

Child Trafficking: Identification & Response

National Center on Child Trafficking
Jennifer Roman-Martin, LICSW

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National Center on Child Trafficking



BUILDING BETTER QUALITY OF CARE

The National Center on Child Trafficking (NCCT) is a collaboration of professionals with expertise in child trauma and human trafficking funded by NCTSN. We use a science-driven approach to guide the development, adaptation, implementation and evaluation of trauma-informed interventions and resources addressing sex and labor trafficking and commercial sexual exploitation to improve the lives of impacted children and families and support the professionals who serve them.

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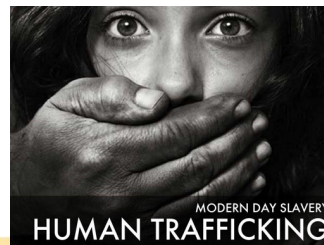
OBJECTIVES



1. Define child trafficking and identify the scope of the problem
2. Identify risk factors and vulnerabilities for child trafficking
3. Understand experiences and impact of child trafficking
4. Consider resources for responding to child trafficking

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HUMAN TRAFFICKING



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HUMAN TRAFFICKING










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The Trafficking Victims Protection Act of 2000 (TVPA)


Child Sex Trafficking

The recruitment, harboring, transportation, provision, obtaining, patronizing, or solicitation of a person **under the age of 18** for the purposes of a commercial sex act (any sex act for which anything of value is given to or received by any person)

“Commercial Sexual Exploitation of Children” or “CSEC”

Child Labor Trafficking

The recruitment, harboring, transportation, provision, or obtaining of a person **under the age of 18** for labor or services, through the use of force, fraud or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage or slavery


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SCOPE OF THE PROBLEM

THE NUMBERS

Situations of trafficking identified: **10,583**

Sex	7,648
Labor	1,052
Sex & Labor	334
Other/Not Specified	1,549

Victims of trafficking identified: **16,658**

Sex	10,836
Labor	3,583
Sex & Labor	631
Other/Not Specified	1,634

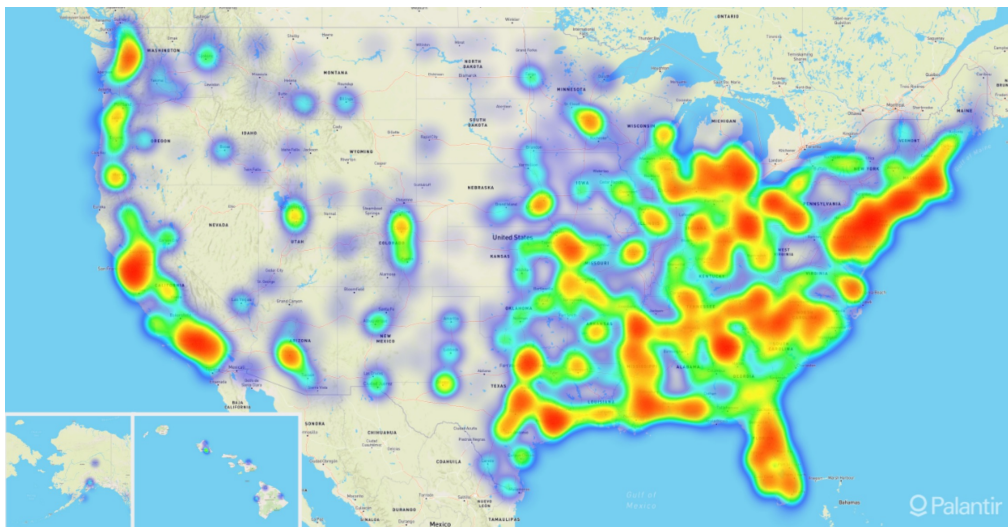
US Polaris Project estimates into **hundred of thousands**

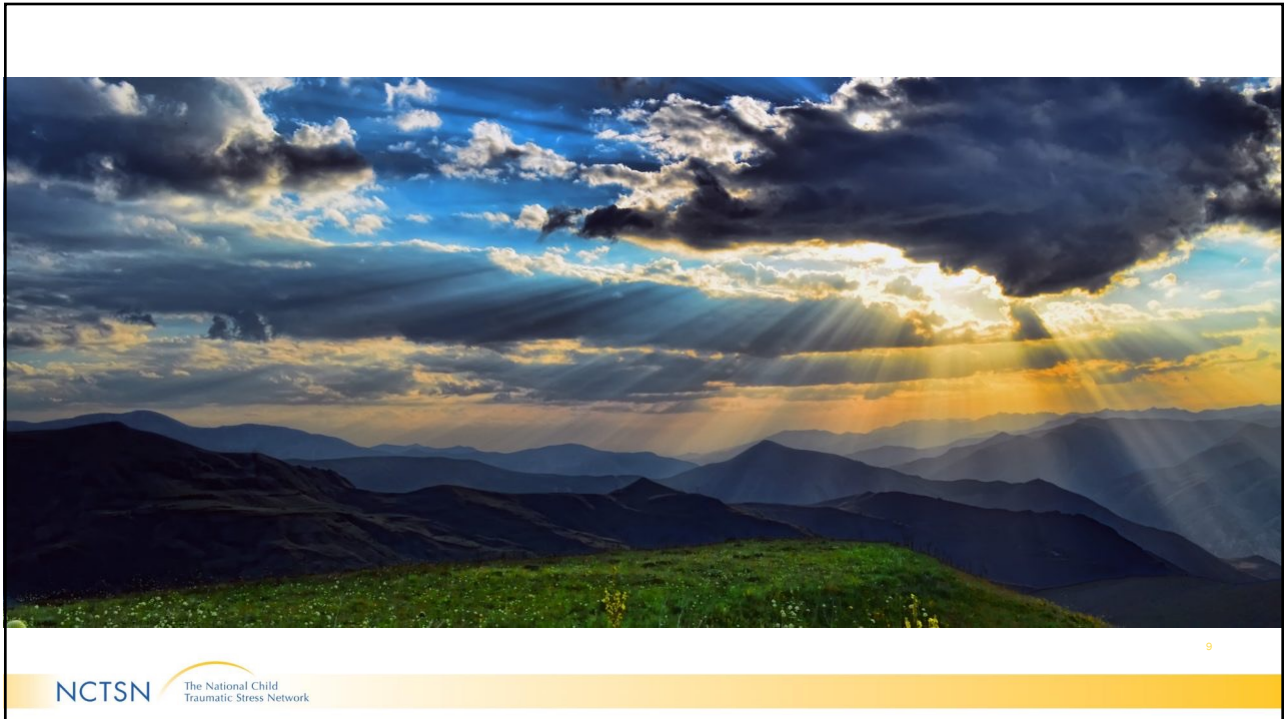
National Human Trafficking hotline reports

