



STATE OF FLORIDA

# 2016 Human Trafficking Response in Florida

Services and Resources Committee  
A committee of the Statewide Council on Human Trafficking

2016 Report to the Council



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## INTRODUCTION

In 2014, the Florida Legislature created the Statewide Human Trafficking Council.<sup>1</sup> Upon commencement of the Council in October 2014, the Services and Resources Committee was developed to address the specific response mechanisms available in Florida for victims of sex trafficking. Committee members include:<sup>2</sup>

- Chair Mike Carroll, Secretary, Department of Children and Families (DCF)
- Co-Chair Christy Daly, Secretary, Department of Juvenile Justice (DJJ)
- Elizabeth Dudek, Secretary, Agency for Health Care Administration (AHCA)
- Pam Stewart, Commissioner, Department of Education (DOE)
- Dr. Celeste Philip, State Surgeon General and Secretary, Department of Health (DOH)

This report will address the prevalence of sex trafficking in Florida. It will identify the existing continuum of care for survivors of sex trafficking in Florida, addressing both strengths of the system and gaps in services requiring response. It will also provide information on specific funding streams in addressing the placement and service needs of sex trafficking victims, as well as details on how monies have been spent over the last several years. Finally, this report will provide concrete recommendations to the statutorily created Statewide Human Trafficking Council for next steps to improve the continuum of care available to victims and survivors of sex trafficking in Florida.

Both the terms “victim” and “survivor” are used throughout this report. While the Committee recognizes that survivors of human trafficking are survivors at every point of their exploitation on through to recovery, the terms are used interchangeably throughout the report, often distinguishing those who have been identified and have initiated services versus those who have not yet been identified.

Additionally, the intention of this report is to address the continuum for both minors and adults. As a result, both the terms “ Commercial Sexual Exploitation of Children (CSEC)” and “Sex Trafficking” are used throughout the report to refer to the offense of sex trafficking; CSEC is only used when referring to a system, program or sub-population of survivors that involves only those under 18 years of age.

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<sup>1</sup> House Bill 7141 created s. 16.617, Florida Statutes  
<sup>2</sup> Id.

# SCOPE OF HUMAN TRAFFICKING IN FLORIDA

Establishing prevalence is a critical component in the conversation of human trafficking. Prevalence drives all aspects of response from funding to policy, resources, direct service needs and breadth of the continuum of care. Currently there is no recognized methodology for capturing human trafficking rates within the U.S. As Homeland Security Investigation (HSI), Human Smuggling and Trafficking Center (HSTC) Acting Section Chief Ramona Carey has noted, the complexity in capturing prevalence has many factors.<sup>3</sup> There is no consistent pattern in how statistics are collected nationally. Data sets do not match state to state. Non-Governmental Organizations (NGO) do not have commonality regarding how data is captured, nor do the specific data components, minimizing the ability to collect and aggregate data. Prosecutorial entities and law enforcement agencies reporting on human trafficking cases also lack data consistency nationally.<sup>4</sup> The HSTC is funding research at several universities to explore the development of a methodology, but the issue is so complex that each step in the development process is just one small piece of the larger analytical piece.<sup>5</sup> Ms. Carey feels it will be years before a realistic methodology is developed. As of today, there is no recognized methodology for capturing accurate human trafficking rates within the U.S.

The International Labour Organization (ILO) estimates that there are 20.9 million victims of human trafficking in the world. They believe that the global human trafficking market is a \$150 billion a year industry.<sup>6</sup> There are no national estimates on the number of human trafficking victims, but Polaris, an international anti-slavery organization based in Washington, D.C., does suggest that victims might reach into the hundreds of thousands nationally based on aggregated numbers of adult and minor victims of sex and labor trafficking.<sup>7</sup>

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3 Oral presentation at the 2015 Southern Region Fusion Center Conference by Homeland Security Investigation (HSI), Human Smuggling and Trafficking Center (HSTC) Acting Section Chief Ramona Carey, February 15, 2016, Montgomery, AL.

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5 Oral presentation at the 2015 Southern Region Fusion Center Conference by Homeland Security Investigation (HSI), Human Smuggling and Trafficking Center (HSTC) Acting Section Chief Ramona Carey, February 15, 2016, Montgomery, AL.

6 Polaris 2015 Hotline Statistics. More information at <https://polarisproject.org/resources/2015-hotline-statistics/>.

7 Polaris 2015 Hotline Statistics. More information at <https://polarisproject.org/resources/2015-hotline-statistics/>.



## National Human Trafficking Resource Center Data<sup>8</sup>

The National Human Trafficking Resource Center (NHTRC), run by Polaris, operates a 24-hour national hotline that receives tips, provides service referrals, and offers technical assistance pertaining to all forms of human trafficking. This includes the commercial sexual exploitation of both children and adults, the labor trafficking of children and adults, and domestic servitude. DCF and DJJ regularly analyze NHTRC trends regarding all forms of trafficking as it is critical to their missions to protect Florida's vulnerable children. The discussion of this data here is intended to provide an overview of the prevalence of sex trafficking, among all forms of human trafficking, in Florida. The NHTRC has collected data from the hotline since December of 2007. The following data was gathered from calls placed to the hotline between December 7, 2007, and December 31, 2015.

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DCF and DJJ regularly analyze NHTRC trends regarding all forms of trafficking as it is critical to their missions to protect Florida's vulnerable children.

During this period, Florida residents placed 6,819 calls to the National Human Trafficking Resource Center (NHTRC) Hotline. This represents the third highest call volume in the United States. Of these calls, 1,510 (22 percent) were classified by the NHTRC to have moderate or high potential of being a legitimate report of human trafficking. Florida data collected between 2013 and 2015 show 1,136 reports, with 367 (32 percent) involving minor victims. Within this population, 83.6 percent were female and 16.4 percent were male. They did note that these findings are not cumulative and not all victims identify gender. "Of the 1,136 potential cases reported to the NHTRC from 2013 to 2015, 802 (71 percent) were classified as sex trafficking," 207 (18 percent) were classified as labor trafficking, 44 (4 percent) were classified as both, and 83 (7 percent) were not specified. The reports of trafficking spanned from Pensacola to the Keys. From 2013 – 2015, there was a shift in the form of sex trafficking reported to the NHTRC. In 2013, the most common venue for sex trafficking was the commercial-front brothel. In 2014, this shifted to the Online ad, venue unknown category with the most reported cases. This again changed in 2015, with the hotel/motel based sex trafficking as the most reported venue.<sup>9</sup>

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8 All data in this section were collected from the National Human Trafficking Resource Center Data Breakdown: Florida State Report 12/07/2013 – 12/31/2015. More information on the NHTRC is available at <http://traffickingresourcecenter.org/>.

9 National Human Trafficking Resource Center. More information can be obtained at [traffickingresourcecenter.org](http://traffickingresourcecenter.org).



## Limitations in Capturing Human Trafficking Data in Florida<sup>10</sup>

There are some major limitations in regards to collecting and analyzing human trafficking statistics in the State of Florida, especially with regard to adult victims.

Using tips and calls to hotlines as a proxy for human trafficking prevalence may not correlate to the actual number of human trafficking cases. Better campaigns on awareness of human trafficking will translate to more phone calls regarding possible cases of human trafficking, not necessarily a higher prevalence of human trafficking cases itself. The only way to truly know the prevalence of human trafficking within the state is by a standardized data collection method, which does not currently exist.

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Second, open source and news outlets may initially identify the crime as a human trafficking case, but once the criminal justice process begins, there may not be enough evidence to charge, prosecute, or convict the individual of human trafficking. Outcomes have varied from dismissed, dropped, adjudication withheld, and other charges being issued by the prosecution in lieu of human trafficking such as kidnapping, procure for prostitution, and exploitation of a minor.

The Miami-Dade (Circuit 11) State Attorney's Office has made some promising efforts in collecting data on human trafficking cases. They have formed a specialized unit including detectives, victim advocates and prosecutors that focus specifically on human trafficking cases. Each case referred to this unit (and determined to likely be human trafficking) is tracked from initiation through conviction by recording all pertinent information in a spreadsheet. Regardless of what the defendant is ultimately convicted of or pleads to, these cases are counted as human trafficking cases for the purposes of data collection in an effort to obtain a more accurate count of human trafficking cases while using a spreadsheet is labor intensive, this is a promising practice for obtaining a more accurate count of perpetrators of human trafficking.<sup>11</sup>

Lastly, in regard to arrest records, the State of Florida has specific statutes for human trafficking, but no offense code. This means that we can only observe those individuals that who successfully been charged with human trafficking under statute 787.06. If the offender committed human trafficking but no victim would testify against them, it is possible the offender would be charged with a different crime or no crime at all. An offense code for human trafficking would

<sup>10</sup> All information within this section was provided by Criminal Intelligence Analyst, Florida Department of Law Enforcement (FDLE)

<sup>11</sup> All information within this section was provided via phone on 3/30/2016 by Sandra Lawrence, Circuit 11 State Attorney's Office



create a location in which law enforcement could categorize what type of crime had occurred, regardless of whether it was charged under statute 787.06.<sup>12</sup>

## Florida Abuse Hotline Data

All reports alleging the human trafficking of children should go through the Florida Abuse Hotline. The hotline has coded reports of suspected human trafficking since May 2009. The hotline accepts calls related to minor victims only. Initially, all reports to the hotline were coded “human trafficking,” regardless of whether they were reports of CSEC, labor trafficking, or domestic servitude. Over the past few years, DCF has adjusted human trafficking maltreatment coding in response to what they have learned through data and case analysis.<sup>13</sup>

From January 2013 through June 2015 reports to the hotline were coded as “labor trafficking” or “CSEC-non caregiver.” In addition to those two maltreatment codes, the hotline continued to have the ability to code for “human trafficking” as a general maltreatment indicating the allegation of human trafficking, but without a determination of type. Any allegation of CSEC in which the alleged perpetrator was believed to be a parent or caregiver was coded as “sexual exploitation.” The “sexual exploitation” maltreatment included abuse or neglect components outside of the human trafficking allegation. Therefore, there was no ability to pull clean numbers from the “sexual exploitation” maltreatment code.<sup>14</sup>

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Since July 2015, there are only two maltreatments which may be utilized for a human trafficking allegation: labor and CSEC.

In an attempt to gain better data on the prevalence of human trafficking, DCF again amended its maltreatment coding. Since July 2015, there are only two maltreatments which may be utilized for a human trafficking allegation: labor and CSEC. CSEC maltreatment may be an “in-home” report, indicating a parent or a caregiver as the alleged perpetrator; it may be an “other”

report, indicating a non-caregiver as the alleged perpetrator; or it may be an “institutional” report, indicating the alleged perpetrator is an institution.<sup>15</sup>

A June 2015 report from the Office of Program Policy Analysis and Government Accountability (OPPAGA) highlighted the difficulties with measuring CSEC rates, specifically noting that often the only CSEC cases that can be measured are those in which the victim has come into contact with a formalized system, such as

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12 All information within this section was provided by Criminal Intelligence Analyst, Florida Department of Law Enforcement (FDLE).

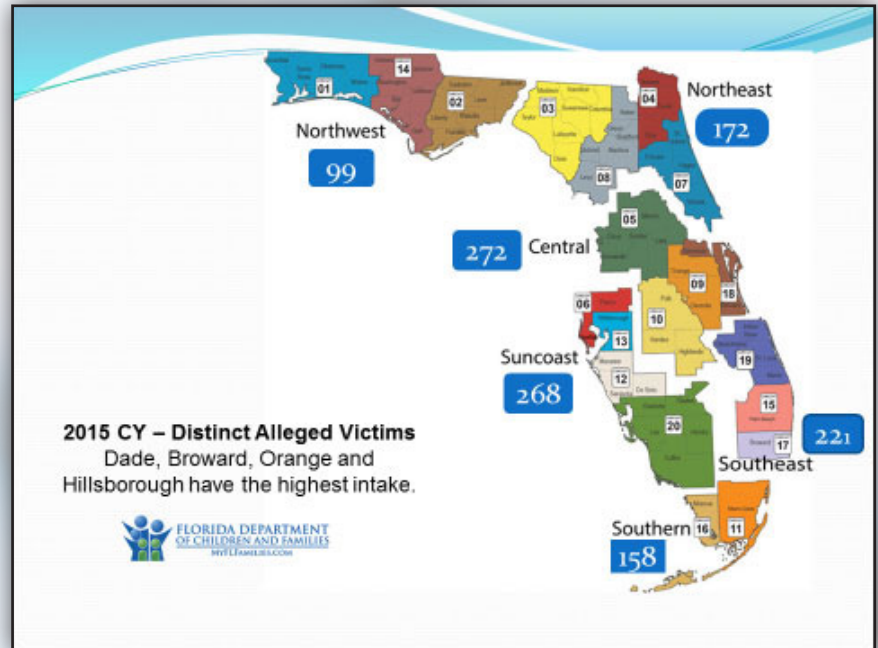
13 All information was provided 2/24/2016 by Kimberly Grabert, Statewide Human Trafficking Prevention Director for the Florida Department of Children and Families.

14 Id.

15 Id.



DCF or DJJ.<sup>16</sup> The low self-disclosure rate of victims equally hampers efforts to identify and serve victims.<sup>17</sup> OPPAGA reported that an analysis of maltreatment coding found the hotline accepted 826 reports on sex trafficking between July 2013 and December 2014.<sup>18</sup> Of those 826 investigations, DCF verified CSEC for 170 victims, with 40 percent of the reports with a CSEC maltreatment originating in three counties: Broward (16 percent), Miami-Dade (15 percent) and Orange (10 percent), and 21 percent of the reports were verified for CSEC with 10 youth verified for CSEC in more than one investigation. Fifty-five percent of the identified victims in the verified cases located in Broward, Miami-Dade, and Orange counties. Of these verified victims, demographical information indicated 95 percent of the youth were female, 72 percent were age 15 or older, 55 percent were African-American, and 56 percent were living with a biological parent or adoptive parent when the report was received.<sup>19</sup>



## Victims with DCF Involvement<sup>20</sup>

### Risk Pool

The information that is used to identify a potential CSEC victim in DCF care includes all children (under the age of 18) in out-of-home care or in a living arrangement who meet one of the following criteria: a) have eight (8) or more runaway episodes in the past year; b) have ever had a runaway episode with

- <sup>16</sup> Office of Program and Policy Analysis & Government Accountability report, “State and Local Agencies Are in Initial Stages of Addressing Needs of Child Victims of Commercial Sexual Exploitation,” Report No. 15-06, June 2015.
- <sup>17</sup> JAC Human Trafficking Pilot Briefing Report, Florida Department of Juvenile Justice, January 23, 2014.
- <sup>18</sup> Office of Program and Policy Analysis & Government Accountability report, “State and Local Agencies Are in Initial Stages of Addressing Needs of Child Victims of Commercial Sexual Exploitation,” Report No. 15-06, June 2015.
- <sup>19</sup> Id.
- <sup>20</sup> All data in this section was provided in November 2014 by Kimberly Grabert, Statewide Director for Human Trafficking Prevention at the Florida Department of Children and Families.



possible involvement in prostitution; c) have ever had a verified allegation of human trafficking (sex trafficking); d) have ever had a verified allegation of sexual abuse; and/or, e) have ever had a verified finding of sexual exploitation. This count fluctuates from day to day. The numbers used in this report are based on data from February 23, 2016. On that particular day, 814 children met the criteria detailed above. By region, the Suncoast had 185 youth (23 percent), Southeast had 171 youth (21 percent), Central had 164 youth (20 percent), Southern had 117 youth (14 percent), Northwest had 110 youth (14 percent), and the Northeast had 63 youth (8 percent) of the total risk pool.<sup>21</sup>

From that risk pool, 214 children were able to be verified as CSEC victims based only on the components of a) have ever had a runaway episode with possible involvement in prostitution; b) have ever had a verified allegation of human trafficking (CSEC).<sup>22</sup>

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The goal of this analysis is to better understand the number and characteristics of victims of human trafficking among children served by DCF.

