

**Strategic Plan
To Address The Commercial
Sexual Exploitation Of Children
In Nevada**



The Nevada Coalition To Prevent The
Commercial Sexual Exploitation Of Children

#StopCSECinNV

Strategic Plan to Address the Commercial Sexual Exploitation of Children in Nevada (Nevada CSEC Strategic Plan)

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Nevada's CSEC Strategic Plan, including Attachment A – the CSEC Model Coordinated Response Protocol and Toolkit and Attachment B – the CSEC Prevention Resource Guide, was developed by Sierra Mountain Behavior Consulting (SMBC) through an agreement with the Nevada Division of Children and Family Services (DCFS). While every effort has been made to provide accurate and complete information, SMBC, DCFS and the State of Nevada assume no responsibility for any errors or omissions in the information. Resources are included for reference purposes only.

The CSEC Strategic Plan's Attachments A and B are filled with electronic hyperlinks to websites and online resources that appear in blue underlined type. As a result, they are intended primarily for online viewing. They are available at the DCFS CSEC Coalition webpage:

<http://dcfs.nv.gov/Programs/CWS/CSEC/CSEC/>

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Serving a Lifetime

Her body is being bought and sold
But her soul longs to be free
Stolen women
Stolen dreams
Nothing is ever as it seems
A woman is not a barcode, a commodity or a product
Yet women are continuously being sold on the market for profit
An object for men to parade around
Like an object left behind in lost and found
Berated and gyrated
Forced to perform acts that are X-rated
Coerced into sex slavery
Forced to become another identity
We live in a society that walks around so blindly
Believing this is a victimless crime
What they don't understand is
She is serving a lifetime
Anxiety, flashbacks, nightmares and shame
Continuously asking herself, "Am I to blame?"
Even if she is able to escape
It will never take away her pain
Of being treated so inhumane
But you and me
We can help set her free
By standing up against human trafficking

~Jessica Kay, CSEC Survivor



MESSAGE FROM THE CHAIR AND CO-CHAIR

The Nevada Coalition to Prevent the Commercial Exploitation of Children (CSEC Coalition) was established on May 31, 2016 by Executive Order 2016-14. The CSEC Coalition's mandate was to develop a comprehensive strategic plan that fostered collaboration and coordination among agencies to improve the capacity to identify CSEC and provide safety and services for them and their families and caregivers, as appropriate, as they work to end their exploitation; and to hold their exploiters accountable.

The Strategic Plan to Address the Commercial Sexual Exploitation of Children in Nevada (CSEC Strategic Plan) is the culmination of more than two years of effort by a broad cross-section of individuals representing child welfare, juvenile justice, the courts, service providers, advocates and other entities that work to end the commercial sexual exploitation of children.

During its first year, the CSEC Coalition developed an understanding of the experiences of victims and the need in Nevada, created structures through which to develop a plan to address these needs, and guided working subcommittees as they researched and developed recommendations for a coordinated response to child sex trafficking in Nevada.

During its second year, the CSEC Coalition identified goals and objectives for the Nevada CSEC Strategic Plan and merged the efforts of the subcommittees into the CSEC Model Coordinated Response Protocol and Toolkit (CSEC Protocol) and the CSEC Prevention Resource Guide (CSEC Prevention Guide). The CSEC Protocol provides guidance for implementing a coordinated response to identify and serve CSEC based on promising practices. The CSEC Prevention Guide provides a public health approach to combating child sex trafficking, with strategies and resources to reduce demand and increase CSEC awareness in the general community and with at-risk populations. The inclusion of both the CSEC Protocol and CSEC Prevention Guide in the CSEC Strategic Plan speaks to the necessity of implementing prevention and intervention concurrently to ensure improved outcomes for Nevada's children.

We are immensely indebted to members of the CSEC Coalition and its subcommittees, knowledgeable community members, and youth and survivor advisors for contributing their time and expertise to this critical endeavor.

With hope and commitment to a better future for children in Nevada,

Nancy M. Saitta, Chair
Justice (Retired)
Nevada Supreme Court

Ross Armstrong, Co-Chair
Administrator
Nevada Division of Child & Family Services



CSEC COALITION MEMBERS

Chair

Nancy Saitta, *Nevada Supreme Court Justice (Retired)*

Co-Chair – Administrator, Nevada Division of Child and Family Services

Ross Armstrong, JD (*May 2018 – Present*)

Kelly Wooldridge, MSW, LCSW (*October 2016 – April 2018*)

Members

Linda Anderson, *Office of the Attorney General*

Amy Ayoub, *The Zen Speaker*

Sharon Benson, *Office of the Attorney General*

Victoria Blakeney, *Nevada Department of Education*

Frank Cervantes, *Washoe County Department of Juvenile Services*

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Lawrence Howell, *Silver Sage Academy/Rite of Passage*

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Paula Smith, *Washoe Tribe of Nevada*

Kathleen Teipner, *Planned Parenthood Mar Monte*

Gianna Verness, *Office of the Washoe County Public Defender*

Hon. William Voy, *Clark County District Court, Department A*

Hon. Egan Walker, *Washoe County Courts, Department 2*

Janice Wolf, *Legal Aid of Southern Nevada*

Jim Wright, *Nevada Department of Public Safety*

Kim Yaeger, *Nevada Trucking Association*

Hon. N. Tod Young, *Douglas County Courts, Department 1*



EXECUTIVE SUMMARY

Nevada is a major destination for those who seek to sexually exploit children. It is one of the states most affected by human trafficking with Nevada ranking 10th in the nation for the number of human trafficking cases reported to the National Human Trafficking Hotline in 2017, up from 18th in 2012. At least 92% of the cases involved sex trafficking, and 23% of the sex trafficking cases involved minors. The Federal Bureau of Investigation's Innocence Lost Initiative identified Las Vegas as one of thirteen High Intensity Child Prostitution Areas. Another study examining Nevada's online commercial sex market found that Nevada is among the top ten states for youth who are prostituted.

The Directive

On May 31, 2016, Governor Brian Sandoval signed Executive Order 2016-14 creating the Nevada Coalition to Prevent the Commercial Sexual Exploitation of Children (CSEC Coalition) in response to the sex trafficking provisions of Public Law (PL) 113-183, the Preventing Sex Trafficking and Strengthening Families Act of 2014, and a growing awareness of the need to identify and serve these child victims. The Executive Order directed the CSEC Coalition to mobilize resources to provide a coordinated response to stopping commercial sexual exploitation of children, aiding its victims and bringing perpetrators of this crime to justice; and to support the implementation of PL 113-183. It also required the development of a statewide strategic plan to address these mandates.

Development of the CSEC Strategic Plan

The CSEC Coalition and its working subcommittees outlined actions they would take to meet the mandates of the Executive Order, with the subcommittees' work plans supporting the CSEC Coalition's overarching Work Plan. The subcommittees' recommendations were synthesized to create the:

CSEC Model Coordinated Response Protocol and Toolkit (CSEC Protocol) to aid in identifying CSEC and those at risk of CSEC, and the provision of timely and effective services.

CSEC Prevention Resource Guide (CSEC Prevention Guide) to provide a public health framework for prevention, along with strategies and resources that can be used across Nevada.

The CSEC Protocol and the CSEC Prevention Guide provide the foundation upon which the CSEC Coalition's CSEC Strategic Plan is built.

The CSEC Strategic Plan

The Strategic Plan to Address the Commercial Sexual Exploitation of Children in Nevada (CSEC Strategic Plan) includes the following five goals and objectives:

Goal 1. Increase coordination and collaboration in identifying and serving CSEC.

Objective 1a. Promote the CSEC Model Coordinated Response Protocol and Toolkit to assist communities to develop a coordinated response to CSEC.



Objective 1b. Identify or create regional/tribal task forces to adapt the CSEC Protocol to regional/tribal needs and oversee the implementation of the CSEC Protocol and services.

Objective 1c. Develop CSEC mentor-advocates to support CSEC, including acquiring secure funding.

Goal 2. Expand access to services for CSEC and their families.

Objective 2a. Increase the identification of CSEC through standardized screening tools.

Objective 2b. Provide a holistic continuum of care for CSEC, including quality placement options with secure funding sources.

Objective 2c. Disseminate information regarding services available for CSEC in Nevada.

Goal 3. Improve outcomes for CSEC through increased expertise and data-driven services.

Objective 3a. Provide CSEC-informed awareness and advanced (e.g., trauma-informed, stages of change) trainings for those who serve CSEC, identifying secure funding sources.

Objective 3b. Collect and disseminate statewide data that supports the reporting requirements of PL 113-183.

Objective 3c. Establish minimum training, service delivery and client outcome standards for service providers.

Objective 3d. Evaluate the impact of training and services.

Goal 4. Increase awareness of CSEC in Nevada through public awareness campaigns.

Objective 4a. Partner with the Nevada Division of Public and Behavioral Health to expand CSEC awareness and prevention.

Objective 4b. Disseminate the CSEC Prevention Resource Guide to assist communities in implementing public awareness campaigns.

Objective 4c. Identify and secure funding for prevention efforts statewide.

Goal 5. Sustain the effort to coordinate and improve services for CSEC.

Objective 5a. Designate the CSEC Coalition to oversee implementation of the CSEC Strategic Plan through *codification* or a revised Executive Order.

Objective 5b. Align efforts with related initiatives in Nevada.

Objective 5c. Strengthen laws against perpetrators and consumers of child sex trafficking, and laws that support CSEC.

Objective 5d. Codify a requirement for mental health, health care and law enforcement professionals; judges, prosecutors and public defenders; teachers, school social workers and other school personnel; cosmetology, hospitality and transportation personnel; and brothels; and any other disciplines identified as needing training to participate in CSEC awareness and discipline-specific training.

Objective 5e. Require all State- and grant-funded programs that serve CSEC to include an employee self-care component.

For each objective, the Implementation Plan identifies implementation strategies, an agency or group to serve as the implementation lead and a target completion date.



INTRODUCTION

Federal Response to Human Trafficking

In recent years, there has been an increased focus on preventing human traffickingⁱ – using persons against their will to engage in sex acts or provide labor, and a recognition that human trafficking can be viewed as a modern form of slavery.¹ The federal response to human trafficking stems from the Trafficking Victims and Protection Act (TVPA)ⁱⁱ which was passed by Congress in October 2000.^{2,3} It defined a human trafficking victim as a person induced to perform labor or a commercial sex act through force, fraud or coercion. However, any person under age 18 who performs a commercial sex act is considered a victim of human trafficking, regardless of whether force, fraud or coercion is present.⁴

The commercial sexual exploitation of children (CSEC),ⁱⁱⁱ also referred to as child sex trafficking, is defined by federal law as a form of child sexual abuse, and involves the recruitment, harboring, transporting, provision or obtaining of a person under 18 years of age for a commercial sex act (i.e., when something of value is given to or received by any person). Force, fraud or coercion are not necessary. CSEC includes child prostitution, child pornography, trafficking of children for sexual purposes, child sex tourism and forced marriage.⁵

The TVPA directed federal efforts to combat human trafficking through the prosecution of traffickers, the protection of victims and the prevention of the crime, using the TVPA's expanded criminal statutes and enhanced victim protections, and anti-human trafficking programs. Congress maintained and continued support of these efforts by reauthorizing the TVPA in 2003, 2005, 2008 and 2013.

The framework to the federal approach is a “4 Ps” model: Prevention, protection, prosecution and partnership. A description of the 4 Ps follows:^{6, 7, 8}

ⁱ The term, human trafficking, refers to both labor and sex trafficking. This CSEC Strategic Plan only addresses one type of human trafficking, child sex trafficking, which is also referred to as the sexual exploitation of children.

ⁱⁱ See Appendix A for a list of acronyms.

ⁱⁱⁱ A variety of terms are used to address children who are sexually exploited, including victim, survivor, domestic minor who is sex trafficked (DMST) and CSEC. Victim is commonly used in referring to a child who has been abused and survivor is commonly used to refer to a child who was previously trafficked. However, sex trafficking survivors point out that current victims of exploitation are also survivors; their strength and determination to survive enable them to live another day despite violence and exploitation. DMST refers to those who are U.S. citizens or legal permanent residents. In this CSEC Strategic Plan, the acronym, CSEC, will be used as it addresses all minors in Nevada, whether domestic or foreign-born. Depending on the context, CSEC refers to commercially sexually exploited child(ren) or the commercial sexual exploitation of children.