49,000+ cases documented since 2007

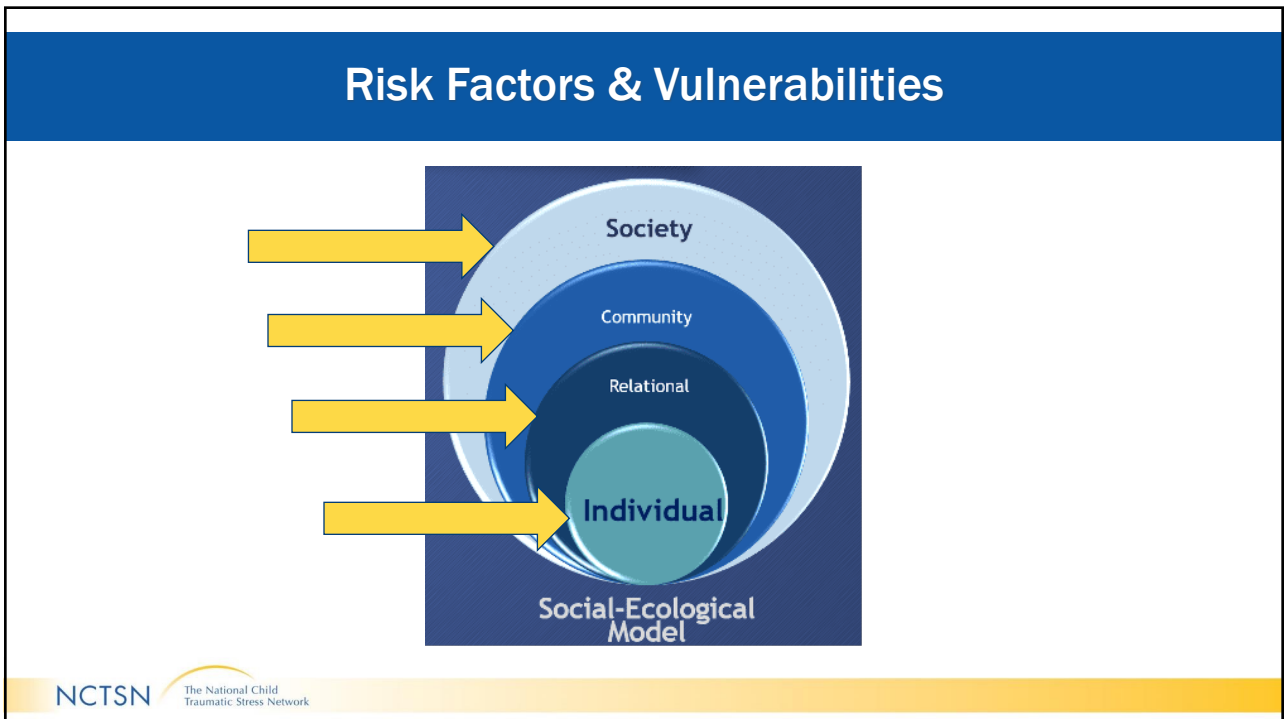
average **150 calls per day**

SCOPE OF THE PROBLEM





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Risk Factors & Vulnerabilities

- Substance Use
- Familial Trafficking
- Immigrant, Unaccompanied & Refugee Children & Youth
- LGBTQ+ Youth
- Poverty & Economic Factors
- Systems Involved Children & Youth
- Children & Youth of Color, Racism, and Racial Disproportionality
- Children & Youth Who are Homeless or Leave Placement Without Caregiver Permission
- Children with Intellectual & Developmental Disabilities (IDD)



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Substance Use

May precede experiences of being trafficked, often in an effort to cope with prior trauma.

Exploiters may utilize access to alcohol and drugs to recruit and entrap

Youth with substance dependence may be vulnerable to exchanges of sex for access to substances

Youth use alcohol and drugs to cope with the experiences of being trafficked/exploited.