RTI International has initiated a research project with DCF entitled, “Addressing the Underreporting of Minor Victims of Sex Trafficking.” This study results from a Department of Justice grant, National Institute of Justice Grant 2012-IJ-CX-0025. The study will run for a 12-month period, concluding December 2016. The study will review children for whom allegations of a human trafficking and/or child maltreatment were made between January 1, 2011, and June 30, 2015. The goal of this analysis is to better understand the number and characteristics of victims of human trafficking among children served by DCF and to estimate the extent of unidentified trafficking within this population. RTI analysts will use administrative data to describe the number and characteristics of victims of sex and labor trafficking identified from new allegations and among current DCF youth. RTI will then use statistical models to assess: the potential for underreporting of trafficking within DCF, based on risk profiles of those identified as trafficked; distinctions between subpopulations of trafficked children (e.g., those exploited by caregivers or other adults); the relationships between county- or region-level factors and the number and characteristics of trafficked minors identified. Factors may include economic, demographic and social characteristics, or system characteristics such as investigational processes and service availability.<sup>23</sup>

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21 Florida DCF Report, Human Trafficking Risk Pool Listing – Report #1010, dated February 24, 2016

22 Id.

23 RTI International memo, Proposed Project Summary Format for Internal DCF Review, Titled “Addressing the Underreporting of Minor Victim Sex Trafficking.”



Findings from this study can support policy and practice to improve identification of minor trafficking victims. Additionally, better information about the extent of minor victims of trafficking will support advocacy for resources needed to provide needed services.

### **Missing Youth (under 18 years old)**

The National Center for Missing and Exploited Children (NCMEC) estimates that in 2014, 1 out of 6 of the reported endangered children were likely victims of sex trafficking.<sup>24</sup> In 2015, this number increased to 1 out of 5.<sup>25</sup> More than 70 percent of the reported endangered children were in the care of social services or foster care at the time they were reported missing.<sup>26</sup> These statistics require some clarification. NCMEC identifies all missing children as endangered, this is not a specialized criterion. NCMEC does not receive reports on every child and teenager who runs away so this figure only reflects runaways who are reported to NCMEC by a parent, legal guardian, or law enforcement. NCMEC prefers that the statistics not be taken as a prevalence indicator, but rather a trend. Also, although NCMEC uses the phrase “likely a child sex trafficking victim,” they have very high internal criteria for identifying a case as child sex trafficking; therefore, these are not youth “at risk” but rather there has been some form of confirmation of commercial sexual exploitation. Although these cases of child sex trafficking are confirmed, NCMEC utilizes the word “likely” to provide some room for the possibility that information could evolve in the case after NCMEC’s involvement ends that would negate this label. NCMEC doesn’t have any documented cases of a child being identified as a victim of trafficking and that identification later changing. While the enactment of Public Law No. 113-183, Preventing Sex Trafficking and Strengthening Families Act, and its requirements are drastically changing the volume of reporting coming into NCMEC from child welfare, Florida is the only state that has an automatic feed to NCMEC on missing children. It is one of few that even has a state law that requires child welfare to report to NCMEC. So, while the majority of NCMEC CSEC victims have been identified as missing from care, when NCMEC looks at who is reporting runaways to NCMEC, child welfare makes up one of the lowest numbers of runaway reports, again with Florida being the exception.<sup>27</sup>

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24 National Center for Missing and Exploited Children. More information at <http://www.missingkids.org/in5>

25 Id.

26 Id.

27 Email from Melissa Snow, Program Specialist, Child Sex Trafficking, NCMEC dated February 25, 2016



Since 2003, the DCF has been reporting children who go missing from the care and supervision of the state to local and state law enforcement. Currently, DCF rules and policies require that a youth whose whereabouts are unknown be reported as missing with local law enforcement no later than four hours from when it is learned that the youth is thought to be missing.<sup>28</sup> All missing child episodes must be entered into the Florida Statewide Automated Child Welfare Information System no later than one working day from when it has been learned by the service provider that a youth is/was considered to be missing.<sup>29</sup>

All active missing child episodes within FSFN are reviewed each workday against the Florida Crime Information Center/National Crime Information Center (FCIC/NCIC) to ensure that the youth are still classified as missing with local law enforcement. All validated active missing child episodes with an associated active/removed missing child entry in FCIC/NCIC have their missing child opening and recovery information electronically transferred to the Florida Department of Law Enforcement/Missing and Endangered Persons Information Clearinghouse (FDLE/MEPIC) for case opening/closing with state law enforcement and posting/removal from the FDLE/MEPIC website. FDLE/MEPIC then electronically transmits all of this case opening and case closing information to the National Center for Missing and Endangered Children (NCMEC) each workday.<sup>30</sup> For the 2014-2015 state fiscal year (SFY), 9,136 Missing Child Reports were entered into FSFN, and 5,241 of those (57 percent) were resolved within one day from the date that the youth went missing, 6,223 (68 percent) were resolved within two days, and 6,859 or 75 percent were resolved within three days from the date that the minor went missing. The majority of these entries were generated by youth between the ages of 15-17, and 21 percent were generated by youth between the ages of 12-14. A youth with eight or more missing child entries during SFY 2014-2015 numbered 315, the same number that accounted for 5,178 of the 9,136 entries (57 percent).<sup>31</sup>

## Victims in the Juvenile Justice System<sup>32</sup>

Through a data sharing agreement with DCF, DJJ is able to cross-reference delinquency information with information on cases called into the Florida Abuse Hotline for human trafficking. The following information is based on human trafficking reports made between May 2009 and December 2015. During that

28 Chapter 65C-30.019, Florida Administrative Code, Missing Children: for more information go to <https://www.flrules.org/gateway/ruleno.asp?id=65C-30.019>

29 Chapter 65C-30.019, Florida Administrative Code, Missing Children: for more information go to <https://www.flrules.org/gateway/ruleno.asp?id=65C-30.019>

30 Id.

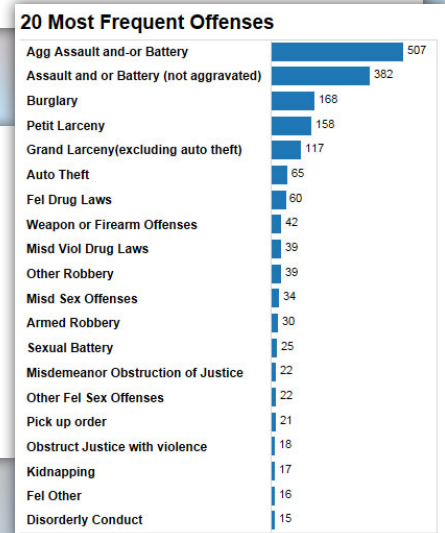
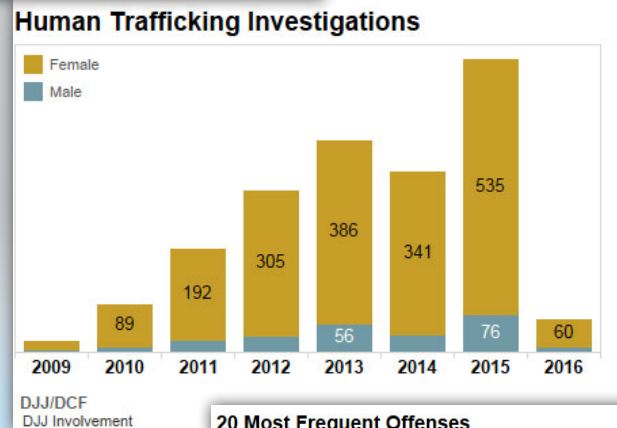
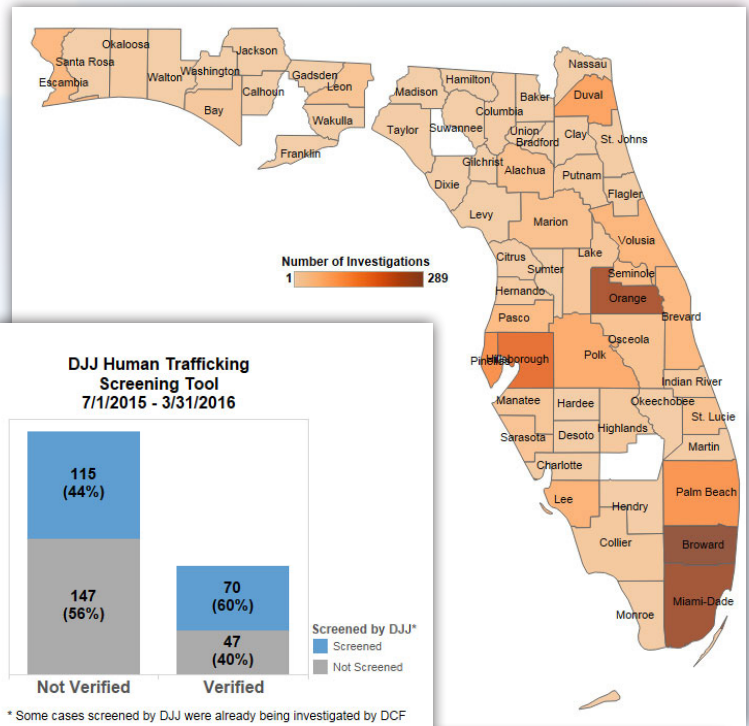
31 Florida DCF Memo No. PL 113-185 “Preventing Sex Trafficking and Strengthening Families Act Implementation.” July 15, 2015

32 All data in this section was gathered from Florida Department of Juvenile Justice and Department of Children and Families’ data analysts. Internal communications, March 2016.



Human Trafficking - Crossover Youth Dashboard  
(7/1/2009 - 3/31/2015)

time period, human trafficking reports were called into the Florida Abuse Hotline for 3,524 different youth. Of those 3,524 victims, 1,999 (56.7 percent) had some level of DJJ involvement. Of all of the cases coded as “CSEC,” 63.3 percent had DJJ involvement. Of the 1,999 victims in the juvenile justice system, 224 (11.3 percent) were male. It is interesting to note that only 111 (5.6 percent) were arrested for an offense that would be considered prostitution-related. While there are 16 different offenses in total that fall under this category, 88 (79 percent) of the arrests were for the following four offenses: Prostitution/Offer to Commit/Engage (1st and 2nd offenses), Sex Offense/Engage/Commit to Offer Lewdness, Procure for Prostitution/Offer/Agree to Secure for Lewd Act and Procure for Prostitution/Solicit Another for Lewdness. Pursuant to House Bill 545, which was signed into law in March 2016, youth under the age of 18 can no longer be arrested for prostitution or related offenses, including lewdness and assignation under section 796.07, F.S.<sup>33</sup>



Most Serious Placement	HT Crossover Youth	Percentage
Civil Citation	244	11%
Intake	316	15%
Diversion	490	23%
Probation	753	35%
Commitment	316	15%
Adult Jail	54	2%
<b>Total</b>	<b>2,173</b>	<b>100%</b>

Current Placement	HT Crossover Youth
Civil Citation	8
Intake	209
Diversion	49
Probation	306
Commitment	77
Aftercare	67
Adult Jail	15
<b>Total</b>	<b>731</b>

33 Florida House Bill 545, effective October 1, 2016



The most commonly charged offenses for this population were felony aggravated battery, misdemeanor battery and petit theft. This differs from the general delinquency pool in that misdemeanor battery, burglary and petit theft are the most common offenses; felony aggravated battery falls outside of the most common offenses for all DJJ-involved youth. As of January 2016, 166 verified victims of human trafficking (as determined by DCF investigation) were currently under some form of DJJ supervision: 78 (47 percent) were on probation, eight (5 percent) were diverted, 19 (17 percent) were committed to a residential program or on residential aftercare, five (3 percent) were placed in adult jail, and 46 (28 percent) were still in the intake process (pre-disposition). Of these 166 youth, 32 (19 percent) were verified victims under the Human Trafficking maltreatment type, 115 (69 percent) under the Human Trafficking-CSEC maltreatment type and 19 (11 percent) under the Human Trafficking- Labor maltreatment type. Of those 166 youth, 142 (86 percent) of the victims were female and 24 (14 percent) were male.

Pursuant to House Bill 7141,<sup>34</sup> in Spring 2015 DJJ began implementing a newly created screening tool, Florida's Human Trafficking Screening Tool, targeting the identification of both male and female victims of sex and labor trafficking. This instrument is comprised of primarily "forced response" questions as opposed to open-ended questions and can be utilized by non-clinical staff for the purpose of determining whether a youth is a victim of sex and/or labor trafficking. The Human Trafficking Screening Tool is currently being utilized throughout the state in all of the DJJ juvenile assessment and intake centers on youth with certain risk factors.

In the first full year of implementation (March 2015-March 2016), a total of 3,500 screenings were completed on nearly 2,500 youth. Youth may be screened more than once to obtain further information on potential exploitation, and 1,289 (37 percent) screens resulted in calls to the Florida Abuse Hotline, with an acceptance rate for these calls of 52 percent. Calls have been accepted for a total of 576 unique youth. For the calls placed to the Florida Abuse Hotline, the acceptance rate for males was 41 percent and the acceptance rate for females was 60 percent. The top five counties that generated the greatest number of youth with an accepted call were: Broward (69), Miami-Dade (44), Duval (41), Pinellas (40) and Hillsborough (30).<sup>35</sup>

DJJ's Office of Research and Data Integrity is in the process of conducting validation studies on the instrument; however, significantly more data will need to

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34 Florida House Bill 7141, effective July 1, 2014

35 All data in this section was gathered from Florida Department of Juvenile Justice's Data Analysts and provided by Bethany Gilot, Human Trafficking Director, DJJ in March 2016



be collected in order to conduct a defensible study utilizing generally accepted validation methods. DCF and DJJ staff have done presentations on Florida's Human Trafficking Screening Tool at multiple state and national conferences. As many as 18 states have personally requested a copy of the HTST for further review and some, such as Kansas, are currently utilizing slightly modified versions of the HTST in their juvenile justice settings.



## FUNDING FOR HUMAN TRAFFICKING IN FLORIDA

It has been well noted in studies on state responses to human trafficking that continued funding streams are needed to implement and sustain effective statewide responses.<sup>36</sup> Because each victim has individual stabilization and treatment needs, a broad range of services must be made available to victims throughout the state to effectively serve this population. Due to high levels of complex trauma often experienced by these victims, high intensity services may

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A fully funded approach to serving this population should include a blend of state, local, federal and private funding streams.

be required over a long period of time, which requires a long-term commitment on the part of involved state agencies and service providers. A comprehensive service approach must go beyond emergency placements and include extended therapeutic services and aftercare. Therefore, in order to provide an effective response to human trafficking within our state, funding is not only needed for the initial development of specialized services

or specialized training for existing services, but sustainable funding is needed to continually maintain the services needed to serve this population. A fully funded approach to serving this population should include a blend of state, local, federal and private funding streams.

One of the most notable examples of a state's effort to use a braided funding approach to fund services for commercial sexually exploited youth is Minnesota's funding for their "No Wrong Door" model. Minnesota's Safe Harbor Law was initially passed in 2011, noting that implementation of their statewide service model, "No Wrong Door," would not be effective until August 1, 2014, to account for the necessity of raising funds prior to implementation.<sup>37</sup>

According to the first year evaluation report on Safe Harbor implementation in Minnesota, in 2013 Minnesota made the largest state investment in the nation to date, at just over \$8 million, in the provision of services for CSEC victims, which funded a portion of the No Wrong Door model. Using a private-public partnership approach, the Women's Foundation of Minnesota has also played a role in funding the No Wrong Door framework. A survey of key informants and Safe Harbor grantees revealed that 29 percent believed that having funding and

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36 Just Response System Map: A review of current statutes, systems and service responses to juvenile child sex trafficking. Shared Hope International. 2015. <http://sharedhope.org/wp-content/uploads/2015/09/JuST-Response-Mapping-Report-Final-web.pdf>

37 Florida Department of Children and Families and Department of Juvenile Justice site visit to Minnesota to review their No Wrong Door Model. September 23, 2016.



resources available to implement No Wrong Door was a key to its success thus far. Some of the successes reported in the First Year Evaluation were: increased awareness of CSEC among professionals, increased conversation about effective services for this population and attempts to improve services, the creation of new housing and services for CSEC victims, and increased collaboration among agencies. However, it is also worthwhile to note that 67 percent of those participating in the evaluation also stated that the need for additional funding inhibited full implementation of the model, with gaps remaining in housing, services and training. Nearly three-quarters of those surveyed noted that the \$13.3 million that was initially requested of the Minnesota Legislature is needed in order to fully implement the necessary services and other components of the model.<sup>38</sup> Accounting for population differences between Minnesota and Florida, this would equate to Florida investing around \$49 million in the provision of services for human trafficking victims.