Prevention. Raising public awareness through the dissemination of accurate information and promoting intervention programs that can reach at-risk populations before they encounter the duplicitous recruitment tactics of traffickers.

Protection. Identifying victims, treating them with dignity and respect, providing them with a comprehensive array of services, and ensuring safeguards are in place to protect victims who are at risk of retaliation from their traffickers.

Prosecution. Passing appropriate laws that combat and criminalize trafficking, and vigorously prosecuting traffickers.

Partnership. Enlisting all segments of society in the fight against modern slavery, and a complementary means to achieve progress across the above 3 Ps.

While the TVPA was first enacted in 2000, the plight of children in “the life”^{iv} was not adequately acknowledged until the Preventing Child Sex Trafficking and Strengthening Families Act in 2014. It provided incentive for gaining a better understanding of child sex trafficking and the need for cooperative efforts to combat it among law enforcement, child welfare, juvenile justice, the courts, service providers and advocates.

Child Sex Trafficking in Nevada

Nevada is a major destination for those who seek to sexually exploit children. It is one of the states most affected by human trafficking with Nevada ranked 10th in the nation for the number of human trafficking cases reported to the National Human Trafficking Hotline in 2017, up from 18th in 2012, and 12th in 2016.⁹ At least 92% of the 199 cases involved sex trafficking, and 23% of the 199 involved minors.¹⁰ The Federal Bureau of Investigation’s (FBI) Innocence Lost Initiative identified Las Vegas as one of thirteen High Intensity Child Prostitution Areas.¹¹

In 2017, Las Vegas Metropolitan Police Department (LVMPD) identified 126 minor sex trafficking victims, with 122 being female and 4 being male. Of the 126, 80 (64%) were reported as prior runaways, and 79 (63%) were local youth. The majority were identified as Black (61.9%), then White (19.8%), Hispanic (15.1%), Asian (2.4%), and Unknown (.8%). Most (124) were 14 - 17 years of age, with two 12 year olds.¹²

That same year, 156 youth came before the specialty juvenile diversion Girls’ Court in Clark County for sexual-exploitation-related charges; 155 were girls and one was male. The average age was 15.8 years of age, with 8 being 13, 20 being 14, 18 being 15, 55 being 16 and 55 being 17 years of age. Eighty-two of the 156 were new to the Girls’ Court calendar, with the remaining being previous cases. One hundred (64%) were from Nevada, and 91% of these were in Nevada’s child protection information system. Similar to LVMPD’s statistics, the majority of the 100 local youth were identified as African American (59%), 15% as White, 15% as Hispanic and 11% as Mixed Race.¹³

In 2017, Washoe County Juvenile Probation Services and Awaken, a nonprofit agency in Washoe County, served 37 female CSEC between the ages of 11 and 17. Most (17) were Caucasian, 7 were Black, 6 were multiracial, 4 were Latino, 2 were Hawaiian/Pacific Islander and 1 was American Indian/Alaska Native.¹⁴

^{iv} The term, the life, refers to involvement in the subculture of prostitution.



The above numbers do not likely reflect the true picture of CSEC in Nevada. Nevada's Online Commercial Sex Market (NOCSM) found that Nevada is among the top ten states for youth who are prostituted.¹⁵ The NOCSM study, which examined advertising on Backpage.com in 2016, found that Nevada led the nation in the number of sex providers per capita. Based on descriptive language in ads, it estimated that 19% of Nevada's sex providers were likely younger than the 18 years of age required to advertise. These young sex providers were more than twice as likely to have indicators of drug use than older sex providers and at higher risk of having been trafficked. Buyers paid more for young sex providers, suggesting a higher demand by both buyers and traffickers.

Sex trafficking is a criminal industry based on the market principles of supply and demand.¹⁶ Traffickers exist because sex trafficking is highly lucrative. Demand is fueled, in part, by a culture of tolerance coupled with the glamorization of sex work in the media.

A formula to estimate prevalence rates for human trafficking developed by the Institute on Domestic Violence & Sexual Assault, School of Social Work, University of Texas at Austin suggests the number of child sex trafficking victims in Nevada could be as high as 5,687.¹⁷

There could be as many as 5,687 victims of child sex trafficking in Nevada, based on a formula to estimate prevalence rates.¹⁸

Risk Factors for Exploitation

Risk factors contributing to a youth's vulnerability to being recruited into commercial sexual exploitation can be viewed from an ecological, multi-layered perspective: Societal, community, relationship and individual risk factors. They include:¹⁹

- A history of child sexual abuse, neglect or exposure to domestic violence.
- Being a part of an ostracized, undocumented or stateless group, e.g., gender minority (LGBTQ^v), racial minority (e.g., African American, American Indian/Alaska Native), or migrants.
- A family background in commercial sex.
- Poverty or family economic strain.
- An unstable home life, e.g., parental absence/neglect, multiple foster homes.
- Substance abuse by youth or parent/guardians.
- Running away or truancy.
- Disengagement from school, e.g., not completing high school.
- Having low self-esteem or self-worth; a need for belonging, love and affection.

According to Kids Count 2018,²⁰ Nevada ranks 47th nationally in terms of child well-being based on 16 indicators representing four areas of well-being: Economic (43rd), Education (49th), Health (43rd), and Family and Community (42nd). These rankings reflect risk to children, with some factors contributing to vulnerability to sex trafficking.

To illustrate this more concretely, the following factors contribute to vulnerability to sex trafficking. In Nevada:

- 19% of children (127,000) lived in poverty in 2016.

^v LGBTQ – Lesbian, gay, bisexual, transgender or questioning.



- 30% of children (201,000) had parents who lacked secure employment in 2016.
- 34% of children (233,000) lived in households with a high house cost burden in 2016.
- 12% of children (77,000) lived in high-poverty areas in 2012 - 2016.
- 69% of 4th graders and 73% of 8th graders were not proficient in reading and math, respectively, in 2017.
- 26% of high school students did not graduate on time in 2015 - 2016.
- 10% of teens (14,000) were not in school and not working in 2016.
- 5% (12,000) of teens abused alcohol or other drugs in 2015 - 2016.

Additionally, 7 of every 1000 children in Nevada, a total of 4,869 children, were confirmed victims of child maltreatment in 2016. Of these, 80% (3,920) were victims of neglect, 26% (1,273) were victims of physical abuse, 6% (269) were victims of sexual abuse, with the remaining being victims of medical neglect or emotional abuse. Some children were victims of multiple types of maltreatment. There were 4,251 children in foster care in Nevada in 2016.²¹

According to the National Center for Missing and Exploited Children, one in seven of the 25,000 runaways reported to them in 2017 were likely child sex trafficking victims; 88% of these were in the care of child welfare when they ran.²²

This data exemplifies the need for wide-reaching prevention and intervention efforts throughout Nevada, including targeted prevention efforts for youth who are at greater risk of being enticed into sex trafficking and intervention for those who have already been victimized.



THE DIRECTIVE

The Executive Order

To address this unmet need, on May 31, 2016, Executive Order 2016-14 (Executive Order) established the Nevada Coalition to Prevent the Commercial Sexual Exploitation of Children (CSEC Coalition).²³ Through the Executive Order, it was recognized that:

- Human trafficking is a form of modern-day slavery that occurs in every state, including the State of Nevada;
- Nevada is one of the State's most affected by human trafficking with reports of hundreds of calls to the national hotline annually;
- Nevada is a major destination for those who seek to sexually exploit children;
- Mobilizing all available resources in Nevada to stop all human trafficking, aid its victims, and bring the perpetrators of this crime to justice is vital to the interest of state, county, local, tribal and federal agencies, as well as children's advocates, juvenile justice partners, residents and visitors to Nevada;
- Public Law (PL) 113-183 (Sections 101-105),²⁴ enacted by the United States Congress, amends the federal foster care system to require state child welfare agencies, in collaboration with law enforcement, juvenile justice systems, health care providers, education agencies and organizations with experience in dealing with at-risk children to develop and implement procedures for identifying, documenting in agency records and determining appropriate services for commercially sexually exploited children, both those who are victims or at risk of victimization;
- The Governor of the State of Nevada, along with the Nevada Supreme Court, and the Office of the Nevada Attorney General recognize the immediate need to address this crime and help the victims, especially those who are children...
- There exists a need for improved coordinated responses to human trafficking throughout our State.

The CSEC Coalition's mandate is to foster collaboration and coordination among agencies to improve the capacity to identify CSEC and provide safety and services for them and their families/caregivers, as appropriate, as they work to end their exploitation; and to hold their exploiters accountable.

The Executive Order directed the CSEC Coalition to prepare a comprehensive statewide strategic plan and recommendations on how to address the sex trafficking provisions of PL 113-183, including, but not limited to, the following:

1. Align efforts by promoting strategic and coordinated services for victims at the state, county, local and tribal levels.
2. Improve understanding by expanding and coordinating child-sex-trafficking-related research, data and evaluations to support evidence-based victim services.
3. Expand access to services by providing outreach, training and technical assistance to increase victim identification and expand the availability of services.
4. Improve outcomes by promoting effective, culturally-appropriate, trauma-informed services that improve the short- and long-term health, safety and well-being of child victims.



5. Develop public awareness campaigns to better inform communities across Nevada about the commercial sexual exploitation of children.

The first four mirror the four goals of the Federal Strategic Action Plan on Services for Victims of Human Trafficking in the United States 2013-2017.²⁵

REQUIREMENTS OF PL 113-183

The Preventing Sex Trafficking and Strengthening Families Act (PL 113-183), signed into law on September 29, 2014, requires child welfare agencies to address sex trafficking of the population they serve. Specific requirements for Title IV-E agencies include:

- Consulting with other agencies that have experience with at-risk youth (documentation of consultation is required by September 29, 2015).
- Developing policies, procedures and training to identify, document and determine appropriate services for children and youth who are sex trafficking victims or at risk of becoming victims.
- Reporting identified trafficking victims to law enforcement.
- Developing protocols to locate and provide services to children who run away from foster care.
- Determining the factors that lead to a child's absence from foster care, addressing those factors in subsequent placements and determining the child's experiences while absent from care.
- Developing and implementing protocols to report information on missing or abducted children to law enforcement.

Capacity Building Center for States. (2015). Collaborating with youth-serving agencies to respond to and prevent sex trafficking of youth. Retrieved from: <https://capacity.childwelfare.gov/states/focus-areas/preventing-sex-trafficking>

The CSEC Coalition

The creation of the CSEC Coalition through Executive Order is a result of heightened awareness and a commitment to improve Nevada's response to identifying and caring for child victims of commercial sex trafficking.

The Governor appointed Supreme Court Justice Nancy Saitta (Retired) as Chair of the CSEC Coalition. Per the Executive Order, the Co-Chair is the Administrator of the Nevada Division of Child and Family Services (DCFS). Kelly Wooldridge, MSW, LCSW was in this role from the CSEC Coalition's inception until May 2017, at which time Ross Armstrong, JD became the DCFS Administrator.

The Chair and Co-Chair of the CSEC Coalition appointed individuals that represent CSEC stakeholders identified by the Executive Order. They are listed in the section above.

The CSEC Coalition met quarterly from October 2016 to October 2018. It approved bylaws, a mission and guiding principles, and established charters, work plans and an Executive Committee to facilitate the work of its subcommittees. The work of the CSEC Coalition and subcommittees culminated in the creation of this CSEC Strategic Plan.



Mission

In October 2015, an organizational meeting facilitated by the National Council of Juvenile and Family Court Judges identified a mission and structure for a proposed Coalition to Prevent the Commercial Sexual Exploitation of Children. The mission was endorsed by the CSEC Coalition upon its establishment: To combat commercial sexual exploitation of children in Nevada with a trauma-informed and victim-centered approach.

Mission: To combat commercial sexual exploitation of children in Nevada with a trauma-informed and victim-centered approach.