After exploitation/trafficking, survivors may use alcohol or drugs in an effort to cope with their past trauma and trafficking experiences

Caregiver substance use and dependence is a risk factor for children



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Familial Trafficking

Psychological, physical, and/or sexual abuse are used to control or sustain involvement of children in familial trafficking. Examples:

Family members allowing traffickers to exploit in exchange for drugs, money, or something else of value.

Traffickers may fraudulently promise jobs or other opportunities for caregivers or their children

Family members exploiting/trafficking their own children and potentially others.

Caregivers providing inadequate supervision leaving children/youth vulnerable to those who exploit them.



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Systems-Involved Children & Youth

Very high rates of involvement in multiple child-serving systems, especially child welfare and juvenile justice

Foster care and congregate care appears to increase trafficking risk.*

Experiences while in care potentially exacerbate vulnerability, including degrading of a youth's self-worth, erosion of their belief or expectation that others will care for them, and the monetization of their care.

Traffickers and buyers will target children who are not getting their basic needs met (including those for love and belonging)

The child welfare system is increasingly the primary system to serve children and youth who have experienced child sex trafficking



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UNDERSTANDING EXPERIENCES

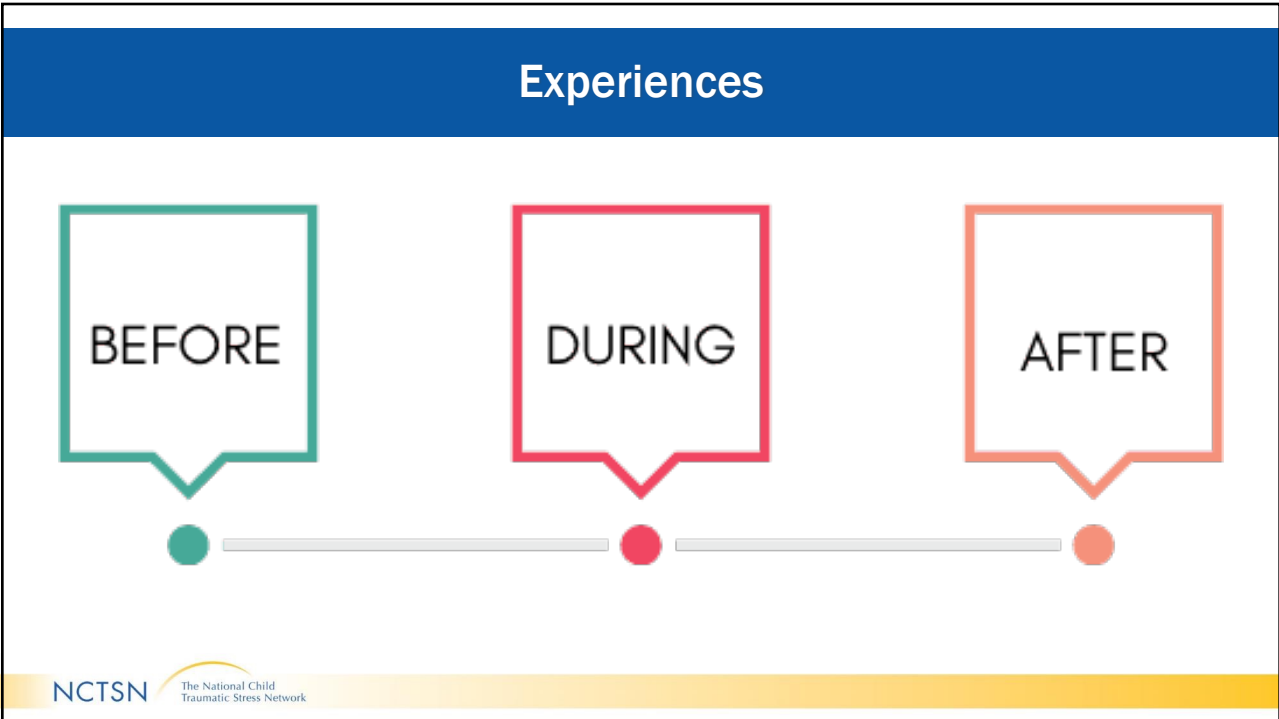
OF CHILD TRAFFICKING

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Child Sex Trafficking Examples

- A mother allows her drug dealer to engage in sex acts with her 6-year old son in exchange for drugs.
- An 11-year old boy is sent a cell phone from someone he meets on his gaming system in exchange for the boy masturbating live on camera.
- A 13-year old girl runs away from her group home with a same-age peer. The friend takes pictures of her and places an ad for sexual services on an adult services website to get money to cover the cost of their hotel room and food.
- A 14-year old meets a “friend” online and engages in a relationship with him. To prove her love and commitment to their relationship, he convinces her to have sex with his friends for him to get money to pay his rent.