While in Florida, we see braided funding approaches at the individual program level, we do not currently have this approach at the state level. To date, funding to address the provision of services for human trafficking victims throughout the state has come through expenditure authorizations by the Florida Legislature beginning in the SFY 2013-2014.

## Agency Funding

Fiscal Year	Receiving Entity	Agency with oversight	Source	Amount	Narrative
2013 - 2014	Community Based Care Lead Agency	DCF	Non recurring General funds	\$1,468,601	Initial Safe Harbor Appropriation

These funds were the result of the passage of the Safe Harbor bill. These nonrecurring funds were designed to support Community-Based Care lead agency efforts in acquiring an estimated 50 additional safe house beds within those areas of the state experiencing the highest verification rates of juvenile commercial sexual exploitation.<sup>39</sup> These placements were expected to:

- Provide security, crisis intervention services, general counseling, and victim-witness counseling;
- Have the capability to conduct comprehensive assessments that can identify a victim's service needs;
- Provide residential care;
- Ensure that victims have access to and are receiving appropriate health and dental care;

<sup>38</sup> Minnesota Safe Harbor Report: First Year Evaluation Report. Sept. 2015. [http://www.wilder.org/Search/pages/results-reportssearch.aspx?k=Safe percent20Harbor](http://www.wilder.org/Search/pages/results-reportssearch.aspx?k=Safe%20percent20Harbor)

<sup>39</sup> Florida's Safe Harbor Act, HB 99, effective January 1, 2013



- Have access to behavioral health services, recreational activities, food, clothing, supplies, infant care, and miscellaneous expenses associated with caring for these child victims;
- Arrange for educational services, including life skills services and planning services for the successful transition of residents back to the community;
- Provide transportation for youth as needed.<sup>40</sup>

**2013-14 SFY Nonrecurring Safe House Allocation by FDCF Region and Circuit <sup>41</sup>**

Region	Circuit	2013-14 SFY Nonrecurring Amount Received	Safe House Bed Goal
Central	Circuit 09	\$234,977	8
Southeast	Circuit 17	\$352,464	12
Southern	Circuit 11	\$528,696	12
SunCoast	Circuit 13	\$352,464	18
Statewide Total		\$1,468,601	50

Following the initial Safe Harbor non-recurring appropriation from SFY 2013-2014, the Legislature identified annual recurring appropriation funds to respond to child sexual exploitation.

Fiscal Year	Receiving Entity	Agency with oversight	Source	Amount	Narrative
2014-2015	Community Based Care Lead Agency	DCF	Recurring General Funds	\$3,000,000	For placement and services of the CSEC survivor.
2015-2016	Community Based Care Lead Agency	DCF	Recurring General Funds	\$3,000,000	For placement and services of the CSEC survivor.
2016 - 2017	Community Based Care Lead Agency	DCF	Recurring General Funds	\$3,000,000	For placement and services of the CSEC survivor.

Initially, legislative proviso language directed DCF to develop an allocation methodology based on determination of the areas of greatest need. In order to track all expenses for services and placement of sexually exploited youth, DCF asked the community-based care lead agencies to use a specified Other

40 Fla. Stat. § 409.1678-Safe harbor for children who are victims of sexual exploitation, effective January 1, 2013

41 Florida DCF 2012 – 2013 Human Trafficking Annual Report, January 2014, report can be accessed from <http://www.mynews13.com/content/dam/news/static/cfnews13/documents/2014/09/dcf-human-trafficking-report.pdf>



Cost Accumulator (OCA). Tracking should continue even after the lead agency's portion of the \$3 million appropriation had been spent.<sup>42</sup>

In SFY 2014 – 2015 community-based care lead agency expenditures equaled \$3.99 million total spent on CSEC services and placement for 191 youth. The number of days a child remained in a CSEC placement ranged from 1 to 390. Individual client expenses ranged from \$48 to \$122,688, with 81 percent of the expenditures going to eight providers, detailed in the chart below.

#### SFY 2014 – 2015 Sex Trafficking Provider Expenditures<sup>43</sup>

Provider	Amount Received	Number Served	Rate per day
Devereux	\$1,303,703.00	27	\$432
Citrus Health Network	\$695,251.62	90	\$137.50
Redefining Refuge	\$226,825.00	17	\$300 - 325
Wings of Shelter Int.	\$224,755.00	5	\$225 - 245
Chrysalis Center Lilac	\$166,050.24	3	\$247.68 - 283.20
Aspire Health Partners	\$114,284.00	4	\$223 - 250
Vision Quest Sanctuary Ranch	\$114,366.56	13	\$308
Florida Baptist Children's Home	\$102,837.00	12	\$240 - 300

The human trafficking funding of \$3 million became a part of the core funding to community-based care lead agencies for SFY 2015-2016 and continues to be tracked in order to gain a true picture of the total cost of services and placements for sexually exploited youth.

42 Florida DCF 2013 – 2014 Human Trafficking Annual Report, November 2014, report can be accessed from <https://www.dcf.state.fl.us/programs/childwelfare/docs/2014LMRs/2013-14HumanTraffickingAnnualReport.pdf>

43 Florida DCF, FY 14-15 Victims of Sexual Exploitation Budget and Expenditures Final Spread Sheet



## Provider Specific Appropriations

These appropriation dollars may flow through individual state agencies, but they are for specific providers as identified by the legislature through the appropriations process. The individual agencies are responsible to execute the contracts and disburse the funds but are not involved in the identification of which providers to fund.

Fiscal Year	Receiving Entity	Agency with oversight	Source	Amount	Narrative
2013-2014	Aspire Health Partners	DCF -Central Region	Non recurring General funds	\$300,000	Placement and services adolescent CSEC survivor
2014-2015	Devereux	DCF – Southeast Region	Non recurring General Funds	\$825,027	For expansion of services to adolescent CSEC survivors
	Kristi House	DCF –Southern Region	Non recurring General funds	\$300,000	To serve CSEC adolescent girls.
2015-2016	Kristi house	DCF – Southern Region	Non recurring General Funds	\$250,000	To serve sexually exploited adolescent girls
	Kristi house	Attorney General (AG)	Federal Grant Trusts Fund	\$300,000	To serve sexually exploited adolescent girls
	Florida Children's Baptist Home, Inc.	DCF – Central Region	Non recurring General Funds	\$50,000	To serve sexually exploited adolescent girls
	Bridging Freedom	DCF – Suncoast Region	Non recurring General funds	\$1,000,000	Prepare property for building safe house
	Devereux	DCF – Central Region	Non recurring General funds	\$359,000	Recruitment and training of foster parents Serve a minimum of 25 children in a foster care setting Provide outpatient treatment to a minimum of 72 CSEC youth
	Agape Network	DCF – Southern Region	Non recurring General funds	\$100,000	To serve adult woman who are survivors of sexual exploitation
	Camillus House	DCF – Southern Region	Non recurring General funds	\$500,000	To serve adult woman who are survivors of sexual exploitation
2016-2017	Bridging Freedom	AG	Recurring General Fund	\$700,000	To provide safe homes for adolescent sex trafficking victims
	Bridging Freedom	AG	Federal Grant Trusts Fund	\$500,000	to provide safe homes for adolescent sex trafficking victims
	Selah Freedom	AG	Non recurring General Fund	\$1,000,000	Residential Housing and programming for adult human trafficking survivors



Fiscal Year	Receiving Entity	Agency with oversight	Source	Amount	Narrative
	Voice for Florida	AG	Federal Grant Trusts Fund	\$2,567,306	Open Doors: Statewide Network of CSEC programs.
	Voice for Florida	AG	Non recurring General Fund	\$50,000	Open Doors: Statewide Network of CSEC programs.
2016-2017	Camillus House	DCF – Southern Region	Non recurring General funds	\$500,000	To serve adult woman who are survivors of sexual exploitation
	Devereux	DCF – Central Region	Non recurring General funds	\$359,000	To serve CSEC youth in a variety of settings. Provide foster parent training.
	Kristi House	DCF – Southern Region	Non recurring General Funds	\$200,000	To serve sexually exploited adolescent girls
	Place of Hope	DCF – Southeast Region	Non recurring General Funds	\$200,000	To serve sexually exploited adolescent girls
	Florida Dream Center	DCF – Suncoast Region	Non recurring General Funds	\$250,000	To serve sexually exploited adolescent boys.

Over the course of the last several years, funding to DCF has remained static, and therefore the community-based care lead agencies providing direct service delivery. This limits the community-based care lead agencies' ability to serve the full population of youth. This has created barriers to the expansion of service delivery across the state, continuity of treatment as only limited areas have service and placement options, and the ability to create strategic planning opportunities. It also limits the ability to provide services to children who are not in the formal child welfare system. In contrast, funding has increased for special projects through individual provider appropriation line items. There is no evidence that this has resulted in increased accessibility to services for children not in the formal child welfare system. Growth and expansion are limited to those areas in which legislative support has the ability to obtain special appropriation funds. It is due to these factors that a comprehensive exploration of scope and scalability is needed to fully inform the conversation on what an adequately funded continuum of care is for Florida. Specific funding should be made available to contract with a state university to explore this question.



Additionally, as mentioned previously, sustainable funding is needed to continually maintain the services required to serve this population. While providers at the local level serving this population in Florida have received various combinations of funding from state, local, federal and private funding streams, in absence of a comprehensive evaluation, there is no consensus on the average cost of services per sex trafficking survivor and, therefore, it is difficult to estimate total cost of care for the population as a whole. Moving forward, understanding the cost of services per survivor, to include non-residential services, will be vital in making funding recommendations to the state and in developing a more comprehensive, systemic funding approach for serving this population. Additional evaluations should be completed on funding needs for sex trafficking prevention, training, and awareness initiatives.

# FLORIDA'S IDEAL SYSTEM

## Components of a Robust Continuum of Care

To build a strong foundation for a continuum of care, policymakers and service providers must understand the connection between the survivor's background of violence, abuse, rape, isolation or other traumas and the lasting impact these traumatic experiences have throughout one's life. Additionally, policymakers and service providers must specifically understand the acute and complex effects of the trauma of being trafficked.<sup>44</sup> To be successful, Florida must create a continuum of services that addresses all aspects of a survivor's life and involves survivors in the creation of programming whenever possible. The service spectrum should be capable of improving physical, social, emotional, and spiritual health as well as family functioning when appropriate. We must address the acute and chronic trauma, but also facilitate increased functional ability and skills development in order to help the survivor integrate into mainstream society.

A primary goal of a comprehensive care system is to shift from a system based on blame, shame, discrimination, isolation, and re-traumatization of the victim toward a model that offers validation, support, unconditional acceptance, skill building, self-empowerment, and relational safety. The following recommendations are guideposts for building a robust continuum of care that takes into account the voice and experience of the survivor.

Before discussing what services should be provided, it is important to clarify the desired outcomes we should seek. Working from a triage perspective, desired outcomes for survivors begin with the fulfillment of basic needs for food and shelter, medical treatment, and safety. Once a relationship is formed and trust is established between survivors and caregivers, advocates can work directly with the survivor to develop short-term goals such as addressing immediate legal issues or substance abuse support, and long-term goals such as completing their education, obtaining permanent housing and building a network of support.

The proposed system is designed to be flexible in order to meet the varying individual needs of local communities in Florida. The Committee understands that every community may not need or be able to support every system component locally. **However, the statewide system of care should ensure**

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Before discussing what services should be provided, it is important to clarify the desired outcomes we should seek.

<sup>44</sup> Epstein, R. & Edelman, P. (2013). *Blueprint: A Multidisciplinary Approach to the Domestic Sex Trafficking of Girls*. Center on Poverty and Inequity, Georgetown Law.



**that victims in need can access those services in other regions of the state when necessary.** Listed below are critical components of a robust continuum of care.

### Statewide Coordinated Care

Georgia, Minnesota, and Texas have state-based efforts to increase care coordination for CSEC survivors. Priorities of these initiatives include emergency response and assistance, screening and research-based assessment, safety planning, individual care plan creation, coordination and monitoring of services, mentoring, victim support and restoration, training and awareness, and collaboration. Staff from Florida’s DCF and DJJ travelled to Minnesota and Georgia to explore the strengths and limitations of their existing systems.

Georgia Care Connection was established by the Georgia Governor’s Office for Children and Families in 2009 to serve as “a central hub” for victims of exploitation. Currently operating as a Non-Governmental Organization (NGO) capable of utilizing state dollars and accepting private funds through a public-private partnership, Care Connection is the “single care coordination entity for commercially sexually exploited youth.”<sup>45</sup> Care Connection staff assess the types of services the youth needs and lead a multi-disciplinary team in developing a comprehensive care plan to address those needs. Once the plan is developed, staff locates the appropriate services and assists the family in accessing funding for those services.<sup>46</sup> While all victims are served through the Georgia Cares Connection Office, some are funded through the foster care system and those in the care of their parents utilize privately donated funds.<sup>47</sup> Since its inception in 2009, Georgia Care has received over 1,380 referrals from more than 91 of the 159 counties in Georgia of youth suspected to be victims of sexual exploitation. The average age of youth identified was just under 15. According to their research, 78 percent of youth completing Georgia Cares services do not return to an exploiter or trafficker.<sup>48</sup>

As a part of their previously mentioned “No Wrong Door” Model, Minnesota funds eight regional “navigators” who serve as care managers for all CSEC survivors in the state. The navigators are contracted through Minnesota’s Department of Health and manage multidisciplinary staffings and care plan development for the survivors in their respective regions. DOH maintains

45 Georgia Governor’s Office for Children and Families Press Release: Unprecedented Private-Public Collaboration to Support Adolescent Victims of Commercial Sexual Exploitation in Georgia (2009). Available at <http://children.georgia.gov/press-releases/2009-12-29/unprecedented-private-public-collaboration-support-adolescent-victims>

46 Id.

47 Id.

48 More information is available at [georgiacareconnection.com](http://georgiacareconnection.com).



funding for all outpatient services while the Department of Human Services provides funding for residential placements.

In 2015, the Texas Legislature passed House Bill No. 10, which served as a comprehensive bill addressing human trafficking in Texas. One component of the bill was the creation of a Child Sex Trafficking Prevention unit within the Governor's Office. This structure includes a director, two deputy directors, and eight professional staff. The goals of the unit are to assist other state agencies in leveraging and coordinating state resources directed toward sex trafficking services. The unit will facilitate cooperative efforts among the state agencies to address prevention, recovery of victims and placement of victims, in short- and long-term care. They will collect and analyze data and research and share their collected information with others serving the population. They will refer victims to appropriate services and work to provide support for child sex prosecutions, and help the State develop further recommendations. Texas will be developing their program over the next year.<sup>49</sup>

The Open Doors model was funded this year in Florida. This private-public partnership model will initially target five identified areas: Northeast (Jacksonville area), Big Bend (Tallahassee area), Central (Orlando area), Suncoast / Tampa Bay (Tampa area), and Southwest Florida (Ft. Myers / Naples area). The goals of the Open Doors model will be to develop and implement emergency response and assistance; victim support, survivor mentors, screening; access to clinical services, research-based assessments, safety planning, individual care plans, coordination of mentoring services, training; public awareness, and collaboration. Coordinated care models across the nation have been evaluated in the development of this model.

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To date, there are no known statewide coordinated care systems that address the sex trafficking of adults.

All of the above mentioned models serve only minor victims of sex trafficking. To date, there are no known statewide coordinated care systems that address the sex trafficking of adults.

### **Implications for Florida:**

**First, as Florida's system is fragmented and our ability to strategically manage care of survivors is weak, the state should adopt a coordinated care approach that, preferably, serves both minors and adults.** In such a system, care management and funding for services would be overseen by a singular entity. This entity could be located in the Governor's Office or

<sup>49</sup> Texas HB 10 <http://www.legis.state.tx.us/BillLookup/History.aspx?LegSess=84R&Bill=HB10>



contracted through it. Alternatively, it could be an entity under the Governor and Cabinet to enhance the connection to the Office of the Attorney General.