Guiding Principles

In July 2017, core principles were considered and selected to guide the work of the CSEC Coalition, its subcommittees, as well as CSEC prevention and service providers. The CSEC Guiding Principles are presented below. Appendix B includes descriptions of each of the guiding principles; descriptions of the two identified in the CSEC Coalition's mission are highlighted below.

Victim-centered. 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.

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.



Guiding Principles for Serving CSEC

Our perception of and actions toward CSEC

1. We view the CSEC as a victim and/or survivor of abuse, not a criminal.
2. We extend respect to the CSEC, and act in ways that build trust and do no further harm.
3. We view the CSEC and their well-being holistically, considering the psychological, emotional, spiritual, educational, physical, and the social.
4. We honor the individuality of each CSEC and support a sense of self-efficacy.

Our approach to the services we provide to CSEC

5. We affirm and bolster the CSEC's central role in the development and implementation of their strengths-based service plan.
6. We address the physical, emotional and psychological safety needs of the CSEC, taking into consideration their point of view when developing a safety plan.
7. We recognize the signs of trauma, and acknowledge and competently address the impact of trauma on the CSEC.
8. We include family members and/or caregivers when appropriate, making their needs a part of the service plan.
9. With humility, we affirm and respond effectively to the unique cultural, linguistic and LGBTQ identity of the CSEC.

Our approach to the continuum of care for CSEC

10. We view all CSEC as victims and/or survivors who have the right to supportive services, regardless of age or related crimes.
11. We value and incorporate the survivor's role and voice in providing support to individual CSEC, and in the development of policy and practice.
12. We seek to identify and engage the CSEC throughout the continuum of services.
13. We cooperate, coordinate and collaborate across systems to achieve an effective service system for CSEC.
14. We safeguard the physical, psychological and emotional safety of all persons who work with CSEC, and recognize the impact of vicarious trauma.
15. We gather and share information to learn, and to enhance service delivery.
16. 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.
17. We pursue prosecution of offenders, while taking into consideration the CSEC's safety, circumstances and well-being.



DEVELOPMENT OF THE CSEC STRATEGIC PLAN

The CSEC Coalition's Work Plan, approved in January 2017, outlined the actions the CSEC Coalition and its working subcommittees would take to meet the mandates of the Executive Order. The subcommittee work plans supported the CSEC Coalition's overarching Work Plan which focused on the development of the:

CSEC Model Coordinated Response Protocol and Toolkit (CSEC Protocol) to aid in identifying CSEC, and those at risk of CSEC, and the provision of timely and effective services. (*Attachment A*)

CSEC Prevention Resource Guide (CSEC Prevention Guide) to provide a public health framework for prevention, along with strategies and resources that can be used across Nevada. (*Attachment B*)

The CSEC Protocol and the CSEC Prevention Guide are an integral part of the CSEC Strategic Plan.

CSEC Coalition Work Plan

A summary of the CSEC Coalition's Work Plan action steps and results are provided below:

Action 1. Build the capacity of the CSEC Coalition to effectively address the needs of commercially sexually exploited child victims/survivors statewide and across multiple systems.

Results. The CSEC Coalition approved a decision-making model, procedural bylaws and guiding principles (presented above), and honored the commitment to be survivor- and youth-informed. A survivor was appointed to the CSEC Coalition and other survivors served as subcommittee members. An advisory group of CSEC survivors also provided input on the CSEC Protocol and the CSEC Prevention Guide. Youth consultants provided input into the work of the Prevention Subcommittee.

Action 2. Improve capacity to identify commercially sexually exploited child victims/survivors and improve safety and services for them and their families by developing a model coordinated response protocol that is grounded in best practice and can be adapted to regional/tribal needs.

Results. Recommendations from the subcommittees were approved by the CSEC Coalition and merged into a CSEC Protocol. Its adaptation and implementation by regional/tribal CSEC task forces is a part of this CSEC Strategic Plan. The CSEC Protocol provides a guiding standard which includes promising practices for an effective approach, a structure for implementing the model protocol and a process for comprehensive service delivery. The CSEC Protocol is provided in *Attachment A*.

Action 3. Develop a comprehensive statewide strategic plan that addresses the provision of coordinated services for commercially sexually exploited child victims/survivors, and includes recommendations on how to address the sex trafficking provisions of PL 113-183.



Results. Development of the CSEC Strategic Plan began with the CSEC Coalition's subcommittees assessing the current state of CSEC-related affairs in Nevada in the following areas:

- Existing CSEC-related prevention interventions in Nevada.
- Existing CSEC-related screening tools & assessment protocols in Nevada.
- Existing CSEC-related services in Nevada.
- CSEC-related training provided in Nevada.
- Current CSEC data-gathering practices in Nevada.

Subcommittees examined promising practices across the nation and their recommendations formed the basis of this CSEC Strategic Plan, which incorporates *Attachments A and B* – the CSEC Protocol and the CSEC Prevention Guide, respectively. *Attachment A* provides the protocol for coordinated service delivery (per Action 2 above) and *Attachment B* provides prevention strategies and resources. The contributions of the subcommittees are presented in the following section.

Action 4. Develop annual reports of the CSEC Coalition's work by October 1 of each year.

Results. The Executive Order required the CSEC Coalition to submit an annual report of its activities on or before October 1 each year to the Governor, the Chief Justice of the Nevada Supreme Court and the Nevada Attorney General. Two annual reports were submitted, one in October 2017 and one in 2018, and are posted on the DCFS website.²⁶

CSEC Coalition Subcommittees

The subcommittees, their objectives and contributions to the CSEC Strategic Plan are listed below. Their members are listed in Appendix C.

Each working subcommittee included at least one CSEC Coalition member, as required by the Executive Order, and multidisciplinary representatives from across the State.

Executive Committee

The Executive Committee provided guidance and oversight for the working subcommittees between CSEC Coalition meetings and was made up of CSEC Coalition members.

The objectives of the Executive Committee were to:

- Receive and review recommendations from subcommittees and ensure effective communication among subcommittees and their respective activities, including identifying elements of a coordinated response.
- Receive and review recommendations for policy, funding and/or legislative changes.
- Provide comprehensive recommendations to the CSEC Coalition that support its goals, mission and guiding principles.

Prevention Subcommittee

The focus of the Prevention Subcommittee was to expand CSEC awareness and prevention efforts.



Toward that end, the Subcommittee developed the CSEC Prevention Resource Guide that is *Attachment B* to this CSEC Strategic Plan. It provides a description of a public health approach to CSEC prevention, along with strategies and resources that can be implemented by communities across Nevada.

Engagement, Identification and Assessment (Engagement) Subcommittee

The purpose of the Engagement Subcommittee was to identify uniform ways to engage and assess CSEC victims, i.e., to identify methods to engage with and assess victims or suspected victims of commercial sexual exploitation in a standardized, culturally-appropriate, trauma-informed manner that improves the short- and long-term health, safety and well-being of child victims.

The Engagement Subcommittee recommended a standardized screening tool, agency considerations when developing and implementing a screening policy, and the assessment process for identifying holistic needs. They also partnered with the Care Coordination Subcommittee in developing the process for assessing and planning CSEC safety. These recommendations can be found in the CSEC Protocol (*Attachment A*).

Care Coordination Subcommittee

The Care Coordination Subcommittee identified existing and needed CSEC services, with the intent to increase service capacity. Its specific objectives were to:

- Recommend a holistic array of services that meet the needs of CSEC victims/survivors.
- Increase capacity to provide safety and services for CSEC victims/survivors, and their families.

This Subcommittee developed a resource list of CSEC services, identified priorities for service development toward creating a holistic array of services for CSEC and identified standards for service providers; these are incorporated in the CSEC Protocol. As mentioned above, they also partnered with the Engagement Subcommittee to develop the CSEC safety planning process that is part of the CSEC Protocol (*Attachment A*).

Training Subcommittee

The objective of the Training Subcommittee was to ensure all stakeholders have the knowledge and skills to meet the needs of youth who are victims of sex trafficking, and understand how a unified response benefits victims.

To meet this objective, the Training Subcommittee identified stakeholders who would benefit from CSEC training, minimum training recommendations for various disciplines, CSEC 101 learning competencies, agency considerations for implementing a training program, and qualifications for trainers. These recommendations can be found in the CSEC Protocol (*Attachment A*).

Data Collection, Analysis and Sharing (Data) Subcommittee

This Subcommittee's task was to develop a plan for collecting statewide CSEC data, including the reporting requirements of PL 113-83. The specific objectives were:

- Develop and implement a plan for collecting statewide data and/or a comprehensive statewide CSEC database.



- Support the reporting requirements for PL 113-83.
- Identify methods in which data can be collected, analyzed, stored and shared that allow for continuous quality improvement of services and supports to victims, while demonstrating prevalence and other key indicators related to commercial sexual exploitation of children.

The data collection and reporting recommendations in the CSEC Protocol (*Attachment A*) are a result of this Subcommittee's efforts. They include the identification of data elements, with an accompanying code book. This Subcommittee also partnered with the Training and Care Coordination Subcommittees to develop tools to assess whether trainings are effective in meeting objectives and services are congruent with the standards set for CSEC service providers in the CSEC Protocol.

Legal Subcommittee

The Legal Subcommittee was formed in December 2017 to identify and provide recommendations regarding statutory or regulatory issues that arose in the development and implementation of CSEC services.

The Legal Subcommittee drafted language for the creation of a new statute, NRS 432C, to meet the requirements of PL 114-22 Justice for Victims of Trafficking Act of 2015. The new statute outlines a pathway for identifying and serving CSEC. The Subcommittee presented a draft to the Interim Legislative Subcommittee on Child Welfare and Juvenile Justice who will sponsor the bill draft for the 2019 Legislative Session.

Administrative and Technical Support

DCFS was designated to provide administrative and technical support to the Task Force. Toward this end, DCFS engaged the services of the Nevada Public Health Foundation and Sierra Mountain Behavior Consulting to provide coordination and technical assistance to the CSEC Coalition and its subcommittees. Documents related to the CSEC Coalition and its subcommittees, including charters, work plans, agendas and minutes, are posted on the DCFS website.



THE CSEC STRATEGIC PLAN

The following goals and objectives were developed by the CSEC Coalition to address the commercial sexual exploitation of children in Nevada. The CSEC Strategic Plan's goals address the specific directives for the comprehensive statewide strategic plan outlined in the Executive Order as follows:

- CSEC Strategic Plan Goal 1 – Executive Order Directives 1 and 3.
- CSEC Strategic Plan Goal 2 – Executive Order Directive 3.
- CSEC Strategic Plan Goal 3 – Executive Order Directives 2 and 4.
- CSEC Strategic Plan Goal 4 – Executive Order Directive 5.
- CSEC Strategic Plan Goal 5 addresses the implementation of the CSEC Strategic Plan which incorporates all 5 Executive Order directives.

Implementation strategies accompany each objective and are summarized in *Table 1* in the Implementation Plan section, along with implementation leads and target completion dates for each objective.

The CSEC Protocol and CSEC Prevention Guide provide the foundation upon which the CSEC Coalition's Strategic Plan is built.

Goal 1. Increase coordination and collaboration in identifying and serving CSEC.

No single agency or organization can successfully combat trafficking.²⁷ Traffickers range from individual pimps, family operations, and gangs and organized crime whose activities cut across multiple jurisdictions.²⁸ The sexual exploitation of children results in numerous, severe incidents of trauma and adversities which bring them into contact with multiple systems such as law enforcement, juvenile justice, child welfare, health care and education. Cooperation, coordination and collaboration across systems is essential to achieve an effective response to CSEC.

Objective 1a. *Promote a CSEC Model Coordinated Response Protocol and Toolkit to assist communities to develop a coordinated response to CSEC.*

As mentioned previously, the Governor's Executive Order called for a coordinated response to improve Nevada's capacity to identify and serve CSEC. Through research and consultation with other states and experts in the field, the development of a model coordinated response protocol was determined to be the best approach to achieving a coordinated response, with the intent that it be adapted to regional/tribal needs.

Nevada's CSEC Protocol was developed to serve as a guiding standard for timely, responsive and effective services (see *Attachment A*). The CSEC Protocol is a synthesis of subcommittee recommendations and is grounded in promising practices. It describes the:

- Elements and core principles that build an effective foundation for serving CSEC, including well-trained responders and service providers, and data- and outcome-driven services.
- Levels of coordinated response and the service network needed to meet their complex needs.