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Experiences **BEFORE** being trafficked:

- Child abuse
- Exposure to intimate partner & community violence
- Traumatic loss & separation from caregivers
- Child Protective Services Involvement
- Foster care placement
- Juvenile justice Involvement
- Multiple caregiver & placement transitions, educational disruptions
- Impaired caregiving

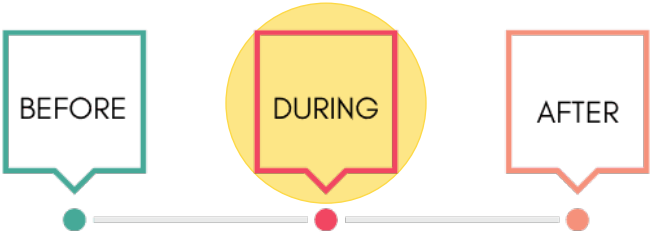
BEFORE DURING AFTER

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Experiences **DURING** being trafficked:

- Witnessing the violence of others
- Community or gang related violence
- Betrayal by caregivers or trusted others
- Substance use
- Physical & emotional abuse by traffickers & purchasers
- Neglect of medical & physical needs
- Sexual violence, multiple sexual contacts with different purchasers
- Unwanted pregnancies & STIs
- Separation from traditional supports of family & community



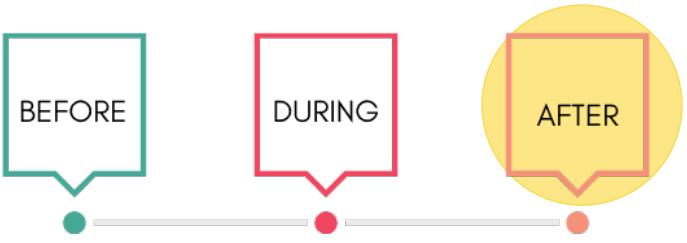
The diagram shows a horizontal timeline with three stages: 'BEFORE', 'DURING', and 'AFTER'. Each stage is represented by a speech bubble icon. The 'DURING' stage is highlighted with a yellow circle, indicating the focus of the slide. Below the timeline are three colored dots: green for 'BEFORE', red for 'DURING', and red for 'AFTER'.

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Experiences **AFTER** being trafficked:

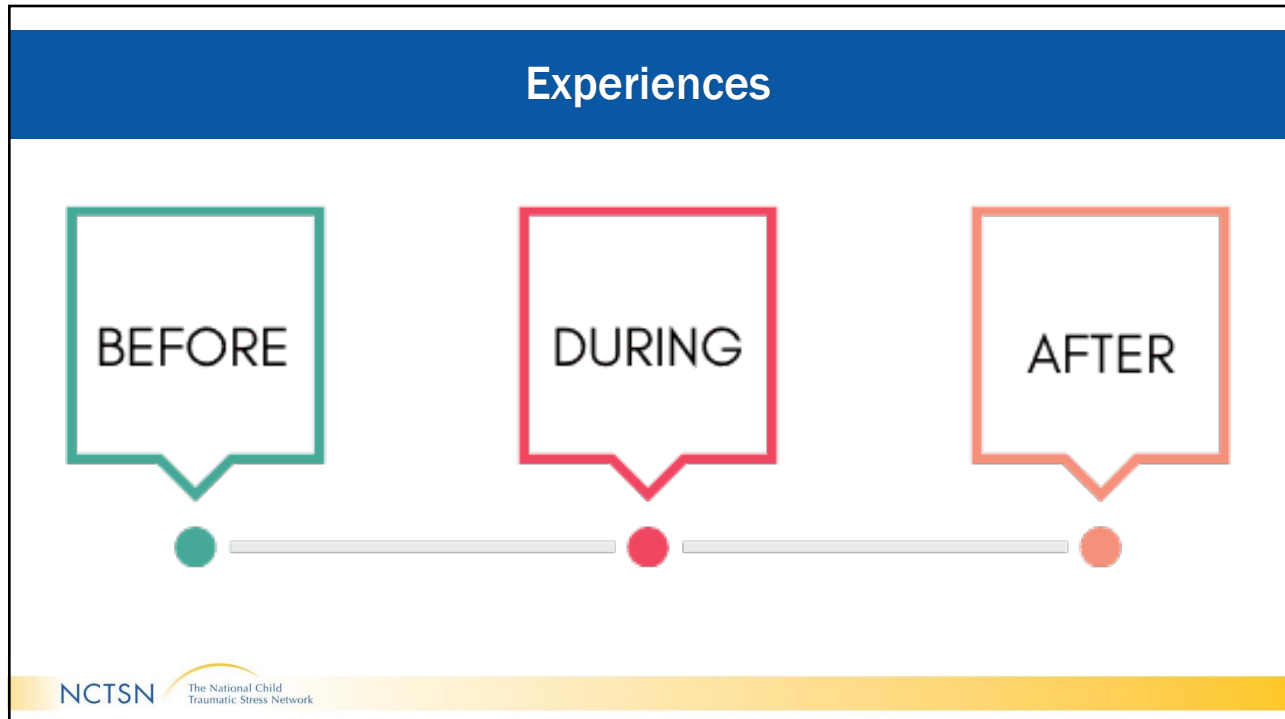
- Detention & arrest
- Placement transitions
- Threats, fear of harm by exploiters
- Efforts to re-exploit
- Isolation and shame
- Difficulties integrating in to typical educational & social settings
- Lack of access to resources
- Loss of community support
- Bias & discrimination by professionals & trusted others



The diagram shows a horizontal timeline with three stages: 'BEFORE', 'DURING', and 'AFTER'. Each stage is represented by a speech bubble icon. The 'AFTER' stage is highlighted with a yellow circle, indicating the focus of the slide. Below the timeline are three colored dots: green for 'BEFORE', red for 'DURING', and red for 'AFTER'.

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Child Trafficking Indicators

There is a wide range of reactions to trauma and loss


- Youth may respond to everyday challenges with defiance, recklessness, or by bonding with aggressors. Others may withdraw, emotionally shut down, dissociate, self harm, or mediate

Danger and safety are primary concerns

- Trafficked youth may believe that no person, relationship, or place can ever be safe or trustworthy. Continual exposure to traumatic experiences can make it more difficult for youth to distinguish between safe and unsafe situations, leading to significant changes in their own protective and risk-taking behavior.