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All victims and suspected victims should be provided services regardless of the system or provider that identifies them.

The entity would provide centralized leadership and coordination to ensure survivors are assisted and funded, regardless of what system they are in. Survivors' eligibility or care management should not be limited to those cases verified by DCF or law enforcement; the entity should serve suspected victims as well. All victims and suspected victims should be provided services regardless of the system or provider that identifies them.

Community members who identify a suspected victim could report them to DCF, DJJ, law enforcement or the coordinated care entity to determine whether the person reported is actually a suspected victim.

A centralized, coordinated system would facilitate the continuity that has created improved outcomes for survivors in Georgia and Minnesota. The Texas model partnered with the Open Door model provides an excellent structure for consideration. Texas' Office of Child Sex Trafficking falls under the Governor's Office and is the overarching response for all CSEC victims. It consolidates all of the concerns as to centralized funding, comprehensive response, continuum of care expansion, and education and awareness. Such an office, expanding from a focus only on minors to include adult victims, would centralize activities, funding, and policy initiatives, while allowing the Open Doors Model to provide the direct service delivery. The recommendation would be to provide the Open Doors facilitators time to operationalize the model, establish partnerships across the identified regions, and initiate service delivery. Outcomes will be dependent on the population served over an identified period of time. In addition, the time to complete these tasks would allow engagement with Texas regarding impact and limitations to their structure.

**Second, Florida should allocate funding that follows the survivor.**

Regardless of the system that identifies the victim, access to the services that best meet the assessed needs of the survivor should be predicated not on the funding stream but on the best interest of the survivor. All survivors must receive the services that are clinically, medically, and socially indicated, regardless of whether they are in the care of a formalized system.

This legislative cycle, funding for programs and services that serve both minor and adult victims of commercial sexual exploitation went to multiple agencies. State funds designated to serve victims of human trafficking are best managed through shared direction, oversight, and accountability targets. Victims are best served by a seamless transition across systems. Cooperative management of



resources will reduce the transition time for victims to receive the services they need, wherever they may be in our systems of care. For youth, this oversight model will also allow certain essential services and supports to continue as the individual moves from community to dependency placement, or if they discharge from residential services entirely.

Cooperative management of resources will reduce the transition time for victims to receive the services they need, wherever they may be in our systems of care.

## Multidisciplinary Response

### Multidisciplinary Teams

Use of multidisciplinary teams (MDTs) to address child abuse cases has become a nationally recognized best practice. According to the U.S. Department of Justice, “It is now well accepted that the best response to the challenge of child abuse and neglect investigations is the formation of MDT.”<sup>50</sup> Child victims of sexual exploitation benefit from a similar approach. Furthermore, the Office for Victims of Crime, Training and Technical Assistance Center, has written that this collaborative model is beneficial for all victims of human trafficking (international, domestic, adult, minor, etc.), noting that “working with multiple systems can be overwhelming for victims...and in order to coordinate victim-centered service delivery, collaboration is essential.”<sup>51</sup>

Currently most local communities regularly convene a multidisciplinary team that focus on CSEC.<sup>52</sup> In 2014, House Bill 7141, placed the responsibility of the multi-disciplinary team staffings under DCF and the Community-Based Care (CBC) lead agencies mandating that these entities “conduct regular MDT staffings relating to services provided for CSEC victims... [therefore] services are coordinated across systems.” In addition to DCF and CBC staff, these staffings should include “individuals involved in the child’s care, including, but not limited to, the child’s guardian ad litem, juvenile justice system staff, school district staff, service providers, and victim advocates.”<sup>53</sup>

It may be worthwhile to explore a similar model where transitional age survivors and adult survivors actively participate as a central component of MDT staffings regarding their case. Formal memoranda of understanding (MOUs), confidentiality and information-sharing protocols and a common understanding of protocols to follow when serving a victim could be developed among service providers and law enforcement serving adult victims of trafficking. Involved

50 [http://www.ncdsv.org/images/OVCTTAC\\_HumanTraffickingResourcePaper\\_2012.pdf](http://www.ncdsv.org/images/OVCTTAC_HumanTraffickingResourcePaper_2012.pdf)

51 [http://www.ncdsv.org/images/OVCTTAC\\_HumanTraffickingResourcePaper\\_2012.pdf](http://www.ncdsv.org/images/OVCTTAC_HumanTraffickingResourcePaper_2012.pdf)

52 Information provided by DCF Office of Child Welfare resulting from survey of regional compliance with 2014 HB 7141

53 2014 HB 7141



parties might be law enforcement, victim advocates, case managers, housing providers, attorneys and any others involved in the case and/or that the survivor wishes to have at these staffings.

### **Multidisciplinary Task Forces**

While multidisciplinary team staffings focus on service provision and case planning for individual victims, equally crucial to each community or region is the existence of a task force or coalition to focus on strengthening the community's

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Together, these groups can better understand the tapestry of resources available within their community and connect to specialized services outside of their communities.

response to human trafficking. Representation in these local and regional task forces or coalitions requires, at a minimum, participation from the following: law enforcement, child welfare, juvenile justice, the courts, school system personnel, mental health and substance abuse professionals, survivors, medical providers, public health officials, non-profit community-based agencies such as child advocacy centers, runaway and homeless youth service providers, behavioral health companies, domestic violence shelters, sexual assault providers, private sector stakeholders, philanthropic service organizations, state and local government representatives, and policy Makers.<sup>54</sup> Together, these groups can better understand the tapestry of resources available within their community and connect to specialized services outside of their communities.

House Bill 7141 (2014) required DCF to initiate task forces in areas where one does not currently exist. Convening a local multidisciplinary taskforce includes clarifying a mission, reaching consensus on the various roles of members, establishing protocols for training all members, developing information-sharing protocols including privacy and confidentiality rules, and developing a formalized protocol to respond when victims are identified. The responsibilities of key participants must be clearly defined so that a chain of response can be easily activated when a victim is identified. A formal memorandum of understanding signed by all members creates a solid foundation for long-term sustainability.<sup>55</sup> Establishing a plan to resolve conflict is an essential task for the initial meetings.

### **Statewide Council on Human Trafficking**

In addition to local MDTs and multidisciplinary task forces, in 2014 Section 16.617, Florida Statutes created the Statewide Council on Human Trafficking within the Department of Legal Affairs. The Council was created for the purpose of enhancing the development and coordination of state and local

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54 2014 HB 7141

55 U.S. Department of State (2014).



law enforcement and social services responses to fight commercial sexual exploitation as a form of human trafficking and to support victims. For more information on the Statewide Council, including membership and duties, see section 16.617, F.S.

### **Implications for Florida:**

Currently, there are MDTs located in every area of the state that meet as needed. MDT staffings for investigations of a human trafficking maltreatment index are scheduled based on individual staffing schedules by county. The expectation to hold timely MDT staffings on DCF child trafficking cases is detailed in DCF agency operating procedure, CFOP 170-14 titled, “Response to Human Trafficking of Children.”<sup>56</sup> The structure of MDTs may differ from area to area, possibly led by DCF, Community Based Care lead Agency staff, or Children’s Advocacy Center staff, but when there is confirmation or suspicion of human trafficking, a multidisciplinary staffing must be initiated no later than two weeks from the abuse report intake date. Responses represent local needs and resources and the written protocols have been collected by the DCF Human Trafficking Regional Coordinators statewide. As mentioned previously, we may need to explore developing a similar option for adult victims, perhaps structured through the statewide coordinated-care approach.

There are also multiple local task forces active across Florida. These organic, grass roots task forces may cover a county or multiple counties based on the specific needs of that area. These task forces are in a variety of stages of growth, some are just beginning, while others are well established with complex responses and dedicated staff. The most recently formed task force is the Panama City Human Trafficking Coalition which includes the additional counties in the 14th judicial circuit. There are currently plans to initiate task forces in the 1st and 3rd judicial circuits as well. In an effort to unify task force response, particularly with regards to servicing adult victims, as well as to link task forces throughout the state, a collective impact model has been proposed in a paper written by Dotti Grover-Skipper, in conjunction with Dr. Leslie Gavin Dewitt and Tomas Lares. The paper titled, “Developing the Florida Anti-Trafficking Alliance: A Statewide Response to Human Trafficking,” indicates, “this is a powerful approach to cross-sector collaboration used to achieve measurable and positive effects. Successful collective impact initiatives typically have five conditions that together produce alignment and lead to powerful results: a common agenda, shared measurement systems, mutually reinforcing activities, continuous communication, and backbone

<sup>56</sup> <http://www.dcf.state.fl.us/asg/Publications.shtml>



support organizations.”<sup>57</sup> This structure would work with the centralized, coordinated system for continuity in expectations and practices.

## Specialized Victim Advocates

In the past, victims in Florida have bounced among many agencies in our system of care. At different points in their path they may be in a domestic violence shelter, DOC or DJJ facility, or in foster care. With the exception of information from the shared Human Trafficking Screening Tool, they are often interviewed and re-interviewed about their victimization. Survivors may start to develop relationships that are then ruptured by changes in placement, elopement, or multiple other factors. It is clear that lasting change in a survivor’s life

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It is clear that lasting change in a survivor’s life is facilitated by the creation of relationships with trusted individuals.

is facilitated by the creation of relationships with trusted individuals. Specialized victim advocates that work with a survivor over time and across placements on the continuum of care would provide a relationship that could be the point of stability for the survivor. The specialized victim advocate, independent of the child welfare, juvenile justice, corrections or other systems, should be an expert in all aspects of the healing process and available community resources. The advocate would be present from the initial assessment and would aid in the creation and execution of the comprehensive care plan, empowering the survivor to assist in the creation of the plan. The advocate would represent the survivor’s interests and needs, and assist them in advocating for their aspirations and concerns. The advocate would accompany the survivor to appointments, keep the survivor informed of the progress of any legal cases, and ensure appropriate information sharing among the multiple organizations and systems working with the survivor.

One concern is that many human trafficking victim advocates lack the protections afforded to sexual assault victim advocates, making it possible for them to be subpoenaed to testify in court or turn over case notes to the court. This could have a negative impact on their relationship with the survivor. Because they are often a crucial part of the healing process for a survivor, consideration should be given to drafting similar protections for human trafficking victim advocates.

### Implications for Florida:

**For Minors:** While agencies such as Kristi House in Miami currently offer this service, it is important that victims throughout the state have access to specialized advocates. One option that is being explored by the Guardian Ad

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<sup>57</sup> Developing the Florida Anti-Trafficking Alliance: A Statewide Response to Human Trafficking. Presented at 2016 Q2 Statewide Council on Human Trafficking.



Litem (GAL) program is to train GALs throughout the state to serve the role of a specialized victim advocate for this population. Because the Guardian Ad Litem Program already operates throughout the state and across multiple systems, they may be an ideal solution for specialized victim advocates for minor victims of trafficking. A consideration may be to have the Statewide Council on Human Trafficking's Services and Resources Committee continually follow-up on the implementation of this effort.

**For Adults:** Currently the State Attorney's Offices in Circuit 9 (Orange/ Osceola Counties) and Circuit 11 (Miami-Dade County) have victim advocates that are specialized to work with this population. In addition to that, Statewide Prosecutor's Offices in Tampa and Orlando are working towards having specialized victim advocates. While it is important for victims across the state to have access to a specialized victim advocate within their State Attorney's, U.S. Attorney's and Statewide Prosecutor's offices, priority consideration should be placed on remaining areas with the highest need such as Broward, Duval and Hillsborough counties. In developing a comprehensive system of care for adults. Service providers that serve adult survivors may also consider including victim advocates, or roles that function in a similar manner, as a part of their staff and services offered.

## Risk Reduction and Prevention Education

For a continuum of care to be robust, community education must move beyond general awareness efforts and begin implementing specialized curricula for at-risk youth, potential johns, and professionals working with children.

The literature on services for sex trafficking consistently points to the need for prevention education among youth most at risk. Individual-level risk factors include children who have experience abuse or neglect, runaway and homeless youth, history of being involved in the system as well as LGBTQ youth.<sup>58</sup> The impact of sex trafficking on the community at large necessitates investment in early intervention and prevention efforts. Florida's children will continue to be victimized at the same rate unless we fund efforts to prevent commercial sexual exploitation. One study done by Minnesota showed that early intervention to prevent sex trading and 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.<sup>59</sup>

58 Confronting Commercial Sexual Exploitation and Sex Trafficking of Minors in the US. 2013. Located at <http://www.nap.edu/read/18358/chapter/6#78>

59 Minnesota Indian Women's Resource Center. Early Intervention to Avoid Sex Trading and Trafficking of Minnesota's Female Youth: A Benefit-Cost Analysis (2012).



Youth within the foster care system are at high risk for recruitment into sex trafficking.

Risk reduction programming should be integrated into classrooms in our school systems. These sessions should focus on helping students understand the tactics traffickers use to recruit children, how to find a safe person if one is being targeted, building resiliency and strong daily living skills, and ensuring access to resources if they are involved in sex trafficking. Youth within the foster care system are at high risk for recruitment into sex trafficking. As such, intensive risk reduction education sessions should be incorporated for all foster care youth.

One example of a community risk reduction model is the My Life My Choice (MLMC) Project in Massachusetts. MLMC is designed to offer primary, secondary, and tertiary risk reduction interventions to particularly vulnerable girls. Pre- and post-surveys are utilized to evaluate the participants' progress over the course of 10 weeks.<sup>60</sup> The states of Massachusetts and New Jersey and some service providers in Florida are currently implementing this program with at risk teen girls and have demonstrated shifts in attitude in these girls that will aid them in resisting exploitation. This is not an evidence-based program.

One other example is LOVE146's five-module curriculum Not A #Number, which was designed for schools and other youth-serving entities and can be used with both males and females. Love146 is an international human rights organization that has piloted this curriculum, which is based on best practices in prevention education in cities throughout the nation. Not A # Number offers not only traditional awareness information, but it also "provides youth with information and skills in a manner that inspires them to make safe choices and utilize healthier support systems to decrease vulnerabilities." LOVE146 partnered with the Crimes Against Children Research Center at the University of New Hampshire to evaluate the curriculum. According to a pilot report, early findings show overall improvement as tracked by a pre- and post-test in three areas: knowledge, attitudes and intent to change behavior.<sup>61</sup>

Created in Connecticut, the I AM Empowerment Project is a 10 session curriculum designed to retrain the ways adolescent boys view women that make them more prone to tolerate or perpetrate the exploitation of girls.<sup>62</sup> By meeting once a week in juvenile detention settings, the program helps boys see the reality of pimping and humanizes prostitution to reduce the appeal of the lifestyle. The project also has a curriculum for girls aimed at empowerment and risk reduction.

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60 More information on My Life My Choice is available at [www.fightingexploitation.com](http://www.fightingexploitation.com).

61 <https://love146.org/programs/u-s-prevention-education/>

62 The I AM Empowerment Project provides youth programming, consultation, and training. For more information, contact [info@iamtrainingllc.com](mailto:info@iamtrainingllc.com).



While these curricula have not been evaluated to be evidenced based, they are considered promising practices in various reports.<sup>63</sup> Florida should further investigate these education programs for at-risk girls, potential johns, and professionals working with children to determine whether they should be implemented in Florida's communities. Education and prevention programs delivered by appropriately trained and credentialed facilitators should be implemented, particularly in areas identified as having the highest numbers of at-risk populations.

### **Implications for Florida:**

The prevention efforts in several Florida school districts have been limited to the responsive efforts of a few districts through awareness campaigns and pilot curriculum programs. Orange County Public Schools partnered with DCF and Appleton Creative, Inc. to create posters that were distributed to all secondary schools in the winter of 2015. The posters are informational and include the [www.speakouthotline.org](http://www.speakouthotline.org) tip line. Currently, Duval County Public Schools is partnering with Shared Hope International and Her Song to embed sex/human trafficking curriculum into their curriculum guides. Brevard Public Schools Health Education and School Health Services Department are working with local anti-trafficking organizations to provide assembly programs at the middle school level. They are creating language to add to the Human Growth and Development curricula. Brevard's goal is to have K-12 assembly programs during human trafficking month (January) in 2017. Miami-Dade Public Schools is working with a local organization and an NGO to create a secondary human trafficking curriculum to be introduced in 2017.

