.[ ]  Other. | [ ]  Drug/alcohol treatment.[ ]  AA/NA.[ ]  Behavioral health/counseling.[ ]  Planned Parenthood |
| Comments:       |  |
| 1. Where did you stay when you were gone? *Check all that apply.*
 |
| [ ]  Friend’s place.[ ]  Streets.[ ]  Shelter/hostel.[ ]  Parent’s place.[ ]  Other family member’s place.[ ]  Other. | [ ]  Other youth’s place.[ ]  Stranger’s place.[ ]  Another adult’s place.[ ]  Girlfriend’s/boyfriend’s/partner’s place.[ ]  Past caregiver’s place. |
| Comments:        |
| 1. What activities did you engage in while on the run? *Check all that apply.*
 |
| [ ]  Did drugs/drank alcohol.[ ]  Hung out on the streets.[ ]  Saw my parents.[ ]  Involved in crimes (theft, etc.).[ ]  Other. | [ ]  Left the state to see family/friend.[ ]  Engaged in sexual activities.[ ]  Saw my girlfriend/boyfriend/partner.[ ]  Saw other family. |
| Comments:       |
| 1. How did you get food and/or money while on the run? *Check all that apply.*
 |
| [ ]  Friends.[ ]  Girlfriend/boyfriend/partner.[ ]  Parents.[ ]  Other family.[ ] Other. | [ ]  Steal/shoplift.[ ]  Sold drugs.[ ]  Worked.[ ]  Sex for money, food, shelter. |
| Comments:       |
| 1. Were you involved in anything that put you at risk?

[ ]  Yes [ ]  NoComments:       |
| 1. What made you decide to leave? *Check all that apply.*
 |
| [ ]  To be with friends.[ ]  To see parents.[ ]  To live with parents/other family.[ ]  To see other family members.[ ]  To see girlfriend/boyfriend/partner.[ ]  Not feeling safe in placement.[ ]  To get away from caregiver.[ ]  Other. | [ ]  Conflict with program.[ ]  Didn’t mean to run, got mad and left.[ ]  School problems.[ ]  To get high/to drink.[ ]  To have some excitement.[ ]  To avoid arrest.[ ]  To avoid detention. |
| Comments:       |  |
| 1. Did you have a plan about how to take care of yourself and did it work out? *Check all that apply.*
 |
| [ ]  Yes, I had a plan and it worked out.[ ]  Yes, I had a plan and it did not work out.[ ]  No.[ ]  Other.Comments:       |
| 1. What did you hope would happen when you left? *Check all that apply.*
 |
| [ ]  Visit family.[ ]  Visit friends.[ ]  Use drugs/drink alcohol.[ ]  Other. | [ ]  Change in placement.[ ]  Nothing.[ ]  Not be in foster care anymore. |
| Comments:       |
| 1. What made you decide to return? *Check all that apply.*
 |
| [ ]  Got picked up by law enforcement.[ ]  Family.[ ]  Friends.[ ]  Tired of running.[ ]  Other. | [ ]  Needed assistance.[ ]  Caseworker.[ ]  Attorney.[ ]  CSEC advocate-mentor. |
| Comments:       |
| 1. Is there anything or anyone that would have prevented you from running away?

Check all that apply. |
| [ ]  Change in placement.[ ]  Listen to me.[ ]  Listen to music.[ ]  Other.  Comments:       | [ ]  Family visits.[ ]  Sibling visits.[ ]  More time with caseworker/staff. |

**Resource 11-A**

**Considerations in Identifying appropriate Placements**

The following information is provided to assist MDTs in identifying a placement that best fits a given CSEC’s needs.

The “fit” of a placement resource must be ensured by answering the following questions:

* Does the provider have appropriate CSEC-, trauma- and culturally-informed, and victim-centered training and practices?
* Does the provider understand the CSEC’s holistic and complex needs?
* Is the provider able to fully implement the CSEC’s safety plan?
* Is the level of support and supervision appropriate to the needs of the CSEC?
* What is the level of support available to the provider to support the continuity of the placement? Is the provider willing to accept support and services to maintain the placement?
* Is the provider willing to coordinate with other service providers and participate as a member or guest of the CSEC’s MDT?

The descriptions below highlight specialized CSEC placements that show promise.

***Specialized CSEC Treatment Foster Care.*** Caregivers are trauma- and CSEC-informed and have 24/7 case management support. Only one or two youth are placed in the home. Other key components include:

* Securing the home with an advanced alarm system that will both alert the foster parent of an intruder and if CSEC leaves the home without permission.
* Support for caregivers available 24/7.
* Support and advocacy for CSEC available 24/7, e.g., via a CSEC mentor-advocate.
* Individual and/or group therapy.
* Psychosocial rehabilitative services.

***Specialized CSEC Group Homes.*** Group home care is provided by shift staff with 24/7 coverage. Key components include:

* No more than 6 youth in a home.
* Highly trained staff with youth development programming (peer to peer).
* Focus on education and employment.
* Legal support.
* Individual therapy.

***Specialized CSEC Residential Treatment Centers (RTC).***This level of programming may be required for CSEC with extensive medical needs and/or who are a danger to self or others. The RTC may be a locked or staff-secure facility located in state or out of state. It may provide a stand-alone, CSEC-specific program or be a subset within a larger program. Key components include:

* Evidenced-based practices and therapies, such as Stages of Change, Motivational Interviewing, Cognitive Behavior Therapy, Dialectical Behavior Therapy and Eye Movement Desensitization and Re-processing.
* Highly trained CSEC- and trauma-informed staff.
* Onsite education.
* Programming to assist transitioning to less restrictive placements, e.g., specialized foster care or group homes.

*Sources:*

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