Developmental neurobiology underlies reactions

- Trafficked youth may develop “survival brain”—an automatic focus on anticipating or counteracting danger rather than letting down their guard



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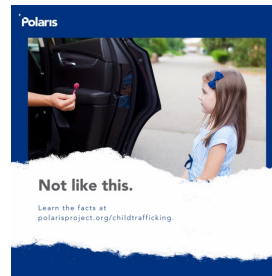
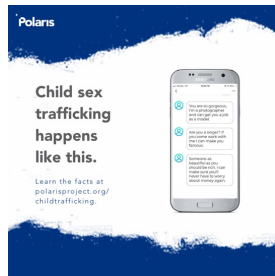
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(NCTSN, The 12 Core Concepts for Understanding Traumatic Stress Responses in Children and Families Adapted for Youth Who Are Trafficked)

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Indicators: Child Sex Trafficking

- Under 18 and selling or trading sex in **any way**
- Live with or are supported by or dependent on a family member with a substance abuse problem or who is abusive in other ways
- Have an older, or controlling parent, guardian, romantic partner or “sponsor” who will not allow you to meet or speak with the person alone or monitors their movements, spending and/or communications



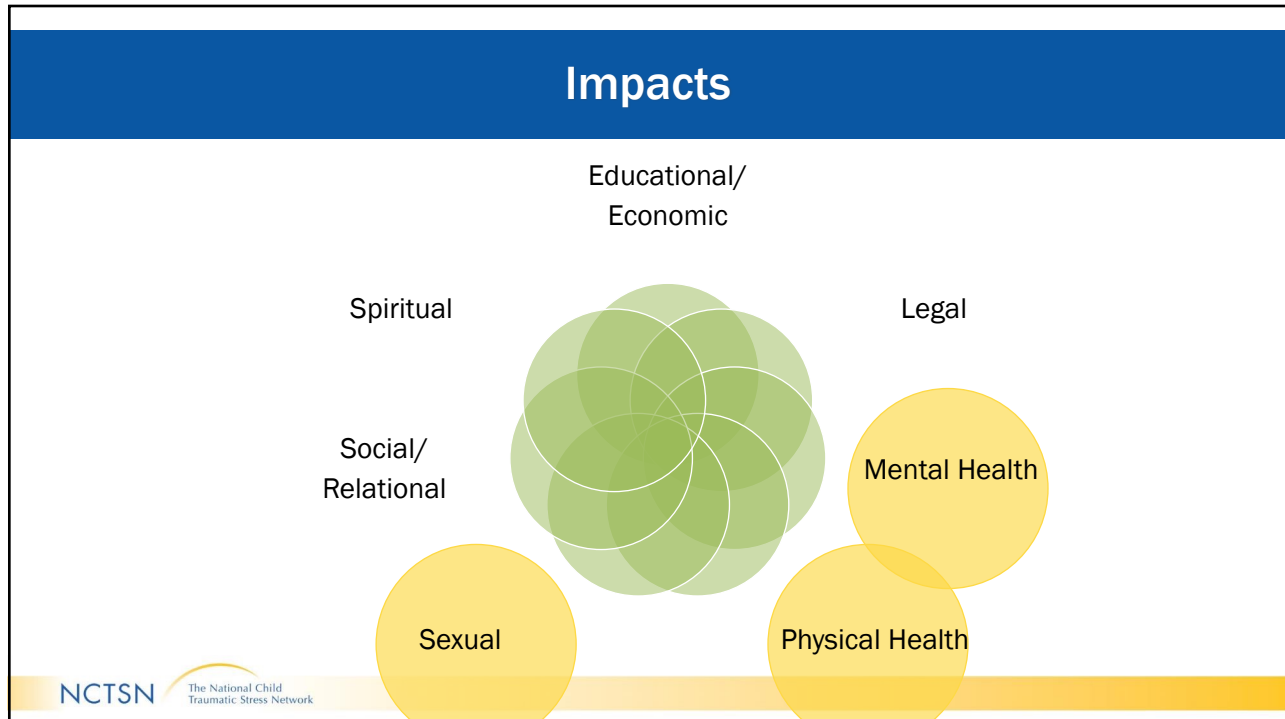
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Indicators: Child Labor trafficking

- Pressured by employer to stay in a job or situation they want to leave
- Owe money to an employer or recruiter
- Not being paid what they were promised or are owed
- Do not have control of their passport or other identity documents
- Living and working in isolated conditions
- Cut off from interaction with others or support systems
- Monitored by another person when talking or interacting with others



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Mental Health Impacts

- Impaired attention or concentrating
- Being easily irritated or angered
- Trouble falling asleep or sleeping too much, nightmares
- Dissociation
- Difficulty with emotional identification, expression, and regulation
- Intrusive thoughts
- Difficulty relating with others
- Self-blame, guilt, low self-esteem and shame
- Depression
- Anxiety
- Substance use or dependence
- Suicidal thoughts or self-injurious behaviors
- Changes in sense of self and worldview