Select Orange and Seminole County public schools along with some community programs in those counties are currently piloting the Not A #Number Curriculum with their students. The Greater Orlando Human Trafficking Task Force's School Awareness Subcommittee is pursuing efforts to expand this pilot to all Orange County public schools. The local school systems participating in the pilot should continue to track the outcomes from utilization of this curriculum to determine future expansion.

In 2009, DOE created the Florida Sexual Health Community Outreach Toolkit to provide community members with information, ideas and strategies that will assist them with reducing the number of teen pregnancies and sexually transmitted diseases (STDs), improve the health and academic success of

<sup>63</sup> Human Trafficking Into and Within the United States, A review of the Literature (August 2009), OJJDP SEX TRAFFICKING Literature Review (2014), Southern Area Consortium of Human Services Literature Review: Commercial Sexual Exploitation of Children (February 2014)



In 2013, the Florida DOE was awarded a five-year Cooperative Agreement by the Centers for Disease Control and Prevention (CDC).

students, policy adoption and community engagement. In 2013, the Florida DOE was awarded a five-year Cooperative Agreement by the Centers for Disease Control and Prevention (CDC). The first undertaking was the development of the child human trafficking chapter to add to the existing toolkit. Through a corporative agreement, DOE initially worked with 15 priority districts to introduce human trafficking awareness and education in 2013.

### Partner Districts

Bay	Brevard
Columbia	Collier
Flagler	Lee
Leon	Liberty
Manatee	Orange
Pasco	Pinellas
Putnam	Volusia
Washington	

Since then, approximately 33 districts have requested technical assistance and received specific anti-trafficking training and/or professional development.

The partner districts listed above will include the DOE’s human trafficking fact sheet for schools in their back-to-school packets for parents beginning in the 2016-2017 school year.

In 2015, DOE created the human trafficking web page and all training and webinar transcripts are available at: <http://fldoe.org/schools/safe-healthy-schools/human-trafficking.stml>. The human trafficking fact sheet for schools was developed and two additional fact sheets (for parents and for students) will be unveiled during back-to-school activities in Florida. DOE’s Office of Healthy Schools is collaborating with the YES Institute of South Florida to develop the LGBTQ fact sheet. The document will be available and will be disseminated statewide during human trafficking awareness month in January 2017. DOE Healthy Schools and DOE Transportation Services is developing a school bus operator guide to help drivers identify trafficking.

### Drop-In Centers

The term “drop-in center” is currently used to describe various kinds of centers that address the needs of individuals who are being trafficked or are at risk to be trafficked. Those who are at risk may include but are not limited to: runaway, homeless men and women, those with limited English proficiency, those from diverse cultures, and those identifying as LGBTQ. Nationally, some drop-in



centers are used as places where exploited individuals can voluntarily drop in to receive voluntary services and begin redefining healthy trusting relationships. Others are more similar to day treatment centers that provide programming for individuals coming out of the life that provide group therapy or life skills training. Services may include meeting basic needs such as clothing, food, showers, laundry, and email and phone access; crisis stabilization with 24-hour access to a survivor-mentor; safety planning; support groups; legal services; individual substance abuse or mental health counseling; and an onsite nurse practitioner with a relationship with the local emergency room and other medical services. Some drop-in centers are open 24 hours a day, 7 days a week.

In order to successfully develop and sustain a drop-in center, it is important to understand this population. Sex trafficking victims have lost trust with nearly everyone and have lost their connection to the larger society. The drop-in center must focus on the development of trust, interpersonal connection and unconditional positive regard. To provide effective care management and crisis stabilization services, survivor mentors must play a key role in providing support.<sup>64</sup>

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The drop-in center must focus on the development of trust, interpersonal connection and unconditional positive regard.

Due to the prevalence of individuals on the streets who have experienced some form of trafficking, these programs are typically trained to screen for and identify evidence of exploitation, and make referrals to advanced services when and where services are available. They are excellent identification points.

Street Outreach Programs, funded in part by the Family and Youth Services Bureau of the Administration for Children and Families, offer services and connection to those youth who are most averse to traditional services. These programs are frequently run out of drop-in centers. For many youth living on the streets or outside the margins of traditional services, these programs are the only point of contact offering alternatives to youth at-risk of exploitation, or who are actively being exploited due to their vulnerable position in society.<sup>65</sup>

These programs utilize non-traditional approaches to engage youth and build relationships. Ideally these youth will eventually agree to traditional therapeutic services, and many do. For those who choose not to, the harm reduction education and services offered by street outreach advocates can be the only barrier between these youth and further addictions, health risks, and victimization by traffickers. Traditional services offered by drop-in centers are laundry, food,

64 Slesnick N, Glassman M, Garren R, Toviessi P, Bantchevska D, Dashora P. How to open and sustain a drop-in center for homeless youth. *Children and youth services review*. 2008;30(7):727-734. doi:10.1016/j.childyouth.2007.12.004. located <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2440711/>

65 John Robertson, Program Services Director, Florida Network, May 5, 2016.



internet access, supplies for basic needs such as socks, feminine hygiene items, underwear, toothbrushes, etc. These services are generally offered in exchange for the individual following program rules and contributing back to the program through acts of service and participation.

### **Implications for Florida:**

There are currently three drop-in centers with specialized programming for CSEC and sex trafficking victims. These centers include: Kristi House Project GOLD in Miami; More Too Life in Sarasota; and The Wayne Foundation in Charlotte County. The role of survivor-led or survivor-informed programming is particularly evident within these programs, which provide strong survivor mentorship for victims of CSEC and/or sex trafficking.<sup>66</sup> Kristi House and The Wayne Foundation are focused on interventions for girls under the age of 18. More Too Life serves both adult and minor females. The length of experience working with this population as well as the breadth of services are unique to the individual programs. The Wayne Foundation has been in operation for approximately one year and has built a strong working relationship with law enforcement, creating a location where the Charlotte County Sheriff's Office can immediately bring potential victims. More Too Life has been in operation for multiple years and provides a broad range of services from mentoring, transitional housing, case management, education, and advocacy services. In addition, More Too Life and Kristi House have been instrumental in the passage of Florida legislation to address the issues of CSEC and sex trafficking.

Florida also offers at least 9 drop-in centers funded by the federal Runaway and Homeless Youth Act, who also serve sex trafficking victims, but do not have specialized programming for them. The runaway and homeless youth centers have demonstrated stronger cultural competency in working with the LGBTQ community<sup>67</sup> than is seen within the CSEC and sex trafficking drop in centers.

Drop-in centers with specialized programming should be created throughout the state, starting in the other five counties with the highest incidence of trafficking: Broward, Hillsborough, Orange, Palm Beach, and Duval. A provider in Seminole County is in talks with a funder about the potential development of a drop-in program. Volunteers, staff, survivors, mentors and anyone assisting survivors in these settings should be trained in trauma-informed care. There is a need to further explore street outreach programs for broader replication across the state.

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<sup>66</sup> <http://www.gems-girls.org/WhitePaper.pdf>

<sup>67</sup> Interviews with John Robertson, Florida Network, and site visits to drop in centers.



## Reception Centers and Emergency Placement Options

Ideally, every community should provide a location where victims can be received upon identification. A reception center may be housed in an existing children's advocacy center, runaway shelter, social services agency, community-based youth services center, or drop-in center. The location should be known and trusted by at-risk individuals, advocates, law enforcement and community members, yet not fully disclosed to the public in order to protect the victims and staff. These centers should be open 24 hours a day, seven days a week and have the capacity to respond quickly with qualified on-call staff. The culture of the reception center should be welcoming, comfortable, and staffed by professionals including survivor-mentors that are specifically trained to provide services to this population. The reception center should also have the capacity to provide basic services including advocacy, crisis intervention, trauma counseling, limited medical attention, food, clothing, and a place to stay until shelter or housing is available.

In addition to the reception centers, there is a need for emergency placement options for both adult and youth victims once recovered. Immediate options for victim placement should include options for community youth, dependent youth, and adult victims of all genders. The programs should have the capacity to assess ongoing level of care needs, as well as any immediate intervention requirements for legal, medical, mental health, or substance abuse issues. These programs should be victim-centered, trauma-informed and focused on meeting the urgent needs of safety and well-being for the victim.<sup>68</sup> Individual programs should access their allowable length of stay and establish strong transitional protocols with long-term residential placements for continuity of care.

### Implications for Florida:

Currently, only one area has a defined reception center, although they do not offer all of the services outlined above. While not necessarily ideal, Miami-Dade County utilizes their Juvenile Assessment Centers as a meeting point where law enforcement, upon identifying a victim, can deliver that victim to DCF, who can initiate service referrals and begin a child abuse investigation. This is not recommended as the best option, as they are known to the general public, can be unwelcoming to youth (especially those with juvenile justice involvement), and may further traumatize victims. Reception centers should be created across Florida, starting in the five counties with the highest incidence of trafficking. Communities should start by considering providers who already offer around the clock services such as their local Children's Advocacy Center or runaway shelters

<sup>68</sup> [https://www.acf.hhs.gov/sites/default/files/orr/traffickingservices\\_0.pdf](https://www.acf.hhs.gov/sites/default/files/orr/traffickingservices_0.pdf)



with under-utilized facilities. The state should add the training and resources to equip these already existing facilities.

There is an urgent need for emergency placement for both adults and minors of sex trafficking.<sup>69</sup> Currently, the specialized housing programs available for victims of CSEC or sex trafficking all require individual intake assessment prior to placement.<sup>70</sup> This results in a delay in victims being able to access necessary services immediately and may be a factor in the high absconding rate of youth

from initial placements as well as adult victims who disappear prior to location of a program bed.<sup>71</sup> This is equally problematic for male victims and transgender victims, who have more limited options for immediate or long-term placement.

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Additional attention needs to be given to formalizing a relationship between child welfare, community engagement, and the Florida Network structure to respond to the varied and unique needs of the sex trafficking survivor.

The Florida Network of Youth and Family Services, Inc. is a not for profit statewide association consisting of 29 agencies serving runaway, homeless and troubled youth across the state. The Florida Network is a resource that has been underutilized as an obvious component of a comprehensive continuum of care. Additional attention needs to be given to formalizing a relationship between

child welfare, community engagement, and the Florida Network structure to respond to the varied and unique needs of the sex trafficking survivor.

## Variety of Residential Placement Options

As the treatment needs for survivors vary on an individualized basis, a wide array of placement options is necessary to administer an effective system of care. Outpatient services, foster care, therapeutic and community group homes, transitional housing, and both locked and unlocked residential treatment centers should be accessible to victims depending on their individual needs. A diverse continuum of care provides options that vary geographically and range in levels of intensity and restriction. This variety of placement options provides the ability to respond to an individual's need to step up or down the continuum of care and provides options to engage in services closer or further from the home community. It is not enough for services to be available. They should be effective

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69 Interviews with service providers, law enforcement, and child welfare staff throughout 2014 – 2016.

70 Interviews with residential providers for adult and minor victims of sex trafficking.

71 Interviews with Providers, Victim Advocates, Law Enforcement and Community Based Care lead agency placement staff.



and geared toward the victims' needs. Services should be victim-centered, trauma-informed, culturally appropriate, and gender appropriate.<sup>72</sup>

There are many factors that must be considered to determine the most appropriate service option at any given time. Such factors include: the victim's desire to participate in services, imminent risk, access to supportive caregivers, quality of formal and informal support for the victim, proximity to other survivors, and evaluation of the risk of recruitment. In addition, consideration must be made to prioritize the services the victim requires. This might include immediate safety threats, urgent medical needs, active substance or alcohol abuse, immediate mental health needs, and/or risk to self or others. Service level decisions are a fluid process that often require adjustments throughout the course of treatment. Additionally, placements at all levels should be tolerant of expected relapsing behaviors. Survey respondents cited a lack of understanding and willingness to persevere with a survivor as some of their biggest challenges in obtaining quality services for survivors.<sup>73</sup> Providers must understand that this population may not embrace services at the outset and may run. Policies should take into account the stages of change survivors go through and allow for these reactions.

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Providers must understand that this population may not embrace services at the outset and may run. Policies should take into account the stages of change survivors go through and allow for these reactions.

Below are placement options that should be provided by a comprehensive continuum of care:

### Caregiver Placement

Based on the survivor's individual circumstances, placement with family members may be an appropriate option. If this is determined to be safe, support services should assist the family in addressing the multiple needs of the youth. These services should include a survivor-mentor that is paired with a trained clinician. When a survivor-mentor is not available, a trained clinician should still provide these services. The support services must address the survivor's emotional and behavioral issues in the school, home, and community environments. Generally, a comprehensive support team, specially trained in sex trafficking, should have the ability to offer a range of services, depending on the specific needs of the survivor. Examples include:

- <sup>72</sup> Office for Victims of Crime, "Discussion Guide." [https://ovc.ncjrs.gov/humantrafficking/Public\\_Awareness\\_Folder/DGV/Faces\\_of\\_Human\\_Trafficking\\_Discussion\\_Guide-508.pdf](https://ovc.ncjrs.gov/humantrafficking/Public_Awareness_Folder/DGV/Faces_of_Human_Trafficking_Discussion_Guide-508.pdf)
- <sup>73</sup> Interviews with Providers, Victim Advocates, Law Enforcement and Community Based Care lead agency placement staff.



- **Targeted Case Manager** - Targeted Case Managers are essential, as they facilitate linkage to all appropriate support services.
- **Individual Therapist** - Individual therapy should be provided by a Master or Doctoral level therapist trained in Trauma Focused-Cognitive Behavioral Therapy and Motivational Interviewing. Sessions are two to five times a week based on clinical necessity.
- **Family Therapist** - Family therapy should be available when necessary and should be initiated when deemed appropriate to address family conflict, poor communication, and dysfunctional family systems.
- **Certified Behavioral Analyst** - CBA services are important in order to address the behavioral needs of the survivor, as clinically indicated.

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One model providing these intensive clinical and support services and showing signs of positive outcomes is Citrus Health Network's CHANCE program in Miami.

Additional members of the support team should include a Survivor-Mentor and, when possible, a peer mentor.<sup>74</sup> While the survivor-mentor was explained above, a Peer Mentor is not necessarily a survivor but helps provide peer support and encouragement. One model providing these intensive clinical and support services and showing signs of positive outcomes is Citrus Health Network's CHANCE program in Miami. In this program, youth have the opportunity to develop their leadership skills and become peers as

they progress in their recovery. Through the CHANCE Community Response Team, clients' and their caregivers' needs are evaluated through a variety of screening and assessment tools, which may include psychiatric evaluation, psychosocial assessment, and behavioral health screening. The treatment and service plan is developed based on the results of the assessment and addresses the needs identified. To this end, services are highly individualized, tailored, and comprehensive to meet the survivor's needs.

The treatment team ensures that the service and treatment plans' goals and objectives are appropriate, consistently pursued, and achieved in a timely manner. This is accomplished through a range of monitoring activities including telephone calls, home visits, case and treatment program reviews, interviews, and site visits. When monitoring reveals that adjustments are necessary in order to better accomplish the goals and objectives of the service and treatment plans, the treatment team updates the plan accordingly and takes action to implement these adjustments.

### **Implications for Florida:**

Between October 1, 2014, and September 30, 2015, the CHANCE Community Response Team served 75 youth within their community. CHANCE served

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74 Lloyd, Rachel. "From Victim to Survivor, Survivor to Leader." GEMS. [http://issuu.com/gems/docs/from\\_victim\\_to\\_survivor\\_\\_from\\_survivor\\_to\\_leader/6?e=0](http://issuu.com/gems/docs/from_victim_to_survivor__from_survivor_to_leader/6?e=0)



27 youth through their Specialized Therapeutic Foster Care model, and 18 youth through their specialized CSEC locked residential treatment program.<sup>75</sup> All genders were represented in the treatment sample and both dependent and community youth received treatment. The CHANCE model provides a continuum of care within a community, providing flexibility for a youth to receive multiple levels of care, depending on their need at a given time, with treatment continuity.