- Service delivery process that ensures CSEC's safety and holistic needs are assessed and addressed through comprehensive service planning and ongoing monitoring.

The CSEC Protocol provides recommended actions to implement these practices, as well as resources such as tools, forms, guides and other informational materials.

Implementation Strategies. Strategies to support the implementation of Objective 1a include:

Strategy 1a.1. Garner support for the implementation of the CSEC Protocol by presenting it to key groups, such as the Court Improvement Program, Children's Justice Act Task Force, Indian Child Welfare Committee, Juvenile Justice Oversight Commission, Mental Health Consortia, Nevada Sheriffs' and Chiefs' Association and Building Bridges Counter-Trafficking Initiative.

Strategy 1a.2. Facilitate three summits (for Clark, Washoe and Rural) to present the CSEC Protocol to stakeholders, providing CSEC awareness training, as well as a review of the CSEC Protocol and how it can be used.

Strategy 1a.3. Make the CSEC Protocol available on the DCFS website, with links to the CSEC Protocol on the websites of CSEC Coalition member agencies.

Objective 1b. *Identify or create regional/tribal task forces to adapt the CSEC Protocol to regional/tribal needs and oversee the implementation of the CSEC Protocol and services.*

The CSEC Protocol calls for the creation of regional/tribal CSEC task forces that are responsible for adapting the CSEC Protocol to the needs of the local area, overseeing the implementation of the coordinated community response, monitoring the implementation, and revising the CSEC Protocol, as needed. They are also responsible for facilitating prevention efforts.

The use of task forces to address CSEC is a keystone in the federal government's response to trafficking,²⁹ and is now accepted as a national best practice in coordinating a multisector response. CSEC task forces across the country have found that the strong partnerships among law enforcement, probation officers, social workers, medical professionals and victim advocates are key to successfully implementing a response protocol.³⁰ Working cooperatively increases opportunities for enhancing and expanding services as partnering organizations can complement one another to fill gaps and address identified needs.

Initiating and sustaining a task force requires commitment and leadership. It requires dedicated staff and members who have an understanding of the needs of sex trafficking victims, and are committed to the collaborative process and willing to look at new solutions required by the complexities of CSEC.

Implementation Strategies. Strategies to support the implementation of Objective 1b include:

Strategy 1b.1. Facilitate identification of regional/tribal CSEC task forces to adapt the CSEC Protocol to regional/tribal needs and oversee its implementation.

Strategy 1b.2. Assist each regional/tribal CSEC task force to develop a memorandum of understanding that addresses roles and responsibilities of partnering agencies.



Strategy 1b.3. Utilize the training and expertise of the National Criminal Justice Training Center to support training related to the formation of task forces.³¹

Strategy 1b.4. Utilize the training resources of the Children's Justice Act Task Force to support training related to the formation of task forces and the roll out of the CSEC Protocol.

Objective 1c. *Develop CSEC mentor-advocates to support CSEC, including acquiring secure funding.*

CSEC mentor-advocates (CMA) serve as a member of the first responder team when a CSEC is first identified to build rapport, and advocate for and link CSEC to services. They continue in this role, supporting and following the CSEC across agencies throughout the service delivery process. CMAs are an essential member of the service delivery process as outlined in the CSEC Protocol. Their inclusion on the service team is a nationally recognized promising practice.³²

CMAs require specialized training, support and supervision. Survivors can be particularly effective in this role as they are often seen by CSEC as having a ready understanding of their challenges and needs. They are aligned with nonprofit agencies that are independent from law enforcement, juvenile justice, child welfare or other systems, and are knowledgeable in the CSEC recovery process and available community resources.³³

Implementation Strategies. Strategies to support the implementation of Objective 1c include:

Strategy 1c.1. Identify regional/tribal nonprofit CMA providers.

Strategy 1c.2. Identify secure funding for CMA programs, including the exploration of grant awards and braided funding.³⁴

Strategy 1c.3. Facilitate training on and for CMAs through experienced CMA organizations.

Goal 2. Expand access to services for CSEC and their families.

Across the nation, states have been challenged by the lack of a continuum of services to meet the complex needs of CSEC. CSEC have experienced abuse, rape, violence and isolation which have a lasting impact on their lives.³⁵ They have acute and ongoing needs as a result of the trauma of being trafficked. An added dimension to meeting the needs of CSEC is ensuring their safety, and the safety of those who serve them, from traffickers. Sex trafficking of children is extremely lucrative, and traffickers do not easily give up their means to profit.

A robust, holistic continuum of services is required to meet the needs of CSEC. The continuum of services must be capable of meeting the immediate basic needs for food, shelter, medical treatment and safety, as well as providing services that will improve their physical, social and emotional well-being. The CSEC Protocol outlines a service network and delivery process to meet the complex needs of children who have been sex trafficked.

Objective 2a. *Increase the identification of CSEC through standardized screening tools.*

The purpose of screening is to identify victims of sex trafficking so they may be provided safety and targeted services at the earliest possible date. A standardized screening tool provides a



consistent method both within and across agencies of identifying CSEC. It also increases the likelihood of identification as it is based on warning signs determined through research.

The Nevada Rapid Indicator Tool (NRIT) is recommended as the standardized screening tool to identify children who are, or are at high risk of being, sex trafficking victims. This one-page tool identifies children as Confirmed Victims, at High Risk, or having no indicators of sex trafficking. It is intended to be used by trained service providers throughout Nevada to better identify CSEC.

Implementation Strategies. Strategies to support the implementation of Objective 2a include:

Strategy 2a.1. Facilitate standardization by including the use of the NRIT in the policies of agencies serving CSEC, e.g., child welfare and juvenile justice.

Strategy 2a.2. Provide information and training on the NRIT, including at the summits' rolling out of the CSEC Protocol (see *Strategy 1a.3.*)

Objective 2b. *Provide a holistic continuum of care for CSEC, including quality placement options with secure funding sources.*

A holistic service network for CSEC includes the following type and range of services that are beneficial to their recovery.

- Crisis response.
- Physical, sexual and reproductive health.
- Mental health and substance abuse.
- Legal advocacy.
- Placement and residential treatment.
- Educational, vocational and skill development.
- Supportive relationships and networks.
- Victim assistance.

As mentioned previously, a survey of existing services for CSEC in Nevada was conducted. A report summarizing the findings and providing related recommendations provided the basis of a review and prioritization of CSEC service needs, with specialized placements for CSEC topping the list of needs. Additionally, based on other states' experiences, it can be anticipated that the training of responders and use of the standardized screening tool to identify CSEC will result in more youth needing appropriate services, supportive shelter and placement options.³⁶

Implementation Strategies. Strategies to support the implementation of Objective 2a include:

Strategy 2b.1. Facilitate the development of community shelters and drop-in centers that provide assessments and services for the acute needs of CSEC and CSEC sub-populations, e.g., LGBTQ, males and CSEC who are parents; and the identification of secure funding.

Strategy 2b.2. Facilitate the development of specialized treatment foster homes, specialized group homes and specialized residential treatment for CSEC; and the identification of secure funding.

Strategy 2b.3. Facilitate the development of residential substance abuse treatment; and the identification of secure funding.



Strategy 2b.4. Request changes to the Medicaid State Plan to accommodate the specialized treatment, security and length-of-stay needs of CSEC, incorporating the minimum training requirements and provider standards outlined in the CSEC Protocol.

Strategy 2b.5. Seek consultation and resources from the Department of Homeland Security and local law enforcement to address safety and security.

Strategy 2b.6. Develop treatment and placement providers that are trauma- and CSEC-informed by providing discipline-specific and advanced CSEC training.

Objective 2c. *Disseminate information regarding services available for CSEC in Nevada.*

A list of services for CSEC was compiled through a survey conducted in 2017.

Implementation Strategies. Strategies to support the implementation of Objective 2c include:

Strategy 2c.1. Include CSEC services in Nevada 2-1-1.^{vi}

Strategy 2c.2. Post instructions of how to find services for CSEC in Nevada on the DCFS CSEC webpage, with the AG's Office and other partner agencies providing links to the instructions on their websites.

Strategy 2c.3. Explore use of a mobile resource application, e.g., Grace City.

Strategy 2c.4. Utilize the CSEC Coordinator as the central point for receiving and updating new resources (see *Strategy 5a.2*).

Goal 3. Improve outcomes for CSEC through increased expertise and data-driven services.

A well-trained workforce is essential to improving outcomes for CSEC. The CSEC Protocol outlines minimum training requirements and competencies for those who serve CSEC, and provides CSEC training resources that are discipline-specific. CSEC often have multiple encounters with first responders and organizations before they are correctly identified as child trafficking victims. The successful implementation of the CSEC Protocol is dependent upon an agency and community's ability to recognize the signs of sex trafficking and engage meaningfully with potential CSEC to assess their victimization.³⁷

The CSEC Protocol also identifies specific data variables, with an accompanying code book, so agencies that provide services to CSEC, both public and private, can collect specific data variables and share it through a central repository. Data collection is essential as it provides information that can assist in obtaining funding, informing policy, reducing the incidence of trafficking, providing insight for prevention efforts and improving service delivery.³⁸

Objective 3a. *Provide CSEC-informed awareness and advanced (e.g., trauma-informed, stages of change) trainings for those who serve CSEC, identifying secure funding sources.*

^{vi} Nevada 2-1-1 is a comprehensive online resource database which contains information about available community services: <https://www.nevada211.org/>



As mentioned above, the CSEC Protocol identifies training resources and provides minimum training recommendations and training competencies for agencies and individuals that serve CSEC.

Implementation Strategies. Strategies to support the implementation of Objective 3a include:

Strategy 3a.1. Develop and provide online CSEC awareness training accessible to all CSEC stakeholders in Nevada (see *proposal in Appendix D and Strategy 3a.4 regarding funding*).

Strategy 3a.2. Provide training for members of regional/tribal CSEC task forces and multidisciplinary teams, including first responders and service providers, based on the minimum training recommendations outlined in the CSEC Protocol.

Strategy 3a.3. Develop new trainers by providing a Training of Trainers (TOT), using the TOT CSEC curriculum identified in the CSEC Protocol.

Strategy 3a.4. Identify a statewide funding pool for training, with training funding requests submitted through Coalition-recognized regional/tribal CSEC task forces.

Objective 3b. *Collect and disseminate statewide and regional data that supports the reporting requirements of PL 113-183.*

Nevada's Statistical Analysis Center (SAC), which is housed in the Nevada System for Higher Education, will serve as the central repository for CSEC data. Brief annual statewide and regional reports will be generated by the SAC for use by all agencies at no cost. Additional analysis is possible with funding.

Implementation Strategies. Strategies to support the implementation of Objective 3b include:

Strategy 3b.1. Encourage agencies serving CSEC to develop data-sharing agreements with the SAC to ensure the confidentiality and integrity of the data.

Strategy 3b.2. Address data collection and reporting in the policies of agencies serving CSEC.

Strategy 3b.3. Disseminate annual and regional CSEC data reports by posting on the DCFS CSEC website and sharing with stakeholders and decision-makers.

Objective 3c. *Establish minimum training, service delivery and client outcome standards for service providers.*

The CSEC Protocol identifies minimum training recommendations for first responders and CSEC service providers, standards for programs serving CSEC, and client outcome variables (i.e., performance indicators) for data collection. Standards for client outcomes would include those that reflect CSEC well-being and recovery, such as the reduction in police contacts/diversion from court (a data variable included in the CSEC Protocol).

Implementation Strategies. Strategies to support the implementation of Objective 3c include:

Strategy 3c.1. Implement standards for minimum training requirements for first responders and CSEC service providers through policy, contracts or legislation.



Strategy 3c.2. Implement standards for CSEC service providers through policy, contracts or legislation.

Strategy 3c.3. Implement standards for CSEC client outcomes through policy, contracts or legislation.

Objective 3d. *Evaluate the impact of training and services.*

CSEC services should be outcome-focused at program and statewide levels. In addition to outputs (e.g., number of services provided, number of CSEC served), attainment of identified outcomes should be tracked to ensure services are effective in supporting the well-being and recovery of CSEC.