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Physical Health Impacts



- Impacts from physical violence
- Malnourishment, new medical illness or exacerbation of pre-existing chronic medical conditions
- Sexually transmitted infections (STIs) and HIV/AIDS
- Forced or elective abortion, miscarriage, maternal complications and fetal/newborn complications.
- Genital and/or anal trauma and rarely, more severe internal injury
- Dental complications
- Substance use problems and related medical complications
- Forced tattoos or branding
- Chronic pain and/or fatigue

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Sexual Impacts

- Experiences and understanding of healthy sexual relationships
- Problems with sexual function and pleasure
- Reproductive health challenges
- Fears and concerns regarding acceptance by partners



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RESPONSE AND RESOURCES

FOR CHILD TRAFFICKING

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RESPONSE: West Virginia

- Mandated reporting is required when there is reasonable cause to suspect that a child is neglected or abused, including sexual abuse or sexual assault, or observation of a child being subjected to conditions that are likely to result in abuse or neglect.
 - Includes human trafficking
- The West Virginia Age of Consent is **16 years old**.
 - Individuals aged 15 or are not legally able to consent to sexual activity

The report must be made immediately and not more than 24 hours after suspecting abuse or neglect to the Department of Health and Human Resources Child Abuse and Neglect Hotline

CALL: 1-800-352-6513

EMAIL: dhhromcfhfamplan@wv.gov

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National Human Trafficking Hotline

- Since 2007, operated by Polaris
 - 24/7 support and a variety of options for survivors of human trafficking to get connected to help and stay safe.
 - Trained hotline advocates take tips of suspected human trafficking from community members and help survivors build plans so they can safely leave their situations or get the help they need to rebuild their lives
 - More than 200 languages
- **CALL:** 888-3737-888
 - **TEXT:** BEFREE or HELP to 233733 or text “befree”
 - **CHAT:** [Humantraffickinghotline.org/chat](https://humantraffickinghotline.org/chat)
 - **EMAIL:** Help@humantraffickinghotline.org
 - National Human Trafficking Referral Directory

PolarisProject.Org

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West Virginia Human Trafficking Task Force

- Agencies working collaboratively to fight against sex trafficking
- Includes resources, a schedule of upcoming events related to sex trafficking across the U.S., and how an individual may get involved.



WV State Police Missing Children Clearing House:
1-800-352-0927

WV Abuse and Neglect Hotline: 1-800-352-6513

WV Fusion Center: 1-866-WWATCH

StopHumanTraffickingwv.org

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West Virginia Center for Children's Justice



- Provides resources and information to protect, prevent, educate, advocate and provide services for children who have experienced abuse and neglect
- Identifies:
 - Risk factors for human trafficking
 - Venues for sex trafficking
 - Networking characteristics
 - Trafficking indicators
 - Victim identification
 - What if I suspect a child being trafficked?
 - Programs, resources, and supports
 - WV service providers

HandleWithCareWV.org

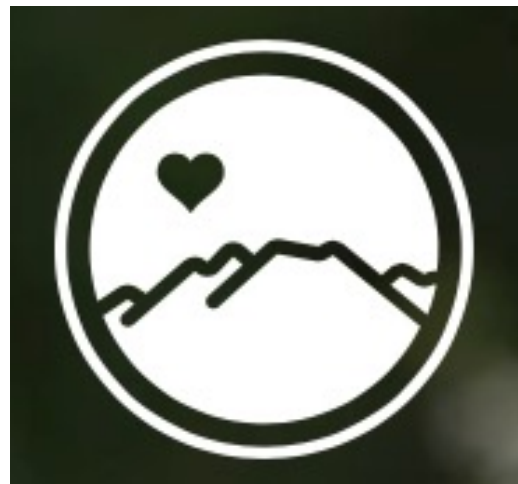
West Virginia Child Advocacy Network

- 21 Child Advocacy Centers
- Works to ensure that children receive the services and supports they need in cases of abuse

CALL: 304-414-4455

EMAIL: info@wvcn.org

WVCAN.org



CAMC Children's Resource Center

- Provides children and families with the necessary care to reduce and minimize trauma from victims of child abuse
- Conducts medical evaluations for the child to identify the child's needs and services available to them

CALL: 304-388-9860

EMAIL: camcfoundation@camc.org



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Monongalia County Child Advocacy Center

- **Resiliency Services:** Forensic interviews, Family advocacy, Therapy
- **Programs:**
 - **Child Advocacy Center (CAC) Program:** Services for children who have experienced abuse.
 - **Community Education (CE) Program:** Provides education on child abuse, prevention, and resources.
 - **Preventative Care (PC) Program:** Program for at risk children who have experienced trauma, loss, anxiety, depression, domestic violence., etc.
 - **Drug Endangered Children (DEC) Program:** Treatment program for families impacted by substance use disorders.
- **Resources:**
 - Including Teaching children internet safety

CALL: 304-598-0344



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NCTSN Resources

NCTSN Website: www.NCTSN.org

What is Complex Trauma?
A Resource Guide for Youth and Those Who Care About Them

This report was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the author and do not necessarily reflect those of SAMHSA or HHS.

Sexual Health and Trauma

Sexual health is a fundamental part of your physical and emotional health, and has an impact on your overall well-being. Defining sexual health, however, can be complex as the concept varies widely across cultures, societies, individuals, and even geography. According to the World Health Organization, "sexual health is the state of physical, emotional, mental and social well-being in relation to sexuality. It is not merely the absence of disease, dysfunction, or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled."

Most youth in the United States face significant barriers for accessing accurate and informed sexual health information. Receiving trauma treatment should not be another barrier for youth to access sexual health conversations and information.