When it is necessary for a survivor to obtain specialized services in another area of the state, they will need support services upon their return to their community. The issue of scope and scalability needs across the state should be explored to determine how existing community resources can be leveraged with new CSEC response models to build a continuum of care. If Florida adopts a statewide coordinated care approach, it should be determined whether the targeted case manager, life coach, and peer mentor are duplicative of the services provided by the statewide coordinated care entity.

The University of South Florida (USF) is conducting an independent, academic evaluation of the CHANCE program and is showing promising outcomes with their practice model.<sup>76</sup> One issue that has arisen in Florida and in other states with survivor-mentor models is the issue of background screening. Examples were provided of survivor-mentors who could not obtain clearance to work with youth based on their criminal history. While Florida has established the ability to expunge criminal history associated with human trafficking exploitation, this process can be lengthy and there are limited attorneys who are providing this service pro bono.

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One issue that has arisen in Florida and in other states with survivor-mentor models is the issue of background screening.

### **“Safe” Foster Care Homes**

The creation of specialized foster homes for survivors requires careful planning and ongoing support. Foster care parents need specialized training and 24-hour support to address the multiple needs of exploited youth. An on-call, specially trained survivor-mentor, paired with a trained clinician, should be provided to support the youth and foster parent. Members of the response team discussed above should also

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All foster care parents should be trained in trauma, as every sexually trafficked youth has been traumatized.

<sup>75</sup> Information obtained from Dr. Kimberly McGrath, email dated 4/5/2016.  
<sup>76</sup> Armstrong, M., Johnson, M., Landers, M., Dollard, N. & Anderson, R. (2016). Citrus Helping Adolescents Negatively Impacted by Commercial Exploitation (CHANCE) Pilot Study: Progress Report. Tampa, FL: Louis de la Parte Florida Mental Health Institute. University of South Florida.



be provided. All foster care parents should be trained in trauma, as every sexually trafficked youth has been traumatized.

### **Implications for Florida:**

House Bill 7141 defines a “safe foster home” as a home that will provide a safe, separate, and therapeutic environment tailored to the needs of sexually exploited children who have endured significant trauma that will use a model of treatment that includes strength-based and trauma-informed approaches.<sup>77</sup> These homes will be certified by DCF, based on certification language that was adopted January 12, 2016, and must include the following services: victim-witness counseling, family counseling, behavioral healthcare, treatment and intervention for sexual assault, education tailored to the child’s individual needs, life skills training, mentoring if available and appropriate, substance abuse screening and access to treatment if needed, structured activities, and transition planning.<sup>78</sup>

As previously noted, Citrus Health Network’s CHANCE safe foster home program in Miami has shown promising outcomes.<sup>79</sup> USF’s evaluation of their program states, “Youth have also shown significant improvements in both life functioning and educational outcomes. In particular, significant gains have been made in family functioning, living situation, and use of recreational time.” Although improvements in educational attainment and school achievement have been slow, youth have attained significant improvements in school behavior, attendance, and time spent in school, which are important first steps towards greater academic success.<sup>80</sup> This program should continue to be monitored for reproduction. During the 2016 legislative session, DCF requested, but did not receive, funding to expand the CHANCE program into Palm Beach County, Duval County and the Suncoast Region. Funding should be provided to expand the safe foster care model throughout the state.

Devereux Florida also offers a safe foster care program called DELTA. For SFY 2015-2016, DELTA established a Specialized Foster Care Program and began recruiting and training families in both the Central and Northeast regions. That year, they received a legislative appropriation for the treatment and placement of CSEC youth. Devereux DELTA committed to have a minimum of 25 CSEC specialized foster home beds for verified victims of CSEC established by June 30, 2015 (with capacity established in at least four of the six DCF regions throughout

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77 Florida House Bill 7141 (2014).

78 Id.

79 Armstrong, M., Johnson, M., Landers, M., Dollard, N. & Anderson, R. (2016). Citrus Helping Adolescents Negatively Impacted by Commercial Exploitation (CHANCE) Pilot Study: Progress Report. Tampa, FL: Louis de la Parte Florida Mental Health Institute. University of South Florida.

80 Id.



Florida). Devereux currently has one safe foster bed located in the Central region. It would be beneficial for the Committee to gain a better understanding of the barriers with recruitment of safe foster homes.

DELTA programming served 46 individuals through residential services at Devereux's Viera Campus, Brevard Therapeutic Group Home, and Titusville Residential Group Care and served 18 individuals through Devereux's Orange, Volusia, Brevard and Polk Outpatient Program with CSEC (commercial sexual exploitation of children) specific services. Devereux provided outpatient services directly impacting 18 individuals. In terms of the number of CSEC outpatient individuals, Devereux served more than double in the SFY 2015-2016 than they did in the previous fiscal year.<sup>81</sup> The Committee has not received treatment outcome measures regarding Devereux's program and they are not currently partnered with a state university for program evaluation.

CHANCE and Devereux are the only two providers offering safe foster homes in Florida. Both Devereux and Citrus Health Networks have DCF approved curriculums for training and recruitment of foster families to serve as safe foster homes. Through their 2015 – 2016 legislative appropriation, Devereux committed to providing a minimum of 20 related HT101 training sessions, in a minimum of four of the six regions of the state. Devereux exceeded the expectation by providing 34 separate general foster parent training sessions titled Commercial Sexual Exploitation of Children: What ALL Foster Parents Need to Know in all Florida Regions.<sup>82</sup>

## Safe Homes

Safe homes are traditionally 4-8 beds and should provide a comprehensive array of services including mental health, family support, education support, career planning, trauma-informed treatment, life skills, recreational programming, survivor-led mentoring and individual counseling. They offer higher levels of supervision and more intense security measures for the protection of clients.

## Implications for Florida:

Currently, approximately 19 beds exist in four CSEC safe homes: Porch Light, Redefining Refuge, Wings of Shelter, and Hope House. These homes are located in the Central, Suncoast and Southeast regions. While not dedicated solely to CSEC, Chrysalis Health provides unlocked specialized therapeutic group care for girls with sexual trauma at their six bed ACHA licensed home in West Palm Beach. These beds serve females under the age of 18.

<sup>81</sup> Devereux Florida's Executive Office of the Governor Office of Policy and Budget Report, dated January 2016

<sup>82</sup> Id.



There are approximately 25 beds for adult survivors of sex trafficking through More Too Life, Samaritan Village, and Selah Freedom. These programs are located in the Central and Suncoast regions. There has been an expansion of adult survivor sex trafficking services through programs at Camillus House and Agape in Miami, as well as Salvation Army in Tampa. These programs are part of larger entities that provide a broader array of services than just sex trafficking programming and are not stand-alone safe houses. Bed rates vary, but are approximately 20 in these shared settings.

Capacity varies as safe houses make individual assessments for intake based on the needs of their existing clients and the potential new placements. The unique needs of the individuals can impact the level of clients the home or program is able to take in if more intense supervision is required.

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Capacity varies as safe houses make individual assessments for intake based on the needs of their existing clients and the potential new placements.

At this time, several programs have received funding in the most recent and prior legislative sessions to open safe houses for CSEC survivors, including Bridging Freedom and the Dream Center. These programs have not yet opened and are not currently serving survivors. It is estimated that they will begin taking youth under 18 in the last quarter of 2016 or the first quarter of 2017.

When Safe Harbor passed in 2013, there was a national perspective that safe houses were the appropriate model for commercially sexually exploited youth and sex trafficked adults. Through implementation of services over the course of the last several years, it has become apparent that a wide array of services is required. It has also become evident that a safe house is not a universal phrase. Because programs make their own intake criteria and may have varying degrees of intensive clinical interventions, they each provide differing levels of care. While safe homes were originally seen as a higher level of intervention, they can in fact serve a range from low risk to high-risk individuals based on the level of clinical care they are able to provide and the types of behavior they are able to manage within their homes.

Currently, state funding for these placements is available to victims in foster care or those with a DCF child protective investigation into their possible human trafficking. Limitations on funding often result in the community-based care lead agencies exhausting their fiscal allocations on dependent youth. As we see from the SFY 2014-2015 accounting analysis, it was found that community-based care lead agencies exceeded the \$3 million CSEC appropriation by almost \$1 million. This has resulted in a gap in funding and services for community youth. There

is hope that the Open Doors model will begin to address this gap, but until implementation begins and outcomes can be measured, this is speculative. Funding for adult safe homes is even more limited, as detailed in the funding section of the report, with adult service providers having to obtain their funding almost solely through private fund raising and/or individual grants. The fragmentation of funding and its impact on program sustainability supports the idea that funding must follow the victim. He or she should be able to obtain the services they need without having to enter the dependency system and without having to relocate to access specialized services.

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The fragmentation of funding and its impact on program sustainability supports the idea that funding must follow the victim.

### **Residential Treatment Centers**

The unique nature of trauma experienced by victims and the complex recovery process often supports the need for specialized congregate care facilities to meet their intensive needs, prior to placement in a home or foster care setting.<sup>83</sup>

House Bill 7141 requires any treatment center or hospital that provides residential mental health treatment to provide specialized services for survivors in the custody of DCF who are there.<sup>84</sup> It also requires that children be served in single-sex groups. Additionally, staff working with survivors must be trained in the effects of trauma and sexual exploitation and be equipped to address their needs using strength-based and trauma-informed approaches.

### **Implications for Florida:**

Devereux currently offers this level of placement for CSEC survivors at the Devereux Viera Campus Intensive Resident Treatment Center (secure) and Devereux Viera Campus Residential Group Care program (non-secure). Citrus Health Network offers this level of placement through their SIPP program in Miami and Aspire Health Partners offers comprehensive residential services for both male and female victims of sex trafficking.

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<sup>83</sup> Shared Hope's National Colloquium Report (2012).

<sup>84</sup> Florida House Bill 7141 (2014).



Youth who enter these programs receive gender and culturally appropriate, trauma informed recovery services in a safe and supportive environment. Services include: mental health, substance use and co-occurring disorder treatment services. The programs are specifically designed to address the physical, emotional and sexual trauma experienced by these youth. Residents are also enrolled in educational and vocational services, including credit retrieval and remedial tutoring.

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Future legislation should contemplate allowing mixed populations when staff has received specialized training so as to not lose capacity and experienced providers by causing programs to shut down.

Concerns have been raised by CSEC providers, Community-based lead agencies, and community advocates that there are unnecessary barriers to accessing residential treatment centers for youth who are need of deep-end mental health interventions. Concerns raised include the need for a suitability assessment for youth in dependent care before they can access long term

residential mental health programs. It has been stated that there are a limited number of individuals who can conduct suitability assessments, which delays access to services. In addition, often the assessments come back focused on the child's behavior and not the impact of their trauma on their mental health. This focus limits the ability to provide the child the quality and intensity of mental health interventions required. Finally, these groups have articulated concerns that some assessors lack adequate levels of training on human trafficking. As the state continues to build the continuum of care for victims of sexual exploitation, this topic should be closely evaluated.

Again, these programs should have independent evaluation of measurable outcomes to determine the efficacy of the programs and to work toward evidence-based programming.

One unintended consequence of House Bill 7141 is that it may prove cost prohibitive for residential programs to maintain CSEC programming if survivors have to be separated from other youth, potentially requiring twice the resources. Future legislation should contemplate allowing mixed populations when staff has received specialized training so as to not lose capacity and experienced providers by causing programs to shut down.

Adult survivors may find themselves in need of similar deep end mental health and substance abuse services. Specialized programs for adults in this setting are limited. Attention must be given to training mental health and substance abuse clinicians across the state so that existing community infrastructure can be utilized to provide services to the sex trafficking survivor. DCF has launched

clinical work groups this year to identify mental health training curriculums for clinicians as well as to evaluate how to leverage the existing infrastructure of community mental health and substance abuse providers. DCF's central region, through their Substance Abuse and Mental Health office, is piloting human trafficking training for clinicians. The training will include human trafficking 101 and a clinical intervention piece. Both Devereux and Citrus Health Network are involved in this training endeavor. Follow up with the clinicians will be needed to determine the impact on their knowledge and ability to identify the unique needs of the population.

### **Transitional & Reintegration Services**

Professionals experienced in working with survivors know that a survivor's need for services often does not end when they turn 18. In fact, many survivors are not identified until close to their 18th birthday. It is unreasonable to think that age dictates the level of support a survivor needs. Further, if the state has been unsuccessful in identifying the survivor earlier, the survivor should not suffer by having access to services for a shorter time. Transition and reintegration should be deliverable services at any age. Needs for the survivor include, but are not limited to, education, employment, transitional housing, and ongoing support services.

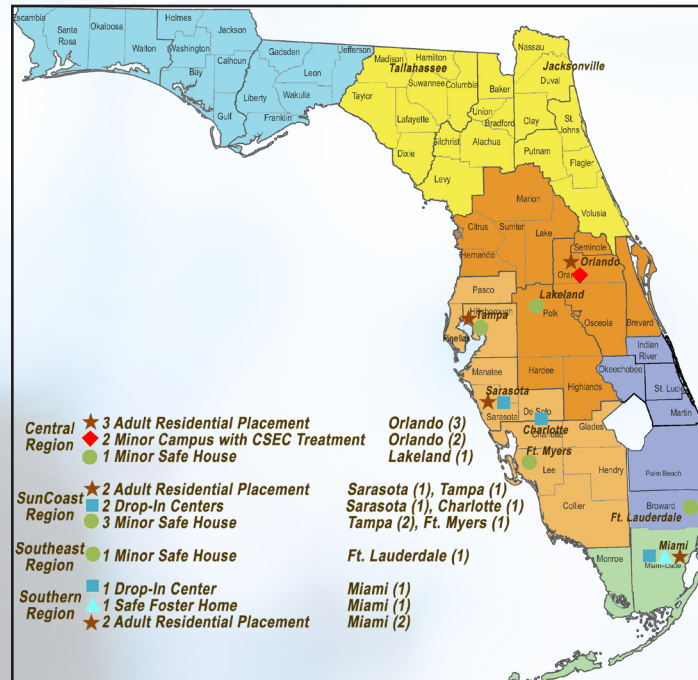
### **Implications for Florida:**

Transitional services such as transitional living, education, and job skill development should be funded for verified victims of human trafficking. Continuity of treatment is an issue that needs to be a focus. The clinical work groups detailed earlier include a deliverable to explore how to leverage the existing community mental health and substance abuse infrastructure to provide continuity of care as individuals return to their communities from more restrictive or intensive levels of care. Florida needs to determine how to roll out uniform training for mental health professionals statewide. Funding should be provided to support that endeavor.

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Florida needs to determine how to roll out uniform training for mental health professionals statewide.





## Screening and Assessment

Currently, no validated tools exist to screen victims to determine victimization or assess their needs specifically for specialized services to address the sex trafficking victimization. States such as California, Florida and Maryland have all created and implemented different tools to identify CSEC victims, and many other states have used Shared Hope’s INTERVENE tool for identification of victims; however, as of January 2016, none of these tools were considered validated. As mentioned previously, one obstacle to the validation of these instruments is that a significant amount of data needs to be collected in order to conduct a defensible study utilizing generally accepted validation methods. There is also no presence of a control group with which to compare to potential victims that are screened using these human trafficking screening tools.

With no validated tools available to utilize in Florida, in 2014, a 23-person workgroup developed the Human Trafficking Screening Tool, which was to be used as an identification tool. Pursuant to House Bill 7141,<sup>85</sup> DJJ and DCF have both implemented Florida’s Human Trafficking Screening Tool (HTST) statewide. Juvenile assessment center and intake facility staff, DJJ Probation Officers and DCF Child Protective Investigators statewide have been trained to utilize the HTST. Additional entities such as delinquency prevention providers, the Florida Network of Youth and Family Services, and Community-Based Care staff are in the process of being trained as of Summer 2016.

85 Florida House Bill 7141 (2014).



A placement tool, called the Level of Placement tool, was created by Dr. Leslie Gavin Dewitt and is currently being implemented statewide. Implementation of the HTST and Level of Placement Tool by child welfare staff is detailed in both rule and operating procedure.