Internal or external program evaluators or researchers can assist agencies in assessing whether targeted outcomes for CSEC are achieved, and determining the factors that are most effective in achieving them. When outcomes are not achieved, adjustments can be made based on research and/or promising practices.

Implementation Strategies. Strategies to support the implementation of Objective 3d include:

Strategy 3d.1. Partner with evaluators and researchers to assess CSEC client outcomes and program effectiveness.

Strategy 3d.2. Partner with evaluators and researchers to assess training effectiveness.

Strategy 3d.3. Identify a funding strategy for evaluation and research (e.g., public-private partnerships, grants, statewide funding pool), with evaluation and research funding requests submitted through the Coalition-recognized regional/tribal CSEC task forces.

Goal 4. Increase awareness of CSEC in Nevada through public awareness campaigns.

Most responses to child sex trafficking to date have been tertiary in nature, i.e., reactive, intervening after significant harm has occurred. Primary and secondary approaches, i.e., those that are proactive in nature, that attempt to protect children before any harm or further harm occurs are receiving increased attention.³⁹ Preventing child sexual exploitation before it occurs fits well with a public health model which has the ultimate goal of eliminating a public health threat, such as child sexual abuse/violence.⁴⁰ For child sex trafficking, proactive prevention interventions are often conceptualized as one of three main types:

- General community awareness.
- Prevention education for at-risk populations.
- Reduction of demand.

The CSEC Prevention Resource Guide provides toolkits, including prevention strategies and resources, that can be used across Nevada to implement efforts to protect Nevada's children. (See Attachment B).

Objective 4a. *Partner with the Nevada Division of Public and Behavioral Health (DPBH) to expand CSEC awareness and prevention.*



The public health approach encourages collaborative efforts to implement and evaluate interventions for both the general population and at-risk populations. DPBH has knowledge, expertise and resources which can be brought to bear on the prevention of the sex trafficking of children in Nevada.

Implementation Strategies. Strategies to support the implementation of Objective 4a include:

Strategy 4a.1. Partner with DPBH to leverage their resources and expertise in the dissemination and implementation of the CSEC Prevention Guide and Public Service Announcements, targeting both the general public and those at high-risk.

Strategy 4a.2. Partner with the DPBH to provide CSEC awareness and discipline-specific training to mental health and substance abuse treatment providers.

Objective 4b. *Disseminate the CSEC Prevention Resource Guide to assist communities in implementing public awareness campaigns.*

The CSEC Prevention Guide includes strategies and resources to educate communities, churches, parents and youth, and decrease demand for the sexual exploitation of children. The CSEC Prevention Guide can be used by organizations or individuals across Nevada.

Implementation Strategies. Strategies to support the implementation of Objective 4b include:

Strategy 4b.1. Disseminate the CSEC Prevention Guide through the summits (see *Strategy 1a.2*) and through partnership with DPBH.

Strategy 4b.2. Include Nevada CSEC prevention resources in Nevada 2-1-1.

Strategy 4b.3. Post the CSEC Prevention Guide on the DCFS CSEC webpage, with partner agencies providing links to the CSEC Prevention Guide on their websites.

Strategy 4b.4. Provide webinars to introduce, describe and disseminate the CSEC Prevention Guide.

Strategy 4b.5. Utilize the CSEC Coordinator to update the CSEC Prevention Guide at least once per year (see *Strategy 5b.2*).

Objective 4c. *Identify and secure funding for CSEC prevention efforts statewide.*

This data presented above in the section entitled, Child Sex Trafficking in Nevada, points to a need for investment in prevention efforts. A study in Minnesota showed that early intervention to prevent sex trafficking of Minnesota's female youth passed a rigorous cost-benefit analysis with a return on investment of \$34 in benefit for each \$1 in cost.⁴¹

Implementation Strategies. Strategies to support the implementation of Objective 4c include:

Strategy 4c.1. Develop public-private partnerships to implement strategies in the CSEC Prevention Guide.

Strategy 4c.2. Partner with the DPBH in identifying and applying for grant opportunities.



Strategy 4c.3. Identify a statewide funding pool for CSEC prevention efforts, with prevention funding requests submitted through the Coalition-recognized regional/tribal CSEC task forces.

Goal 5. Sustain the effort to coordinate and improve services for CSEC.

This CSEC Strategic Plan, along with the CSEC Protocol and the CSEC Prevention Guide, provides a roadmap for Nevada's long-term plan to combat the sex trafficking of children. For this two-year effort to be of consequence and have a lasting effect, the CSEC Strategic Plan must be shepherded through its implementation phase with strong leadership and administrative support.⁴²

“It is essential to combine effective implementation with a well-defined innovation to reach the goal of improved outcomes.”⁴³

It requires an investment of time and resources to coordinate, collaborate and oversee activities at both state and regional/tribal levels. As outlined in the CSEC Protocol, the CSEC Coalition is to provide leadership at the state level, while regional/tribal CSEC task forces oversee regional/tribal implementation. More specifically, leadership at the state level provides the following benefits:^{44, 45, 46, 47}

- Providing the impetus to initiate implementation of the CSEC Strategic Plan immediately.
- Reinforcing goals and objectives of the CSEC Strategic Plan.
- Communicating the needs of CSEC in Nevada to decision-makers and the public.
- Supporting the cultural and system transformation required to provide victim-centered, trauma-informed services.
- Identifying and advocating for resources necessary for implementation of the CSEC Strategic Plan.
- Tracking progress by identifying and monitoring benchmarks.
- Improving practices and programs continuously through the merging of knowledge and innovations from regional/tribal CSEC task forces.
- Ensuring relevance by building in updates and revisions to the CSEC Strategic Plan.

Objective 5a. *Designate the CSEC Coalition to oversee implementation of the CSEC Strategic Plan through codification or a revised Executive Order.*

The CSEC Coalition has completed the creation of the CSEC Strategic Plan. To ensure that the goals and objectives are implemented, including the CSEC Protocol and the CSEC Prevention Guide, facilitation and oversight is needed.

Implementation Strategies. Strategies to support the implementation of Objective 5a include:

Strategy 5a.1. Recommend codification or a revised Executive Order that designates the CSEC Coalition to oversee implementation of the CSEC Strategic Plan and provides more flexibility by reducing membership and allowing for proxies.

Strategy 5a.2. Create a full-time CSEC Coordinator to lead and sustain CSEC anti-trafficking efforts.⁴⁸ This position would:

- Coordinate implementation of the CSEC Strategic Plan.



- Provide training on the CSEC Protocol.
- Provide technical assistance to regional/tribal CSEC task forces.
- Collect, organize, maintain and disseminate information on CSEC and related services.
- Support the CSEC Coalition.
- Monitor and apply for federal grants.
- Develop and oversee the statewide data collection and sharing plan.
- Promote awareness of the CSEC Protocol and the CSEC Prevention Guide.
- Update resources and links in the CSEC Prevention Guide at least once a year.
- Identify and communicate emerging best practices to stakeholders.
- Serve as a communication liaison between the CSEC Coalition, partner agencies and implementation leads (see *Table 1*).

Objective 5b. *Align efforts with related initiatives in Nevada.*

There are a number of task forces, commissions and programs in Nevada that touch CSEC through their work. Additionally, there are current and emerging community initiatives addressing sex trafficking throughout the State.

Implementation Strategies. Strategies to support the implementation of Objective 5b include:

Strategy 5b.1. Identify and coordinate CSEC prevention and intervention efforts with other entities, such as the Juvenile Justice Oversight Commission, the Court Improvement Program, the Children's Justice Act Task Force, Indian Child Welfare Committee, Mental Health Consortia, Nevada Sheriffs' and Chiefs' Association and the Southern Nevada Human Trafficking Task Force.

Strategy 5b.2. Identify and coordinate with current and emerging community initiatives addressing CSEC, e.g., the Building Bridges Counter-Trafficking Initiative and the City of Las Vegas Mayor's Faith Initiative.

Objective 5c. *Strengthen laws against perpetrators and consumers of child sex trafficking, and laws that support CSEC.*

The CSEC Coalition reviewed statutory and regulatory issues that arise in the development and implementation of CSEC services, and prosecution of traffickers and consumers. A determination was made to prioritize meeting the requirements of PL 114-22, Justice for Victims of Trafficking Act of 2015 (JVTA).⁴⁹ A Bill Draft Request (BDR) was developed to create a new statute, NRS 432C, to address these requirements. The new statute outlines a pathway for identifying and serving CSEC. The Interim Legislative Committee on Child Welfare and Juvenile Justice will sponsor the BDR for the 2019 Legislative Session.

Implementation Strategies. Strategies to support the implementation of Objective 5c include:

Strategy 5c.1. Support efforts before the 2019 Legislature to approve a new statute, NRS 432C, to meet the requirements of PL 114-22 (JVTA).

Strategy 5c.2. Continue to evaluate Nevada's laws against the frameworks of the Protective Innocence Challenge⁵⁰ and this CSEC Strategic Plan, and provide recommendations for any needed legislation.



Objective 5d. *Codify a requirement for mental health, health care and law enforcement professionals; judges, prosecutors and public defenders; teachers, school social workers and other school personnel; cosmetology, hospitality and transportation personnel; and brothels; and any other disciplines identified as needing training to participate in CSEC awareness and discipline-specific training.*

Implementation Strategies. Strategies to support the implementation of Objective 5d include:

Strategy 5d.1. Provide recommendations for legislation mandating CSEC awareness and discipline-specific training (to be provided by certified CSEC trainers) for mental health, health care, and law enforcement professionals; judges, prosecutors and public defenders; and teachers, school social workers and other school personnel.

Strategy 5d.2. Provide recommendations for legislation mandating training in CSEC awareness and the reporting of suspected crimes (to be provided by certified CSEC trainers) for cosmetology, hospitality and transportation personnel, and brothels.

Strategy 5d.3. Create a process to certify CSEC trainers.

Objective 5e. *Require all state- and grant- funded programs that serve CSEC include an employee self-care component.*

Professionals who work with CSEC are at high risk for experiencing secondary traumatic stress as they are exposed to the CSEC's traumatic and violent experiences.⁵¹ Secondary traumatic stress is the emotional distress that results when an individual hears about the firsthand trauma experiences of another.⁵² It is challenging to provide appropriate services for CSEC in their recovery process if service providers are experiencing secondary trauma. Attending to service providers' well-being will enable them to address the needs of CSEC with greater clarity and focus, as well as reduce staff turnover and the accompanying detrimental effects on outcomes for children.⁵³

Implementation Strategies. Strategies to support the implementation of Objective 5e include:

Strategy 5e.1. Implement standards for training in self-care for all state- and grant-funded programs that serve CSEC through policy, contracts, regulation or legislation.

Strategy 5e.2. Institute practices that provide readily-accessible supportive resources and opportunities for staff to debrief following difficult exposures to a CSEC's traumatic experiences through policy, contracts or legislation.

Strategy 5e.3. Identify a statewide funding pool for training and support in self-care, with self-care funding requests submitted through the Coalition-recognized regional/tribal CSEC task forces.



IMPLEMENTATION PLAN

The implementation strategies for each of the CSEC Strategic Plan's objectives are presented above. These strategies are also summarized in *Table 1*, along with the identification of implementation leads and target completion dates for each objective.

Individuals, services and organizations that have contact with or care about the plight of children who are sexually exploited are potential implementation partners. They include:

- Advocates.
- Attorneys.
- Behavioral/mental health clinicians, treatment/rehabilitation providers.
- Businesses.
- Child welfare/social workers (e.g., investigators, case managers, licensing workers).
- Child-serving social service agencies/community service providers (e.g., shelters, domestic violence services, addiction rehabilitation services).
- CSEC survivors and their families.
- Educators/school districts (e.g., administrators, teachers, counselors).
- Faith-based organizations.
- Healthcare/medical providers (e.g., primary care, county health districts, public health clinics, pharmacies, school nurses, hospitals).
- Hospitality industry.
- Judiciary.
- Juvenile justice (e.g., probation, detention, parole).
- Law enforcement (e.g., frontline patrol officers)
- LGBTQ organizations.
- Nevada Department of Motor Vehicles.
- Other first responders (e.g., fire departments, emergency medical response).
- Out-of-home placement providers (e.g., resource/foster parents, caregivers, foster care/treatment provider associations).
- Transportation industry.
- Tribes.
- Youth prevention organizations.