When a child enters trauma treatment, it is an opportunity to engage in a positive sexual health conversation.

NCTSN Resources

Trauma-Informed Guiding Principles for Working with Transition Age Youth: Provider Fact Sheet

The purpose of these guiding principles is to help providers and various systems recognize the impact of trauma on transition age youth (TAY) by offering foundational principles for understanding and working with TAY. These principles include concrete, resilience-building strategies while using a trauma-informed approach.

This product was developed to support service providers across various

Complex Trauma:
Facts For Service Providers Working with Homeless Youth and Young Adults

Charles is a homeless 18-year-old with a long history of physical abuse and neglect. He was placed in a number of foster homes, then ran away to live on the street. He has used a variety of resources in the community since he became homeless about two years ago, and many agencies know him. When trying to access services, Charles often has "run-ins" with staff. He loses his temper easily and often, when staff try to redirect him or try to enforce program rules, will leave appointments abruptly. Charles' longest stay in a residential program has been three weeks due to his difficulties relating to others and complying with rules. Charles appears to have friends, but his frequent verbal and sometimes physical arguments result in relationships that are short-lived. While quite articulate and bright, Charles dropped out of school after completing the ninth grade. When case managers set him up with tasks or schedules to help him pursue his GED or high school diploma, Charles struggled to make appointments and follow his case plan. Additionally, Charles has not found a job despite his apparent desire to work. He reports occasional drug and alcohol use, especially when feeling depressed or anxious.

NCTSN Resources

Taking Care of You

Talking to people about suicide is hard. You need and deserve to take care of yourself - you matter.

Sometimes people may think they "don't deserve" or "don't need" time for themselves, but everyone needs time to rest and recharge. If you want to help someone else, your first need to help yourself.

It is normal to have a lot of feelings when someone you know or care about is thinking about hurting themselves.

What does it mean to take care of yourself?

- Plan time to decompress and take in the conversation you just had.
- Think about taking care of yourself ahead of time. Start practicing different activities right now that will work for you.
- Set boundaries as a way to engage in self-care, especially for those who support others. This means feeling comfortable saying "no" to requests that keep you from staying emotionally healthy.
- Even though you might feel guilty when you say no for the first few times, this actually makes sure your needs are met. Saying no helps you continue to do your best when supporting others.
- Do things that help your overall well-being. This means checking in with your mind and body to improve your health. You can incorporate different activities that work for you in your everyday life, especially when you are feeling stressed or down.

Hotlines:

- National Suicide Prevention Hotline (1-800-373-8255)
- Trevor Project (1-866-488-7386)

Self-Care:

- <https://asapnctsn.org/staying-socially-connected-during-covid-19/>
- <https://asapnctsn.org/healthy-habits-during-the-covid-19-pandemic/>
- asapnctsn.org/self-care-helps-us-care-for-others/

Conversation Starters:

- <https://selfcarehelpcard.org/>

Suggested Citation: Barker, A., Sells, N., O'Connell, M., Horowitz, N., Arora, A. (2022). Taking Care of You. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress. Acknowledgment: The authors of this fact sheet series also want to thank Chris Farnham and Ty Asher for their valuable support and guidance.

Talking About Suicide with Friends and Peers

Whether you are a neighbor, classmate, or friend, you can be there for someone working through hard stuff. Sometimes the hard stuff can be so long as someone having thoughts of self-harm or suicide. If that happens, there is a lot you can do to help AND you don't have to do any of it alone!

Even the most skilled professionals who are experts in suicide prevention would not be able to solve the situation in one conversation.

There might be times when someone does not want your help. In these situations, knowing when and how to seek guidance from suicide prevention and mental health resources is vital and will help you as you try to connect someone to the care and protection they need.

What YOU Can Do

ASK:

- Suspect someone might be thinking about suicide? You can ask them.
- You won't encourage someone to consider suicide just by asking them about it. Instead, you are giving them a way to talk about it instead of acting on it.

LISTEN:

- Give someone space to talk without fear of judgment. This is one of the most powerful ways to help someone.
- Listen without jumping in and giving suggestions. If you offer too many solutions, you might sound like you are passing judgment on their feelings.

KNOW COURAGE WHEN YOU SEE IT:

- Thank them for trusting you. It takes a lot of courage to tell someone about suicidal thoughts.
- Offer to go for a walk together or share a playlist. These can be useful for taking a mental break.

HELP TAKE SOME OF THE PRESSURE OFF:

- Don't agree to keep secrets if a friend is suicidal - that is a promise you can't keep.

The authors are grateful to the Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Health and Human Services (HHS), for their advice, and especially to members of the National Center for Child Traumatic Stress (NCTSN).