The final step, in terms of screening and assessment, in complying with House Bill 7141, is to determine or create an assessment tool to be used across settings in Florida. This tool will be used to assess current psychological functioning and prioritize treatment and interventions for individual needs in order to create a treatment plan. In line with the uniform use of the HTST across various agencies, ideally a uniform assessment tool will be implemented across systems to benefit data collection and information gathering to study the needs and characteristics of this often misunderstood population. As with tools to screen for human trafficking victimization, there are currently no validated human trafficking assessment tools; however, there are derivations of valid and reliable trauma screening tools, such as the Child and Adolescent Needs and Strengths (CANS) Assessment that are intended to assess CSEC victims.

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As with other areas of need, there are no comparable tools available to utilize with adult survivors of trafficking. If validated, the HTST will only be considered valid for use with youth 18 years of age and younger.

As with other areas of need, there are no comparable tools available to utilize with adult survivors of trafficking. If validated, the HTST will only be considered valid for use with youth 18 years of age and younger. First responders should be trained on indicators of sex trafficking in an effort to better identify this population in the absence of a targeted screening effort.

### **Implications for Florida:**

In the fall of 2015, a statewide clinical workgroup was created to identify or create an assessment tool to be used for services planning with CSEC victims. This workgroup will research current CSEC assessment instruments and determine which assessment instrument should be used uniformly in Florida. The clinical workgroup will continue to meet to identify a clinical assessment tool and develop a recommendation regarding an assessment instrument for DCF.

In terms of validating Florida's HTST, one option that Florida has explored is a cross-validation study the tool with another state's identification tool, such as California's Commercial Sexual Exploitation- Identification Tool (CSE-IT). The validation of CSE-IT is currently ongoing as well.<sup>86</sup> DJJ's Data and Research Team will continue to collect the data necessary for validation and explore potential

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<sup>86</sup> All information was provided via phone on 12/10/2015 by Hannah Haley, Policy and Communications Associate, WestCoast Children's Clinic, California



opportunities to conduct cross-validation studies with other states. Florida should also continuously track the validation efforts being conducted on other human trafficking identification tools.

An additional effort to consider in enhancing our identification and assessment efforts of this population is the creation of statutory language around a 72-hour assessment period, similar to a Baker Act or Marchman Act, but specific to commercially sexually exploited children and adults. Existing structures, such as the Baker and Marchman Acts, are currently not equipped to handle the identification and assessment of needs for this population and there are concerns around the stigma that can arise from utilizing these two options. Research should be conducted on other states efforts to address the immediate assessment of victims to determine if there are any existing practices that could be incorporated into[GK3] Florida's efforts.

In addition to trauma and social-emotional screening and assessment, physical health screening is also especially pertinent for victims of sex trafficking, who have high susceptibility to STIs and other health-related concerns. DOH can provide technical support toward developing a clinical protocol to address the most common medical concerns of victims.

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Currently, there are no screenings efforts being conducted in Florida schools, so the current awareness education campaign is still necessary to build a foundation for anti-trafficking in schools.

Sex trafficking survivors require specialized attention by behavioral healthcare providers. These are highly complex victims whose trauma generally began long before their commercial exploitation. In order to be prepared to work effectively with this population, treatment providers require specialized training to address their multiple needs.

Currently, there are no screenings being conducted in Florida schools, so the current awareness education campaign is still necessary to build a foundation for anti-trafficking in schools. This may be something that DOE can consider as a future initiative. Additionally, the DOH will evaluate opportunities to utilize the HTST tool and other screening options while monitoring potential victim identification in DOH clinical settings.

## **Mental Health and Substance Abuse Services**

Victims of sex trafficking generally present with multiple co-occurring psychological symptoms. These include, but are not limited to, substance-related disorders, dissociative disorders, impulse control disorders, conduct disorders, attachment disorders, attention-deficit/hyperactivity disorders, affective



disorders as well as traits of personality disorders. Most victims present with post-traumatic stress disorder. While victims may have been introduced to substances by their exploiters, many continue using order to “self-medicate” these psychological disorders and manage stress and distress.

There is limited research on effective treatment approaches to address the unique needs of this population. Because this is still a relatively new field, no models have been fully tested for their efficacy with respect to sex trafficking. Some evidence supports the effectiveness of trauma-specific services for survivors including Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Multi-Systemic Therapy (MST), Adolescent Community Reinforcement Approach (A-CRA), and Motivational Interviewing. Promising models of care include individual therapy, family, and group therapy. Substance-related disorders are often found to be co-occurring in victims of human trafficking. While a few victims of trafficking reported prior substance addictions, the majority of victims who reported alcohol and drug use said they began using after they were in their trafficking situations. Some victims reported using alcohol and drugs to help them deal with their situations; however, others reported being forced or coerced to use drugs or alcohol by traffickers. Overall, the complexity of the needs experienced by this population indicates the need for a treatment approach that is holistic, individualized, trauma-informed, and tailored to the unique experiences and needs of youth who have experienced sexual exploitation.

### **Implications for Florida:**

As mentioned previously, in the fall of 2015, a statewide clinical workgroup was created. In addition to recommendations on assessment instruments, this workgroup has also been tasked to: identify the accepted treatment modalities for sex trafficking victims, identify or create a mental health training curriculum for providers and identify or create a training curriculum for staff of residential providers. Once the workgroup has identified their recommendations, targeted training should be developed for substance abuse and mental health service providers.

### **Survivor-Mentor**

An important component of a truly robust system of care is access to a trained survivor-mentor as quickly as possible upon a victim’s identification. A survivor-mentor is a survivor of sexual exploitation who has experienced significant healing and is mentally, emotionally, and physically stable enough to serve recently identified victims. The survivor-mentor should be well trained and paired with a highly trained clinician. He or she would work to establish a rapport with the



young person. Ideally, the survivor-mentor should be on call 24 hours a day, 7 days a week, and manage a small caseload ranging from seven to 12 survivors based on their assessed needs and the survivor's capacity; this survivor-mentor would be available to support and intervene with both the victim and the caregivers. The survivor-mentor should be affiliated with, or funded by, the coordinated care system, not one particular program or agency, so they can stay with the survivor as they move in and out of various systems.

Potential survivor-mentors must be carefully screened to ascertain the status of their own recovery. It is vital that programs not utilize survivors in this role before they are ready. Survivor-mentors must have a working knowledge of their own emotional functioning and be able to identify situations that trigger negative memories or emotional responses. Additionally, survivor-mentors should continue treatment or support services while working with this population.

### **Implications for Florida:**

Florida has a rapidly expanding system of survivor-led programming. This includes specific programs such as More Too Life and The Wayne Foundation, which are

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DCF and DJJ have put together an informal Adult Survivor Advisory Group to assist in evaluating policies and programs and provide insight to specific issues brought to the group for discussion.

specifically survivor led, and programs such as Selah Freedom and the Open Door model, which are survivor informed. Survivors are engaged in mentor roles with the court system in both Sarasota and Miami-Dade counties, through diversion programs and human trafficking court programs. DCF and DJJ have put together an informal Adult Survivor Advisory Group to assist in evaluating policies and programs and provide insight to specific issues brought to the group for discussion. This group consists of all genders, and a first face-to-face meeting

is scheduled for the fall of 2016. DCF and DJJ are also in the design phase for a similar group for transitional age survivors.

Florida needs to establish opportunities for survivor engagement in formalized systems, to include institutional settings and throughout child welfare and juvenile justice programming. It is important to establish roles and detail boundaries of information sharing, determine confidentiality limitations, and identify support structures to prevent re-victimization of survivors.

### **Services for LGBTQ and Male Survivors**

**A robust system of care includes programs housing options that are sensitive to the LGBTQ community.** A comprehensive study published by the Urban Institute in 2015 identified several critical considerations in serving



the LGBTQ population, as defined in the study, victimized through sex trafficking. They reported that LGBTQ youth lack access to services, including short- and long-term housing, shelter options, livable-wage employment opportunities, and gender-affirming health care. Many of the youth who are able to access these services reported institutional barriers through service denial, violence from breach of confidentiality, and unsafe and discriminatory treatment by staff and other recipients of these services, on the basis of their sexual orientation, gender identity, gender expression, and age. In addition, many youth reported disappointing or frustrating experiences with social service systems and providers, that fail to meet their need for safe housing, reliable income, and adequate mental and physical health care, as well as their need for freedom, independence, and self-expression.<sup>87</sup>

For youth in a juvenile justice setting identifying as LGBTQ, there are significant differences in arrest rates for prostitution. One study found that lesbian, bisexual, and questioning girls are twice as likely as their heterosexual peers to be held for prostitution, while only 1 percent of heterosexual boys are detained for prostitution compared with 10 percent of their gay, bisexual, or questioning peers.<sup>88</sup>

**Additionally, there is a common misconception that boys are not sex trafficking victims.** Florida's own Abuse Hotline statistics prove this is not the case. Additionally, DJJ intake data indicates that males and females share several risk factors for involvement in sex trafficking and as many as 26 percent of the 576 calls accepted by the Florida Abuse Hotline for human trafficking as a result of the HTST were for boys.<sup>89</sup> These risks include a history of child maltreatment, family violence, and out of home residential placements.

International studies found that boys and young men are far less visible than girls and young women. This presents multiple challenges as there are some indications that males are less likely to be identified.<sup>90</sup> Additionally, there is a common misconception that boys are not exploited through pimps. This calls for the development of targeted initiatives to raise public awareness and to develop

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87 Dank, M. "Surviving the Streets of New York." <http://www.urban.org/research/publication/surviving-streets-new-york-experiences-lgbtq-youth-ymsm-and-ywsw-engaged-survival-sex/view/media-mentions>

88 Brown, B., "The Commercial Sexual Exploitation of LGBTQ Youth." <http://www.nccdglobal.org/blog/the-commercial-sexual-exploitation-of-lgbtq-youth>

89 DJJ internal communication (March 2016).

90 Institute of Medicine and National Research Council (2013).



gender responsive services tailored to meet the specific needs of boys who are victims of sex trafficking. Curricula that build self-esteem addresses self-worth as well as positive relationships are integral in working with male victims. Moreover, male mentor survivor programs should be part of the advocacy and healing process.

### **Implications for Florida:**

Florida has identified nine programs in Central, Suncoast, Northeast, Southern and South Florida that serve LGBTQ youth. The Panhandle lacks any identified services.<sup>91</sup> Services such as those below should be replicated around the state and staff should be trained to provide specialized services for sex trafficking survivors.

Orlando's Zebra Coalition, a network which represents over 22 public and private organizations, works collaboratively to address the needs of LGBTQ youth during their transition from childhood to adulthood.<sup>92</sup> Zebra Coalition works with the Greater Orlando Human Trafficking Task Force to provide rapid response and placement for male victims, thus ensuring safety. With a drop-in house where the youth can seek safety, food, showers, counseling services, medical, dental, vocation and educational development, and living placement, the Zebra Coalition has built a model for one of the most vulnerable populations.

Family Resources, a Florida Network of Youth and Family Services program in St. Petersburg, operates two LGBTQ Transitional Living Programs that currently serves community youth. One program is for youth under the age of 18, and the second is for those over the age of 18. The program is designed for individuals who want active assistance transitioning to adulthood and a level of support following that transition.

JASMYN, located in Jacksonville, supports and empowers LGBTQ young people by creating safe space, providing health and wholeness services, and offering youth development opportunities, while bringing people and resources together to promote equality and human rights. They run a drop-in center, which is open two Fridays a month. JASMYN is a youth-centric organization, which means that youth voices are brought into everything they do. Services they offer include support groups, youth council, safe sex curriculum, a Gay-Straight Alliance network within the school system, and case management.

Efforts of these organizations should be replicated in other parts of Florida. It is critical that service providers collaborate with existing programs that serve

91 [https://www.lambdalegal.org/sites/default/files/publications/downloads/fs\\_resources-for-lgbtq-youth-by-state\\_1.pdf](https://www.lambdalegal.org/sites/default/files/publications/downloads/fs_resources-for-lgbtq-youth-by-state_1.pdf)

92 Zebra Coalition, Federal Drug-Free Communities Grant (2013).



LGBTQ youth to develop effective victim-centered, culturally competent programmatic strategies for serving this population.

In regards to commercially sexually exploited males, both those who identify as LGBTQ and those that do not, there is currently limited sex trafficking-specific services available. While some of the organizations named above have staff trained to work with CSEC victims, and some of the specialized CSEC programs, such as the CHANCE program in Miami, have the capability of working with males and those who identify as male, there is a need for additional housing and services options that specifically meet the needs of commercially sexually exploited males.

### Modified Existing Shelters

In communities where it is unrealistic or cost prohibitive to create a facility devoted to serving sex trafficking survivors, existing shelters or housing programs that traditionally service runaway and homeless youth or victims of domestic violence and sexual assault should receive extensive specialized training and consider modifying their programs to serve this population. Adjustments for considerations include, but are not limited to:

- Assessment of staff capacity
- Extending the length of stay
- Curriculum that addresses the special needs of sexually exploited youth
- Utilizing services from the statewide coordinated care entity, especially survivor-mentors, to support staff and to provide specialized services to the survivor
- Providing more intensive and specialized care management services
- Interacting with federal and local law enforcement, within parameters of confidentiality laws

### Implications for Florida:

DJJ and DCF have begun to meet with the Florida Network for Youth and Family Services staff to determine whether they should seek funding for the creation of sex trafficking programming within shelters in underserved locations. In addition, the three entities are in discussions regarding how to streamline practices among the agencies based on cross-over populations currently being served. The Greater Orlando Human Trafficking Task Force (GOHTTF) is working with Orange County government and several service providers to repurpose a former county building into an emergency placement for adult female sex trafficking victims. Citrus Health Network has obtained a former state building that was vacant to repurpose it for a locked residential treatment program for adolescent sex trafficking survivors. There continues to be partnership opportunities



among community task force providers to leverage existing infrastructures for specialized service response to adolescent and adult sex trafficking survivors.

## Staff Self-Care Programs

Research indicates that providing trauma-focused treatment is emotionally

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Self-care is a dual responsibility that should be practiced by the caregiver and supported through thoughtful organizational support, training, and policy.

complex and can result in many professionals experiencing distress, sometimes severe in nature. This distress can result in burnout, secondary traumatic stress, vicarious traumatization and compassion fatigue. Self-care is a dual responsibility that should be practiced by the caregiver and supported through thoughtful organizational support, training, and policy.

### Implications for Florida:

All programs funded or certified by the State of Florida should include a staff self-care component. The Compassionate Fatigue Workbook by Francoise Mathieu provides tools for therapists and other service providers that allow for transforming compassionate fatigue and vicarious traumatization.<sup>93</sup> This should be facilitated by a trained trauma therapist who is not participating in service delivery and whose sole purpose is to work with those who are providing the services.

## Medical Services

Survivors often have multiple health issues upon identification. Needs range from treatment of sexually transmitted diseases, untreated latent physical injuries, and neglected dental and eyesight problems. Local task forces should be proactive in ensuring they have providers in place to meet these needs, regardless of the survivor's insurance status. Incidents sex trafficking victims have had with medical personnel, in which the provider failed to recognize the signs of sexual exploitation,<sup>94</sup> indicates the need to identify a comprehensive training curriculum for medical personnel.

### Implications for Florida:

In 2014, Florida Attorney General Pam Bondi announced a partnership that equips emergency medicine personnel with key information about human trafficking. Attorney General Bondi was joined by members of the Florida

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93 Mathieu, F. *The Compassion Fatigue Workbook: Creative Tools for Transforming Compassion Fatigue and Vicarious Traumatization (Psychosocial Stress Series)* 1st Edition. Routledge; 1 edition (December 22, 2011)

94 Interviews with survivors, Florida Abuse Hotline personnel, services providers, victim advocates, and law enforcement personnel between 2014 – 2016.