Table 1

STRATEGIC PLAN TO ADDRESS THE COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN IN NEVADA
IMPLEMENTATION PLAN

| GOALS/OBJECTIVES | IMPLEMENTATION STRATEGIES | LEAD FACILITATOR | TARGET DATE |
|---|--|--|---------------|
| Goal 1. Increase coordination and collaboration in identifying and serving CSEC. | | | |
| Objective 1a. Promote the CSEC Protocol to assist communities to develop a coordinated response to CSEC. | 1a.1. Garner support for the implementation of the CSEC Protocol by presenting it to key groups, e.g., CIP, CJATF, ICWC, JJOC, MH Consortia, NvSCA and Building Bridges. 1a.2. Facilitate three summits (for Clark, Washoe, Rural) to present the CSEC Protocol to stakeholders, providing CSEC awareness training, as well as a review of the CSEC Protocol and how it can be used. 1a.3. Make the CSEC Protocol available on the DCFS website, with links to the CSEC Protocol on websites of CSEC Coalition member agencies. | DCFS/CJATF | December 2019 |
| Objective 1b. Identify or create regional/tribal task forces to adapt the CSEC Protocol to regional/tribal needs and oversee the implementation of the CSEC Protocol and services. | 1b.1. Facilitate identification of regional/tribal CSEC task forces to adapt the CSEC Protocol to regional/tribal needs and oversee its implementation. 1b.2. Assist each regional/tribal CSEC task force to develop an MOU that addresses roles and responsibilities of partnering agencies. 1b.3. Utilize the training and expertise of the NCJTC to support training related to the formation of task forces. 1b.4. Utilize the training resources of the CJATF to support training related to formation of task forces and roll out of the CSEC Protocol. | Regional child welfare agencies (CCDFS, WCHSA, DCFS) | December 2019 |
| Objective 1c. Develop CSEC mentor-advocates (CMA) to support CSEC, including acquiring secure funding. | 1c.1. Identify regional/tribal nonprofit CMA providers. 1c.2. Identify secure funding for CMA programs, including the exploration of grant awards and braided funding. 1c.3. Facilitate training on and for CMAs through experienced CMA organizations. | Regional/tribal CSEC Task Forces | 2019 |



| GOALS/OBJECTIVES | IMPLEMENTATION STRATEGIES | LEAD FACILITATOR | TARGET DATE |
|--|---|--|---------------|
| Goal 2. Expand access to services for CSEC and their families. | | | |
| Objective 2a. Increase the identification of CSEC through standardized screening tools. | <p>2a.1. Facilitate standardization by including the NRIT in the policies of agencies serving CSEC, e.g., child welfare and juvenile justice.</p> <p>2a.2. Provide information and training on the NRIT, including at the summits' rolling out of the CSEC Protocol (see <i>Strategy 1a.2</i>).</p> | CSEC Coalition Regional/tribal CSEC Task Forces | December 2019 |
| Objective 2b. Provide a holistic continuum of care for CSEC, including quality placement options with secure funding sources. | <p>2b.1. Facilitate development of community shelters and drop-in centers that provide assessments and services for acute needs of CSEC and CSEC sub-populations, e.g., LGBTQ, males and CSEC who are parents; and the identification of secure funding.</p> <p>2b.2. Facilitate the development of specialized treatment foster homes, specialized group homes and specialized residential treatment for CSEC; and the identification of secure funding.</p> <p>2b.3. Facilitate the development of residential substance abuse treatment; and the identification of secure funding.</p> <p>2b.4. Request changes to the Medicaid State Plan to accommodate the specialized treatment, security and length-of-stay needs of CSEC, incorporating minimum training requirements and provider standards outlined in the CSEC Protocol.</p> <p>2b.5. Seek consultation and resources from the Department of Homeland Security and local law enforcement to address safety and security.</p> <p>2b.6. Develop treatment and placement providers that are trauma- and CSEC-informed by providing discipline-specific and advanced CSEC training.</p> | CSEC Coalition | Ongoing |
| Objective 2c. Disseminate information regarding services available for CSEC in Nevada. | <p>2c.1. Include CSEC services in Nevada 2-1-1.</p> <p>2c.2. Post instructions of how to find services for CSEC in Nevada on the DCFS CSEC webpage, with the AG's Office and other partner agencies providing links to the instructions on their websites.</p> <p>2c.3. Explore use of a mobile resource application, e.g., Grace City.</p> <p>2c.4. Utilize the CSEC Coordinator as the central point for receiving and updating new resources (see <i>Strategy 5a.2</i>).</p> | DHHS/DCFS | 2019 |



| GOALS/OBJECTIVES | IMPLEMENTATION STRATEGIES | LEAD FACILITATOR | TARGET DATE |
|---|--|---|---------------|
| Goal 3. Improve outcomes for CSEC through increased expertise and data-driven services. | | | |
| Objective 3a. Provide CSEC-informed awareness and advanced (e.g., trauma-informed, stages of change) trainings for those who serve CSEC, identifying secure funding sources. | <p>3a.1. Develop and provide online CSEC awareness training accessible to all CSEC stakeholders in Nevada (see <i>proposal in Appendix D and Strategy 3a.4 regarding funding</i>).</p> <p>3a.2. Provide training for members of regional/tribal CSEC task forces and multidisciplinary teams, including first responders and service providers, based on the minimum training recommendations outlined in the CSEC Protocol.</p> <p>3a.3. Develop new trainers by providing a TOT, using the TOT CSEC curriculum identified in the CSEC Protocol.</p> <p>3a.4. Identify a statewide funding pool for training, with training funding requests submitted through Coalition-recognized regional/tribal CSEC task forces.</p> | Regional/tribal CSEC Task Forces | Ongoing |
| Objective 3b. Collect and disseminate statewide and regional data that supports the reporting requirements of PL 113-183. | <p>3b.1. Encourage agencies serving CSEC to develop data-sharing agreements with the SAC to ensure the confidentiality and integrity of the data.</p> <p>3b.2. Address data collection and reporting in the policies of agencies serving CSEC.</p> <p>3b.3. Disseminate annual and regional CSEC data reports by posting on the DCFS CSEC website and sharing with stakeholders and decision-makers.</p> | DHHS Data Analytics Team Nevada SAC | December 2019 |
| Objective 3c. Establish minimum training, service delivery and client outcome standards for service providers. | <p>3c.1. Implement standards for minimum training requirements for CSEC first responders and service providers through policy, contracts or legislation.</p> <p>3c.2. Implement standards for CSEC service providers through policy, contracts or legislation.</p> <p>3c.3. Implement standards for CSEC client outcomes through policy, contracts or legislation.</p> | DCFS Mental Health Planning and Evaluation Unit | December 2019 |
| Objective 3d. Evaluate the impact of training and services. | <p>3d.1. Partner with evaluators and researchers to assess CSEC client outcomes and program effectiveness.</p> <p>3d.2. Partner with evaluators and researchers to assess training effectiveness.</p> <p>3d.3. Identify a funding strategy for evaluation and research (e.g., public-private partnerships, grants, statewide funding pool), with evaluation and research funding requests submitted through Coalition-recognized regional/tribal CSEC task forces.</p> | DCFS Mental Health Planning and Evaluation Unit | Ongoing |



| GOALS/OBJECTIVES | IMPLEMENTATION STRATEGIES | LEAD FACILITATOR | TARGET DATE |
|---|--|------------------|--------------|
| Goal 4. Increase awareness of CSEC in Nevada through public awareness campaigns. | | | |
| Objective 4a. Partner with the Nevada Division of Public and Behavioral Health (DPBH) to expand CSEC awareness and prevention. | <p>4a.1. Partner with DPBH to leverage their resources and expertise in the dissemination and implementation of the CSEC Prevention Guide and Public Service Announcements, targeting both the general public and those at high-risk.</p> <p>4a.2. Partner with the DPBH to provide CSEC awareness and discipline-specific training to mental health and substance abuse treatment providers.</p> | DPBH | 2019/Ongoing |
| Objective 4b. Disseminate the CSEC Prevention Resource Guide to assist communities in implementing public awareness campaigns. | <p>4b.1. Disseminate the CSEC Prevention Guide through the summits (see <i>Strategy 1a.2</i>) and through partnership with DPBH.</p> <p>4b.2. Include Nevada CSEC prevention resources in Nevada 2-1-1.</p> <p>4b.3. Post the CSEC Prevention Guide on the DCFS CSEC webpage, with partner agencies providing links to the CSEC Prevention Guide on their websites.</p> <p>4b.4. Provide webinars to introduce, describe and disseminate the CSEC Prevention Guide.</p> <p>4b.5. Utilize the CSEC Coordinator to update the CSEC Prevention Guide at least once per year (see <i>Strategy 5a.2</i>).</p> | DPBH/DCFS | 2019/Ongoing |
| Objective 4c. Identify and secure funding for CSEC prevention efforts statewide. | <p>4c.1. Develop public-private partnerships to implement strategies in the CSEC Prevention Guide.</p> <p>4c.2. Partner with the DPBH in identifying and applying for grant opportunities.</p> <p>4c.3. Identify a statewide funding pool for CSEC prevention efforts, with prevention funding requests submitted through Coalition-recognized regional/tribal CSEC task forces.</p> | DHHS/DPBH | Ongoing |
| Goal 5. Sustain the effort to coordinate and improve services for CSEC. | | | |
| Objective 5a. Designate the CSEC Coalition to oversee implementation of the CSEC Strategic Plan through codification or a revised Executive Order. | <p>5a.1. Recommend codification or a revised Executive Order that designates the CSEC Coalition to oversee implementation of the CSEC Strategic Plan and provides more flexibility by reducing membership and allowing for proxies.</p> <p>5a.2. Create a full-time CSEC Coordinator to lead and sustain CSEC anti-trafficking efforts.</p> | DHHS/DCFS | June 2019 |



| GOALS/OBJECTIVES | IMPLEMENTATION STRATEGIES | LEAD FACILITATOR | TARGET DATE |
|--|---|---|-------------|
| Objective 5b. Align efforts with related initiatives in Nevada. | <p>5b.1. Identify and coordinate CSEC prevention and intervention efforts with other entities, such as JJOC, CIP, CJATF, ICWC, MH Consortia, NvSCA and SNHTTF.</p> <p>5b.2. Identify and coordinate with current and emerging community initiatives addressing CSEC, e.g., the Building Bridges Counter-Trafficking Initiative and City of Las Vegas Mayor's Faith Initiative.</p> | Children's Commission CSEC Coalition | Ongoing |
| Objective 5c. Strengthen laws against perpetrators and consumers of child sex trafficking, and laws that support CSEC. | <p>5c.1. Support efforts before the 2019 Legislature to approve a new statute, NRS 432C, to meet the requirements of PL 114-22 (JVTA).</p> <p>5c.2. Continue to evaluate Nevada's laws against the frameworks of the Protective Innocence Challenge and this CSEC Strategic Plan and provide recommendations for any needed legislation.</p> | Attorney General's Office | 2019 - 2021 |
| Objective 5d. Codify a requirement for mental health, health care and law enforcement professionals; judges, prosecutors and public defenders; teachers, school social workers and other school personnel; cosmetology, hospitality and transportation personnel; and brothels; and any other disciplines identified as needing training to participate in CSEC awareness and discipline-specific training. | <p>5d.1. Provide recommendations for legislation mandating CSEC awareness and discipline-specific training (to be provided by certified CSEC trainers) for mental health, health care and law enforcement professionals; judges, prosecutors and public defenders; and teachers, school social workers and other school personnel.</p> <p>5d.2. Provide recommendations for legislation mandating training in CSEC awareness and the reporting of suspected crimes (to be provided by certified CSEC trainers) for cosmetology, hospitality and transportation personnel, and brothels.</p> <p>5d.3. Create a process to certify CSEC trainers.</p> | CSEC Coalition | 2020 - 2021 |
| Objective 5e. Require all state- and grant-funded programs that serve CSEC to include an employee self-care component. | <p>5e.1. Implement standards for training in self-care for all state- and grant-funded programs that serve CSEC through policy, contracts or legislation.</p> <p>5e.2. Institute practices that provide readily-accessible supportive resources and opportunities for staff to debrief following difficult exposures to a CSEC's traumatic experiences through policy, contracts or legislation.</p> <p>5e.3. Identify a statewide funding pool for training and support in self-care, with self-care funding requests submitted through the Coalition-recognized regional/tribal CSEC task forces.</p> | Nevada Victim Services Collaborative | Ongoing |