NCTSN Resources

Being Culturally & Trauma-Informed While Assisting Displaced Afghan Families

Built Connection & Trust

- Use cultural ways to show respect:
 - Stand up during hellos and goodbyes
 - Put your hand over your heart and lower your gaze when thanking a person
 - Use "jaan" (a term of respect when addressing or acknowledging someone of the same gender)
 - Ask what name they would like to be called (others don't use first names)
 - Be open to giving them a familiar name (like auntie or uncle-jaan)
 - When speaking to a family, acknowledge all family members
 - Do not use children as translators

Maintain & Strengthen Family Relationships

- Make sure parents are supported in making decisions about their children's needs
- When talking to a family, respect the role of the parents
- Help parents develop knowledge and skills on how to help children in the new environment
- Normalize challenges (i.e., I know things are different here and there are many new things to learn so let me know how I can support you or support your children)
- Respect cultural parenting practices unless they are harmful
- Always center the parent as the authority in making decisions about their children's future
- Help families develop a shared understanding of family/parent/child goals and needs

Align with Child/Family Goals & Use A Strength-Based Approach

- Use strength-based framing by asking children/families what strategies they used before to deal with an issue
- Ask about their understanding of an issue and their ideas about dealing with it before making suggestions
- Frame action as being a step towards a life goal (e.g., education, housing, employment) rather than because something is wrong with them
- Frame support as being grounded in supporting the child/family as they try to achieve their goals
- Formulate important tasks to be addressed based on what the child/family identifies as being important to them and link all activities to the achievement of that goal

Good to Know

- Be calm and compassionate
- Respect culture and diversity
- Actively listen without going into task mode too quickly
- Voice modulation is culturally bound: reflect on your biases
- Don't assume that nonverbal communication gestures (e.g., thumbs up) have the same meaning across cultures
- Let them share stories of their home country or their previous experiences but do not probe them for more details
- Help them adjust to the new community they will be resettling into (practical matters such as how to make appointments, connect with resources, learn English)
- Provide strategies for helping cope with current stress and trauma
- For additional trauma-informed strategies, review [EIS for Displaced Children and Families](#).

Suggested Citation: Basha, A., Sajady, N., Mirzay, S., Sadiq, A., Aboi, S., Louk, K., & Bryner, M. (2022). Being Culturally and Trauma-Informed While Assisting Displaced Afghan Families. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress. Acknowledgment: Thanks to the University of Minnesota Collaborative For Resilient Kids and Families in Minnesota Center for your leadership.

Children Who Are Impacted by a Family Member's Death Sentence or Execution: Information for Mental Health Professionals

Introduction: Who is Affected? In 2021 the death penalty is legal in 27 of the 50 United States, in federal jurisdictions, and in the US military. About 1,500 people have been executed in the U.S. since 1976, and about 2,500 are currently on death row throughout the country. Affected children include those with any familial relationship to the death-sentenced or executed individual (see sidebar, page 2: What We Mean by "Child" and "Family Member"). Providers should know that children may be affected even when an execution happened before the child was born, or in cases where the familial connection was not close. Providers should also be aware that in cases of intrafamilial murder, a child may be related to both the victim and the individual facing execution.

This tip sheet provides some guidelines for mental health professionals who may encounter or work with children and families related to individuals who have been sentenced to death or executed.

What we mean by "child" and "family member,"

In this document, "child" should be understood as an umbrella term that includes a wide range of ages, from young children to adolescents or young adults.


We recognize that the term family means different things to different people, some define it only in terms of a biological or legal connection and others define it more broadly to include anyone with whom there is a close feeling of connection. In this document, we are using the term "family member" primarily to mean someone to whom the child is related biologically or legally, even if the child has not lived with that individual. Thus, in addition to close relatives such as parents and siblings, the term "family member" here could refer to step-parents, step-siblings, grandmothers, grandmothers, cousins, aunts and uncles, in-laws. It could refer to someone whom the child has not known directly (for example, a grandparent who was executed before the child was born). It does not necessarily refer to someone with whom the child has had a close emotional connection, because children may be impacted by their family members' preoccupation and involvement with that individual's death sentence or execution, even if they themselves don't feel a close connection. We also recognize that much of what is presented in this tip sheet could apply to a situation in which there is no biological or legal connection between the death-sentenced or executed individual and the child, but the nature of the relationship is such that the child, or significant members of the child's family, consider that individual to be a family member.

Take Aways & Next Steps


- ✓ Trafficking is adaptable, personal and doesn't happen in a vacuum
- ✓ Be aware of indicators and experiences before, during and after trafficking
- ✓ Identify national and local resources for you and your clients

NEXT STEPS:

- JOIN** The National Center on Child Trafficking Email List
- Check out **RESOURCES:**
 - National Center on Child Trafficking (NCCT)
 - National Child Traumatic Stress Network (NCTSN)


(Polaris, 2020)

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Georgia State Home

National Center on Child Trafficking

Building Better Quality Care

STUDENTS | FACULTY & STAFF


Home
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Resources
About
Connect with Us

Join Our Email List

To receive information on new resources developed by the National Center on Child Trafficking we invite you to list. We will also share relevant resources from our NCTSN partners, as well as other important developments (our current estimate is that there will rarely be emails more than once a week).

To join, please answer the questions on this form. This information is utilized to better understand the background and expertise of our community and will not be shared with anyone beyond the NCCT team. Emails of mine will be visible in our community. Thank you in advance!

Note that it may take up to two weeks for you to begin receiving messages from NCCT after you sign up.


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Georgia State Home

STUDENTS FACULTY & STAFF ALUM

Georgia State University

Home About Child Trafficking Resources About Connect with Us

RESOURCES

These organizations provide additional helpful information and resources about child trafficking and commercial sexual exploitation

TO EXPLORE

- HEALTH, EDUCATION, ADVOCACY, AND LINKAGE (HEAL) TRAF
- LOVE146
- MY LIFE MY CHOICE (MLMC)
- NATIONAL CENTER FOR MISSING & EXPLOITED CHILDREN (NC
- NATIONAL CENTER FOR YOUTH LAW (NCYL)

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