APPENDICES



Appendix A

ACRONYMS

| | |
|--------|--|
| ARMAN | Asylee Refugee Migrant Assistance Network |
| BDR | Bill Draft Request |
| CC | Clark County |
| CIP | Court Improvement Program |
| CCDFS | Clark County Department of Family Services |
| CCDJJS | Clark County Department of Juvenile Justice Services |
| CJATF | Children's Justice Act Task Force |
| CMA | CSEC mentor-advocate |
| CSEC | Commercially sexually exploited child(ren) or the commercial sexual exploitation of children, depending on context |
| DA | District Attorney |
| DCFS | Division of Child and Family Services (Nevada) |
| DHHS | Department of Health and Human Services (Nevada) |
| DMST | Domestic minor sex trafficking |
| DPBH | Division of Public and Behavioral Health (Nevada) |
| ICWC | Indian Child Welfare Committee |
| IMS | Information Management System |
| JJOC | Juvenile Justice Oversight Commission |
| JVTA | Justice for Victims Trafficking Act |
| LGBTQ | Lesbian, gay, bisexual, transgender, questioning |
| LVMPD | Las Vegas Metropolitan Police Department |
| MOU | Memorandum of understanding |
| NCJTC | National Criminal Justice Training Center |
| NOCSM | Nevada Online Commercial Sex Market |
| NvSCA | Nevada Sheriffs' and Chiefs' Association |
| NRIT | Nevada Rapid Indicator Tool |
| PL | Public Law |
| SAC | Statistical Analysis Center (Nevada) |
| SMBC | Sierra Mountain Behavior Consulting |
| SNHTTF | Southern Nevada Human Trafficking Task Force |
| TOT | Training of Trainers |
| TVPA | Trafficking Victims Protection Act |
| UNR | University of Nevada Reno |
| WCHSA | Washoe County Human Services Agency |
| WCDJS | Washoe County Department of Juvenile Services |



Appendix B

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.

2. *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.

3. *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.

4. *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

5. *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.

6. *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.

7. *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.

8. *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.

9. *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

10. *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.



11. *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.

12. *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.

13. *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.

14. *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.)

15. *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.

16. *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.



17. 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.

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Appendix C

CSEC COALITION SUBCOMMITTEE MEMBERS

Executive Committee

Chair

Hon. Nancy Saitta, Supreme Court Justice (Ret.)

Co-Chair

Ross Armstrong, Administrator, DCFS
(May 2018 – to present)

Kelly Wooldridge, Administrator, DCFS
(October 2017 – April 2018)

Linda Anderson, Attorney General's Office

Frank Cervantes, WCDJS

Paula Hammack, CCDFS

Amber Howell, WCHSA

John "Jack" Martin, CCDJJS

Reesha Powell, DCFS

Kathleen Teipner, Planned Parenthood Mar
Monte

Prevention Subcommittee

Co-Chairs

Mari Parlade, CCDFS

Jen Robinson, Awaken

CSEC Coalition Members

Victoria Blakeney, Nevada Dept. of Education

Paula Smith, Washoe Tribe of Nevada

Kim Yaeger, Nevada Trucking Association

Brian Adams, Clark County School District

Pastor Mike Bartel, FREE International

Shauna Brennan, Brennan Legal Counsel Group

Dr. Ed Cotton, Cotton Patch

Chaplain Tamia Dow, Chaplaincy Nevada

Daniele Dreitzer, Las Vegas Rape Crisis Center

Elena Espinoza, Nevada DHHS

Pastor Aaron Hansel, Be a Voice

Chelsea Huntsman, Big Brothers Big Sisters of
Southern Nevada

Chaplain Dennis James, Harvest Life Christian
Fellowship

Hayley Jarolimek, DCFS

Lenore Jean-Baptiste, Nevada Partnership for
Homeless Youth

Sanaa Khan, CCDFS

Adia Lancaster, New Hope International

Pastor Kay Landwehr, House of the Rising Sun

Molly Latham, Big Brothers Big Sisters of
Southern Nevada

Chaplain Barry Mainardi, Chaplaincy Nevada

Dr. Tammy Malich, Clark County School
District

Joe Rajchel, CCDFS

Pastor Shantelle Renay Morales-Yanez, Women
of Power International

Sgt. Braden Schrag, LVMPD

James Sweetin, Clark County DA's Office

Lena Walther, Awareness is Prevention

Charlotte Watkins, Montevista Hospital

Natasha Webster, CCDFS

Lisel Westlake, Aria Hotel and Casino

Olga Yakovlec, New Hope International

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Dr. Halleh Seddighzadeh, ARMAN

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Jeff Martin, Washoe County DA's Office

Janice Wolf, Legal Aid of Southern Nevada

Josephine Bonomo, CCDJJS

Angelica Cronin, WCDJS

Rebekah Graham, Silver Sage Academy / Rite
of Passage

Hayley Jarolimek, DCFS

Keeli Killian, Washoe County School District

Sanaa Khan, CCDFS

Dr. Lisa Lining, CCDFS

Mari Parlade, CCDFS

Joe Pritchard, DCFS

Kathryn Siemon-Martin, DCFS

Gwynneth Smith, Clark County DA's Office

Natasha Webster, CCDFS



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Melissa Holland, Awaken

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Lawrence Howell, Silver Sage Academy / Rite of Passage

Josephine Bonomo, CCDJJS

Katie Brubaker, DCFS

Daniele Dreitzer, Las Vegas Rape Crisis Center

Brittany Hopballe, Salvation Army

Laurie Jackson, DCFS

Sanaa Khan, CCDFS

Dr. Lisa Lining, CCDFS

Mari Parlade, CCDFS

Dorothy Pomin, DCFS

Katie Roe Ryan, Dignity Health, St. Rose Dominican

Kathryn Siemon-Martin, DCFS

Cindy Smith, NV DHHS

Natasha Webster, CCDFS

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Abigail Frierson, CCDFS

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Nicole O'Banion, Attorney General's Office

Kim Yaeger, Nevada Trucking Association

Matt Gyger, UNLV Nevada Training Partnership

Kasia Klaus, Awaken

Chaplain Barry Mainardi, Chaplaincy Nevada

Jennifer Massie, UNR Nevada Training

Partnership

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Traci Nellis, Clark County Family Services

Mari Parlade, Clark County Family Services

Sgt. Charles Peck, LVMPD

Lori Plater, Washoe County DA's Office

Charlotte Watkins, Montevista Hospital

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Shannon Foster, DCFS

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Mari Parlade, CCDFS

Jennifer Pritchett, CCDFS

Andrea Rivers, NV Public & Behavioral Health

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Dr. Melanie Taylor, UNR

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Jeff Martin, Washoe County DA's Office

Judge William Voy, Clark County District Court

Janice Wolf, Legal Aid of Southern Nevada

Leslie Bittleston, DCFS Juvenile Justice

Abigail Frierson, CCDFS

Melissa Holland, Awaken

Hayley Jarolimek, DCFS

Dr. Lisa Lining, CCDFS

Kimberly Mull, Network Against Domestic Violence

Mari Parlade, CCDFS

Katie Ryan, Dignity Health



Appendix D

PROPOSAL FOR CSEC 101 ONLINE TRAINING: CSEC AWARENESS OVERVIEW

Training Subcommittee Recommendation

An online CSEC awareness overview training be created for Nevada for use across agencies designated as needing CSEC awareness training.

Rationale

As Nevada – Las Vegas in particular – is identified nationally as an active venue for child sex trafficking, there is a need to provide CSEC education to a broad spectrum of individuals. The following disciplines and/or agencies are potentially in need of CSEC training:

- Advocates
- Attorneys
- Behavioral/mental health clinicians, treatment/rehab providers
- Child welfare/social workers (e.g., investigators, case managers, licensing workers)
- Child-serving social service agencies/community service providers (e.g., shelters, domestic violence services, addiction rehabilitation services)
- Educators/school districts (e.g., administrators, teachers, counselors)
- Healthcare/medical providers (e.g., primary care, county health districts, public health clinics, pharmacies, school nurses, hospitals).
- Judiciary
- Juvenile justice (e.g., probation, detention, parole)
- Law enforcement (e.g., frontline patrol officers)
- Other first responders (e.g., fire department, emergency medical response)
- Out-of-home placement providers (e.g., resource/foster parents, caregivers, foster care/treatment provider associations)
- Tribes

In addition to those providing direct services, targeted training is also needed for those in indirect service roles, e.g., supervisors, managers, planners and trainers.

The Training Subcommittee reviewed the CSEC awareness trainings that have been presented to date across Nevada, including an assessment of gaps in CSEC training and various formats and methodologies. It was determined that an online awareness training would be the most efficient and effective way to meet the dual goals of:

- Educating large numbers of individuals in both urban and rural areas.
- Ensuring that the material presented is standardized.

The online course would provide sufficient training for some agencies, while offering an introductory overview – a first step in training – for others that interact with and provide services to CSEC.

An online training also has substantial benefits when considering that agencies will have an ongoing need to train future members of their workforces.



The online training module would mirror the competencies adopted by the CSEC Coalition and include an assessment component.

Best Practices

A best practice framework for the development of an online course is presented below. When best practices are utilized in creating a quality online (eLearning) course, it ensures that the course is:

- Engaging, but not distracting, by:
 - Using current technologies, including video, animation and interactive plugins.
 - Balancing between text and visual.
- Useful and simple (pragmatic) by:
 - Considering reading level of all types of learners. Suggested level is 7th grade.
 - Ensuring the interface is clean and easy to navigate.
- Relevant and meaningful by:
 - Assisting adult learners to know how the information affects them and their work.
 - Providing practical tools and methods that can be learned quickly and implemented easily.
- Polished from start to finish by:
 - Being accessible in a variety of platforms: Mac and PC/Windows operating systems; and personal computer, tablet or smartphone.
 - Designing the course in a logical manner that addresses stated outcomes.
 - Ensuring the website design is easy to navigate, displays content in consumable amounts and avoids overloading the learner with too much information at one time.

Challenges and Proposed Solutions

In addition to reviews of CSEC trainings in Nevada to date, and various formats and methodologies for training, the Subcommittee identified challenges to developing and providing online training. These are outlined in *Table 1*, with the Subcommittee's recommendation bolded.

Developing a CSEC eLearning Course

While Nevada has content experts that can customize a CSEC training to best meet the needs of stakeholders, resources and collaboration will be required to implement this recommendation. *Table 2* presents the processes involved in creating and making a course ready for publication, and a cost estimate for the development of a sixty- to ninety-minute CSEC Awareness eLearning course prepared by an instructional designer with the Nevada Partnership for Training.

Publishing the Developed CSEC eLearning Course on the Internet

Once an online course is developed, it must be published in a Learning Management System (LMS) in order for the course to be:



Table 1: Online Training Challenges and Possible Solutions

| Challenges | Possible Solutions |
|---|---|
| No current online awareness curriculum in Nevada. | <ul style="list-style-type: none"> Identify existing online awareness training that can be gifted or purchased and then rebranded to meet Nevada's needs. Design from scratch, a standard online awareness training that can be uploaded into most standard Learning Management System (LMS) platforms. |
| Not all audiences have access to an online training platform/ learning management system (LMS). | <ul style="list-style-type: none"> Child welfare caseworkers will have access to the Nevada Partnership for Training's LMS for online training. Work with leadership of the other training audiences to see if there is a platform that they have access to for online training of their workforces. Identify existing awareness training that is free and accessible to all other audiences. Contract with 3rd party to host online training on their platform, e.g., Center for the Application of Substance Abuse Technologies (CASAT). |
| Tracking attendance. | <ul style="list-style-type: none"> Child welfare caseworkers will have a record of completion in their LMS and can report on completion. Employers of audiences requiring training will identify which employees are required to receive training and maintain records of training completion for reporting (if required). |

Table 2: Cost Estimate for Development of 60 – 90 Minute Online Course

| Development Tasks | Estimated Cost |
|---|-----------------|
| 1. Subject matter expert (SME) develops content. | \$3,500 |
| 2. Instructional Designer facilitates process with SME to create storyboarding and transcript. | \$8,000 |
| a. Graphics/images. | \$1,250 |
| b. Software fees. | \$650 |
| 3. Quality control (review, editing, source checking); voiceover created; Instructional Technologist loads course into LMS. | \$7,000 |
| a. Optional professional narration. | \$750 |
| b. LMS access fees. | \$3,850 |
| GRAND TOTAL COST | \$25,000 |

- Accessible to learners.
- Track attendees' records of course completion.
- Produce a certificate of completion.

Once the development of the online CSEC Awareness course is completed by the selected entity (e.g., instructional design company or a partner agency, such as the Nevada Partnership for Training), there are several options for identifying an LMS.

- Agencies with an existing LMS could upload the course onto their platforms.



- As referenced in Table 1, a third party (e.g., CASAT) could be contracted to host the online training on their platform. This solution could apply to all agencies or just those without an existing LMS.
- Agencies without an existing LMS could use the Nevada Moodle LMS (<https://nvelearn.nv.gov/moodle>). Considerations for using the Nevada Moodle include:
 - Access to Moodle for course creation.
 - Access for non-government employees.
 - Need for easier registration/login process for first-time users.

Should the above solutions not be desirable, the following factors should be considered when selecting an LMS:

- Setup/signup expenses.
- Fee per use or per learner.
- Maintenance.
- Licensing fees.
- Training.
- Learning and development staff.
- eLearning content developers/subject matter experts.
- Ability to generate a certificate to demonstrate completion of the course.

Purchasing an LMS is time consuming and can be costly. Costs can range from \$500 per month to \$100,000 per year depending on price model chosen, LMS provider and number of seats needed.



SURVIVOR STORY 1

There was no before trafficking for me – there is only during and after. I was 5 when the first activities I think would fall under the trafficking umbrella took place. My family had been abusing me before that, but the first time there were clients I was 5ish. My parents said they needed to do these things to me so that I would learn to be good. I really believed them. I honestly thought that they loved me and were trafficking me so I would learn to be stronger, better, smarter and “good.” I thought I was inherently “bad” – that’s what they told me so many times.

The biggest, most shocking, worst thing that happened to me was losing a child. My child was killed in front of me when I was almost 16.

I was a “good” kid who didn’t drink, do drugs, go out, etc., but I struggled a lot during elementary, junior high and high school. I had some pretty severe eating disorders for many years. They started when I was 8 and came to a head after my child was killed. Most of my hair fell out, my skin turned yellow and peeled off, and I walked around for weeks with open, bleeding, weeping sores – and literally no one did ANYTHING. I was also obviously severely depressed, angry and suicidal from elementary school on, but still no one checked deeper to see what might be at the root of my problems. In 8th grade, a teacher noticed I was “sad” and told my mom it was normal for girls to have a dip in self-confidence during this time but that it would pass. In 11th grade, the guidance counselor told my mom she needed to take me to a therapist or she would have to call CPS. The therapist told me how lucky I was and how I should be grateful people in my life loved me and cared enough to bring me there, which only served to add to my guilt and shame for not being able to be happier with my life. I never saw the therapist again because the obligation set up by the guidance counselor had been met.

I was able to get away when I was 17 and I was overseas – between my junior and senior years of high school. I was getting kind of old for the clients anyway, so they were losing interest in me. I managed to physically threaten my trafficker, get my passport and get back on the flight I was supposed to be on. The ultimate reason I got out was because I decided I would rather die trying to get out than die after being sold to a brothel in Asia and getting HIV or something.

Honestly, I was really surprised I lived. I didn’t really have a plan for surviving so I just went back to school a few weeks later like nothing had happened. It was putting one foot in front of the other day after day that helped me move on, and during that process I learned how to be a “normal” human. It was a lot of trial and error and a lot of pain, especially when it came to interactions with other people.

I have managed to be married for almost 20 years and develop lasting friendships but interacting with people is still a struggle. It really is, and it’s painful daily. I still have nightmares. I still think about killing myself sometimes, because I still feel worthless and stupid because of what happened. I struggle professionally sometimes, because I have strong reactions to things and that upsets my colleagues. I still have the sense that I’m disgusting and will contaminate everything, and it affects a lot of what I do and don’t do and what I say and don’t say.

For all the terrible things I tend to think about myself, objectively, I probably turned out okay. I have a stable, very well-paying job. I have multiple degrees. I have a loving, committed marriage and a wonderful child. I am engaged in a lot of community activities. And I’ve really managed to work on a lot of the bad personality traits I have as a result of what happened.

~Anonymous, CSEC Survivor



SURVIVOR STORY 2

I was sexually abused as a little girl and it carried on into my teen years. [It] eventually led me to begin stripping in the strip clubs the night before I turned 17, because “that’s just who I was and that’s just what I was good at.” A girl that worked with me there recruited me for her pimp.

A friend that I was in the life with was able to get out and was married and having babies, and I wanted that so badly. But my pimp instilled so much fear in me about taking everything, harming my daughter and being able to find me no matter what. I needed an [exit] plan to try and combat the fear, a step by step of exactly what was going to happen.

After I told my pimp I was done, I moved out and moved into my dad’s. But [my pimp] had a tracker on my car and found me and had guys beat me up and threaten my daughter and my family. [I was] provided a plane ticket and a place to stay out of state to get away [from my pimp] and be able to seek hospital treatment [for the injuries] from the beating.

Getting sober and leaving the life was the hardest thing both physically and mentally. I had horrible flashbacks constantly, nightmares and I couldn’t stop crying.

I learned healthy coping mechanisms for the first time. Being able to breathe and not be in fear was the best feeling. Coming back [home] and having independence. Being able to be a mom in my own space.

I've been out of the life 3 years now and to say it has been easy would be lying. To say it has been hard would be an understatement. I've spent years in weekly therapy working on my anxiety attacks. We spent 2 years working on the paralyzing flashbacks I got that would leave me in a ball in the corner. We've worked on nightmares, the kind of nightmares that you wake up sweating and gasping for air, but they are still frequent and I don't know if they'll ever go away. We have worked on my fear of relationships, both romantic and friendships. All of this affects me daily in one way or another. Over the years, it had gotten drastically better, but I don't think I'll ever be 100% healed.

Today, I am a mom! And that is what I am most proud of. I am able to be a mom to my sweet babies and not have to live in fear of not coming home or someone hurting them to get to me. I've learned that I like to paint, read, bake, sew, be creative, go on adventures and to the ocean. All things I would never let myself try or enjoy before in fear of it being taken away.

It's been such a whirlwind actually getting to know ME and I really learn new things about this new girl I am every day! It's amazing the things you observe about yourself when you're not checked out or blacked out!

~ *Anonymous, CSEC Survivor*



SURVIVOR STORY 3

The first time I ever turned a trick I was 15 years old in San Diego, California.

My mother was murdered when I was 14 years old. Her memory kept me going: The hopes that she had for her only child acted as an anchor to prevent me from losing myself in the sea of exploitation and hopelessness. I knew she wanted better for me, even if I didn't know how to do better.

After my mother's death, my teachers and later my professors became a surrogate family to me. Their words of encouragement and their belief that I was more than a stripper that could only make money by tricks "paying for her time," eventually led me to believe in the positive image they had of me, instead of the fractured image I had of myself. My professors get the credit for helping me rebuild my life. They taught me that my life had meaning, and I had worth. They saw my potential and taught me to strive for greatness. All my mother ever wanted was for her child with the "genius IQ," to use her intelligence and get a degree. My teachers believed that I could do it and I wanted to finally make my mother proud in death in a way that I failed to do when she was alive. School saved my life and my soul.

I needed my father to believe in me in the way my teachers did. He basically abandoned me after my mother's death because he blamed me for her murder. My father refused to support me and accept me into his new family, so I found support and acceptance in the streets. If my father had been there, perhaps I would have never taken to the streets in the first place. Had he loved me unconditionally, I would not have sought the conditional love of men as a panacea to my pain.

Prior to quitting completely, I came to Las Vegas in search of better money than what I could make in Virginia, where I was living at the time. While sitting in the club with a customer, he turned to me as an older woman was taking the stage to dance to 80s rock music and asked, "What is your plan? You don't want to end up like her!" A few days later, I returned to Virginia to complete my Bachelor's degree. I still attempted to dance a few times after that, but I no longer had the bandwidth to deal with the customers or the smoky environment of the bar. I completed my degree and haven't worked in the industry since then.

I also married a man in the military – someone I met while dancing, and being a military dependent exposed me to a world that was the polar opposite of the streets and the club. While my marriage has been a struggle, the support of the military and the access to military resources was a tremendous support in helping me to obtain a different lifestyle from the one I had prior to my marriage.

I still struggle to see myself as I am right now, a college graduate pursuing another degree. In my mind I still see myself in fishnets, a lost girl trying to survive, using the only asset the world cared about. I am still trying to heal.

I am proud that I can serve as a role model for other little girls that think the only thing they have to offer is their bodies. I am proud that I survived what would have destroyed the average person.

~Tanya Smith, CSEC Survivor



SURVIVOR STORY 4

I was kicked out of my mom's home at 16. I spent almost two years jumping between family members' houses, couch hopping and sometimes homeless. When I was 17, I moved to Vegas with my father.

In time, I decided to go to Ohio to get away from my family. I bought my Greyhound bus ticket and the day before I was supposed to leave, I went to visit my dad for what I thought was the last time. As I got to the local bus stop to go home that night, a car pulled up and a young girl and guy asked me if I wanted to go party. That night was relatively normal: We drank, talked and watched movies. The guy asked me if I would like a ride to the Greyhound bus station because it was going to take hours from where I lived to get there. I said yes. I took a nap and he told me I didn't need to set an alarm because he would wake me up. When I woke up, he was gone. When he finally walked in the door, it was only four minutes before the bus was going to leave. As I was thinking about what I was going to do since I now had no money, he gave me this ultimatum: I could work for him for 2 weeks and he would give me the money for my ticket. I looked at him and said, "It looks like you gave me no choice."

When the 2 weeks ended, I couldn't leave. My trafficker was so physically violent. I just waited to die, honestly. My life was in a horrible cycle, going to the Strip at night, getting beaten when I got home around 7 - 9, cleaning until 12, getting my second beating, going to sleep until 1 - 3 depending on the day, getting up to get ready until 5 - 6, getting another beating around 7 - 9. If I was fed that day, I would eat after that. Repeat.

As time went on, I got more beatings, less sleep, and less food. I wasn't allowed to have a cell phone, music, TV or drugs. I lived on full adrenaline knowing, if I made a wrong move, I would die. I couldn't cry when I was getting a beating. I was so disconnected from my negative emotions.

My trafficker gave me gangrene from a beating. He let me walk around with it for two weeks. I still had to make him money. My body was dying. I was dying. He sold me to another trafficker because he wanted one last payout. This second trafficker paid for me with a car. He didn't know I was dying. When at his house, I took baths to clean the infection out of my now open wounds. I prolonged my death enough. He called my first trafficker to pick me up; he said that he didn't pay for a dead body. My first trafficker came and got me. When we got alone in the car, he asked me why he should take me to the hospital instead of the desert. I knew I was losing my last chance – I convinced him I was still working with the other trafficker. He dropped me off in a neighborhood near the hospital and I walked 3/4 of a mile, stumbling across traffic, to get to the emergency room. I was hospitalized for a month. I was transferred for my safety to another state two weeks into my hospitalization.

When I got my apartment 8 months after exiting, I finally felt the healing start to happen quickly. I feel for the first time in my life being me is enough. I am strong and independent and often told I am brave. I am most proud of the work I am doing now sharing my story and teaching advocates and providers what they can do differently to help more victims.

~Anonymous, CSEC Survivor



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