Association of EMS Medical Directors, the Florida College of Emergency Physicians, the Emergency Medicine Learning and Resource Center, the Medical Director of the Orange County EMS System, and the Orange County Undersheriff to share the Human Trafficking Overview for Emergency Medicine Personnel specifically designed for personnel responding to or assisting during an emergency, so that victims of human trafficking can be better identified and assisted in the early stages of receiving emergency medical care. According to the Family Violence Prevention Fund, “28 percent of trafficking survivors in one study said they came into contact with a healthcare provider during the trafficking situation, and were not recognized.”<sup>95</sup>

Task forces and service providers should create formal MOUs with their health department, federally qualified health centers, local emergency rooms, and other medical services in their local communities. DOH is evaluating opportunities to promote expanded training among licensed health care professionals. The local task force should also consult with the Volunteer Health Services program of DOH to identify opportunities to work with health care professionals who are volunteering their services in the community.

In 2016, St. Vincent’s Medical Center in Jacksonville became a part of a nationwide human trafficking pilot project focused on enhancing human trafficking initiatives within their facility. If successful, this initiative should be replicated elsewhere throughout the state.

## Services for Children with Disabilities

Little is known about the commercial sexual exploitation of children and adults with disabilities. This population, perhaps the most vulnerable of all our citizens, need particular consideration due to their increased

inability to defend themselves. Studies indicate that the rate of sexual abuse among mentally disabled individuals is higher than the general population, and disability is considered a risk factor for exploitation in commercial sexual exploitation and juvenile sex trafficking.<sup>96</sup>

Individuals with intellectual disability may have increased risk and lower opportunity for identification as they may not recognize what is occurring, they may not be believed due to their disability, they may not recognize the illegal behavior being perpetrated on them, and they may be susceptible to threats preventing disclosure.<sup>97</sup>

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This population, perhaps the most vulnerable of all our citizens, need particular consideration due to their increased inability to defend themselves.

<sup>95</sup> See press release at <http://bit.ly/2aWGT6K> for details.

<sup>96</sup> Reid, J. “Sex Trafficking of Girls with Intellectual Disabilities.” 5/20/2015.

<sup>97</sup> Id.



### **Implications for Florida:**

Currently, few sex trafficking programs in Florida are equipped to treat victims with developmental or intellectual disabilities. The Devereux Viera campus is the only known program that has the specialization to serve both CSEC victims and youth with developmental delays. Dr. Joan Reid presented on a study of Florida female sex trafficking victims in which she found 30 percent of the cases in her study sample had identified intellectual disabilities.<sup>98</sup> The Agency for Persons with Disabilities (APD) should continue researching the extent of commercial sexual exploitation that is occurring with both the adolescent and adult populations they serve. Such research should inform the extent of Florida's need to create services for this subpopulation.

Though there is little data to guide us, it is clearly important to work with agencies that serve the needs of those with intellectual disabilities, including the Agency for Persons with Disabilities, Children's Medical Services within DOH, as well as non-profit organizations such as Goodwill Industries. It is important to develop anti-trafficking education materials for individuals with disabilities and to train those working with this population to be vigilant to sex trafficking issues.

### **Legal Services**

Legal needs of victims may include defense in a criminal case, immigration representation, petitioning for expunction of criminal record resulting from

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Due to the complex legal needs of victims, task forces and case managers should ensure victims have access to quality legal services.

exploitation, pursuit of a civil suit against trafficker and more. Due to the complex legal needs of victims, task forces and case managers should ensure victims have access to quality legal services. Community attorneys and legal aid organizations should be cultivated to provide these services pro bono in their area of expertise.

A secondary area of attention has been within the family court and dependency court arenas. Several cases have been highlighted by victim advocates in which sex trafficking victims have lost custody of their children to the child's father, who is also the victim's trafficker.

### **Implications for Florida:**

Currently in Florida, we do have some examples of entities that provide specialized legal services to sex trafficking victims, often pro bono. The West Florida Center for Trafficking Advocacy is an organization in the Tampa area made up of attorneys who offer pro bono or reduced-cost legal assistance to survivors,<sup>99</sup> including expunction of criminal records related to the victimization.

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<sup>98</sup> Reid, J. "Sex Trafficking of Girls with Intellectual Disabilities." 5/20/2015.

<sup>99</sup> More information is available at [www.traffickingadvocacy.org](http://www.traffickingadvocacy.org).



The Jacksonville Bar Association also has a group of Pro Bono attorneys specialized to work with sex trafficking victims. Initiatives like these two, and the services they provide, should exist across Florida. Additionally, legal aid initiatives like those provided by the Gulf Coast Legal Services, Florida State University Center for the Advancement of Human Rights, law school clinics, and several immigration advocacy organizations should be replicated. Local task forces should leverage legal aid organizations to represent survivors.

In order to assist those representing survivors of sex trafficking, The Florida Bar, through a special committee regarding human trafficking response, created a checklist.<sup>100</sup> This checklist serves as a tool to be used by attorneys and advocates to identify the common legal, medical, and social issues faced by human trafficking survivors. Instruments such as this checklist should be made widely available as a resource for any lawyer in Florida that may represent a sex trafficking victim.

### Accommodations for Survivors with Children

Survivors who are parents require specialized services based on their child's needs. A robust continuum of care will offer programming that accommodates the demands on a mother survivor and equips her to successfully parent, if possible. Developmental services for the child as well as childcare should be offered to those mother survivors in order to engage her in services. Providers must also coordinate with the child welfare system if the survivor's children are at risk of being removed, to ensure all services are made available in an attempt to prevent removal.

### Implications for Florida:

Florida needs specialized placements for pregnant/mother survivors and their children. This is a significant gap in services in Florida. These services should be developed within existing sex trafficking programs, or sex trafficking services should be developed in placements designed to care for pregnant girls or girls with children. Currently, Aspire Health Partners has a Women and Children's program in Orange County that serves pregnant survivors and their children who have substance use or co-occurring disorders.

### Stringent Service Delivery Standards

While Florida needs more specialized residential services for survivors of sex trafficking, it is also clear that current residential care providers must attain a minimum level of expertise and qualification should they wish to participate effectively in a continuum of care. Only by establishing a minimum standard of

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<sup>100</sup> All information obtained on July 7, 2016 from Nilda Pedrosa, Deputy Chief of Staff, Florida Attorney General Pam Bondi.



care can Florida declare that it has a plan to accommodate the complex and inherently transitory nature of these victims, especially early in treatment.

Service delivery standards must address the concerns unique to sex trafficking victims. Therapeutic interventions must be designed in a way that is trauma-informed and guided by an understanding of the volatile emotional and psychological impact created by systemic abuse. Screenings and assessments must be conducted according to demonstrated principles that unveil hidden evidence of exploitation, while respecting the survivor's unique culture and experience. Providers must have a unified language and compassionate approach

in working with survivors, along with an understanding of survivors' need for safety and respect.

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Consultation and coordination with local law enforcement, and contingency plans for related emergencies must be required and exercised under close monitoring.

Safety for the survivor, staff, and others present in a program must be protected by an established standard for recognizing recruitment activity, minimizing unsupervised contact, and accounting for the possible presence of a criminal third party with a vested interest in the victim or others in the facility. Consultation and

coordination with local law enforcement, and contingency plans for related emergencies must be required and exercised under close monitoring.

### **Implications for Florida:**

The 2014, HB 7141 established expectations regarding specialized training for any child protective investigator or case manager working on an investigation with allegations of human trafficking or providing ongoing services to a child who is identified as CSEC involved. These staff must complete six hours of class training and complete a minimum of one hour quarterly of ongoing human trafficking training to be recognized as certified in human trafficking. Without this certification they may not work human trafficking cases. In addition, DCF and DJJ staff must have this certification to execute the HTST.<sup>101</sup> The development of certification for safe houses and safe foster homes established standards for human trafficking training for all staff in those placements. Two foster parent curriculums have also been approved for use in Florida. The curriculums are designed by Devereux and Citrus Health Network.

The clinical workgroup will continue to work to identify desired outcomes that will assist in the creation of service delivery and outcome standards for service providers serving this population.

## Data Collection and Sharing

Data collection is integral in planning, piloting, and developing programs. Research assists in the identification of victims, impact of service delivery and placement options, as well as highlighting promising practices to share around the nation. Finally, research is an integral part of the initial stages of creating a road map for replication of services, strategic planning, and identifying accurate levels of funding and effective distribution. There is a need for a significant increase in funding to increase funding potentials and provide a more comprehensive picture of effective service delivery.

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There is a need for a significant increase in funding to increase funding potentials and provide a more comprehensive picture of effective service delivery.

### Implications for Florida:

As previously discussed, the true prevalence of sex trafficking is not currently known and there is not a uniform data collection and evaluation methodology utilized statewide, but progress is being made. Data on CSEC collected in the Juvenile Justice Information System (JJIS) and DCF's information system, FSFN, is now routinely shared to identify our cross over youth and to highlight intersection options. DCF is currently working with RTI International on a prevalence study exploring human trafficking prevalence in child welfare. Outcomes are expected in early 2017. Pursuant to House Bill 7141, DCF and DJJ are currently utilizing the same victim identification screening tool. Both agencies are collecting data specific to the Human Trafficking Screening Tool and will continue to do so and share this information with each other. This tool is available to any other organizations who may encounter victims. Florida should fund a statewide system for aggregate data collection for all entities utilizing the tool.

Data collection within the DOE will begin in 2017 with the inclusion of human trafficking questions on the Youth Risk Behavior Survey (YRBS). The YRBS was developed in 1990 to monitor priority health risk behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth and adults in the U.S. These behaviors, often established during childhood and early adolescence, include:

- Behaviors that contribute to unintentional injuries and violence.
- Sexual behaviors related to unintended pregnancy and sexually transmitted infections.
- Alcohol and other drug use.
- Tobacco use.
- Unhealthy dietary choices.
- Inadequate physical activity.



The YRBS includes national, state, territorial, tribal government, and local school-based surveys of representative samples of 9th through 12th grade students. These surveys are conducted every two years. For the first time, two human trafficking questions are being added. Florida is the only state funded through the Centers for Disease Control's cooperative agreement to add trafficking questions to the tool in 2017.<sup>102</sup>

To fully understand not only prevalence but also the efficacy of services provided to this population, all entities involved in identifying and serving this population should develop targeted data collection efforts. All other entities mentioned in the "Limitations in Capturing Human Trafficking Data in Florida" as currently collecting data should be looked to for potential replication throughout the state or to add to and strengthen their efforts. This is a crucial part of determining the scale and scope of the issue, determining funding needs, as well as determining the efficacy of the services being provided.

Beyond data collection from the new tool, the YSRB and other data-collecting entities, treatment providers, task forces, and academic institutions should collaborate to design studies and choose research questions to inform the work stakeholders are doing. To date very few studies on services being provided have been conducted. In 2014, the Florida DJJ released a report entitled "Briefing Report: Prevalence of Commercial Sexual Exploitation of Children (CSEC)." That report provided research on the screening tool pilot project that was conducted using Shared Hope International's Intervene Tool.<sup>103</sup> Efforts should be made to collect research on human trafficking initiatives and pilots throughout the state.

In the Spring of 2016, the CHANCE Program out of Miami, Florida released its second annual report regarding the youth they serve and the services they provide, as well as the outcomes of those services. The independent evaluation of their program is being conducted by researchers at the University of South Florida.<sup>104</sup> Currently, the CHANCE Program is the only sex trafficking-specific service provider having an independent evaluation conducted on their program.

A clinical workgroup developed in 2015 by DCF has been tasked with developing outcomes and metrics that could serve as measurables in determining the efficacy of programs serving this population. Once completed, these should serve to inform providers of the outcomes that the state is looking for in determining success. Ultimately, it may be used as a determining factor in continued state-sponsored funding.

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102 Information received via email from Michelle Gaines, Florida Dept. of Education, July 2016.

103 DJJ Briefing Report: Prevalence of Commercial Sexual Exploitation of Children (CSEC).

104 Armstrong, M., Johnson, M., Landers, M., Dollard, N. & Anderson, R. (2016). Citrus Helping Adolescents Negatively Impacted by Commercial Exploitation (CHANCE) Pilot Study: Progress Report. Tampa, FL: Louis de la Parte Florida Mental Health Institute. University of South Florida.



## Evaluate the Impact of Interventions

There is an opportunity to document what our local communities are doing, evaluate impact, and share lessons. The goals of evaluation are to increase services for victims who are identified and evaluate the impact of interventions. Sex trafficking programs must assess the appropriateness and effectiveness of treatment interventions, fidelity to the program model, and evaluate youth outcomes.

### Implications for Florida:

Funding needs to be identified and allocated to support research on effective interventions for adult and minor victims of sex trafficking. The CHANCE evaluation by the University of South Florida is the only independent evaluation of a program identifying themselves as a specialized provider for the CSEC population. The outcomes from this research are being utilized for the development of safe house and safe foster home metrics. The 2015 research conducted by DJJ demonstrating significantly higher ACE scores among commercially sexually exploited youth assists in developing comprehensive intervention and response protocols. Finally, the research published by the University of South Florida regarding the high rate of commercial sexual exploitation targeting youth with low cognitive functioning also stresses the need for DCF, DJJ, and APD engagement and collaboration, as well as identifies specific needs in services and placements. These studies have directly impacted statewide response and practice.

## Training

Training is a universal need throughout the state. Each agency that is represented on the Statewide Council on Human Trafficking, as well as any other entity that may identify or interact with human trafficking victims, should offer at least introductory human trafficking training to their staff. Training should be ongoing and should be updated regularly to reflect trends.

While many entities, from state agencies to individual service providers have begun to include human trafficking training as required or optional training for their staff, for the purposes of this report, efforts of the agencies participating in the Services and Resources Committee will be addressed.

Over the past few years both DCF and DJJ have developed targeted training efforts on human trafficking to ensure their employees are equipped to not only identify but also serve CSEC victims. State law<sup>105</sup> requires that all child welfare case managers, child protective investigators, and DJJ intake staff receive

<sup>105</sup> Florida House Bill 7141 (2014).



DCF developed a six-hour training required for any child protective investigator investigating CSEC maltreatment reports and utilizing the HTST.

CSEC training with additional hours of training required on implementation of HTST. As a result, DCF developed a six-hour training required for any child protective investigator investigating CSEC maltreatment reports and utilizing the HTST. DJJ developed a similar four-hour training, required for intake and probation staff, implementing the HTST. Staff of both agencies who currently use the HTST have received training and both departments have developed a plan for new staff to receive training on the HTST as needed.

DJJ also requires all staff working with youth to complete a one-hour human trafficking training every other year. Finally, DJJ's Staff Development and Training Division is incorporating Human Trafficking 101 trainings into new curricula for both the Juvenile Probation Officer and Juvenile Detention Officers' academies. Therefore, all incoming probation and detention staff that go through the academies will receive an introductory training on human trafficking.

The Florida DOE hosts an annual Healthy Schools Summer Academy. This professional development is for teachers and administrators of health education content, and session topics address important social topics that support a safe and supportive school environment. The annual event invites 150 participants including teachers, school nurses, guidance counselors, and school and district administrators. Since 2014, human trafficking has been addressed in the keynote address, general sessions, breakout sessions, and by exhibitors. In 2014, the Lifeboat Project beta tested their anti-trafficking ACT app and received valuable feedback for academy participants.<sup>106</sup> The 2016 Summer Academy featured a keynote message from Selah Freedom.

Since 2014, Duval County public schools has invited DOE's Healthy Schools to present at their back-to-school Educating Healthy and Fit Students professional development workshop for health and physical education teachers. In 2015, the Duval County teachers previewed the DOE human trafficking fact sheet for schools and provided feedback assisting in agency approval. Approximately 65 teachers attend each year. At the request of Duval County, the DOE will present on human trafficking to their county in the fall of 2016.

Washington County District Schools requested a district-wide professional development workshop for all personnel. DOE will be providing two sessions for approximately 300 teachers, support staff, bus drivers, and administrators prior to the start of the 2016-2017 school year. The Heartland Educational Consortium

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<sup>106</sup> <http://www.lifeboat-act.com/#home>



(HEC) requested and received training in 2015 and 2016. DOE is working closely with HEC to develop a speakers' bureau for the local secondary schools.

In addition, the Florida Parent Teacher Association (PTA) adopted child trafficking as their advocacy platform in 2015. Interest from all regions has gained momentum. Human trafficking topics have been featured at all meetings, conferences, and the PTA summit. The DOE Healthy Schools team actively engages with the Florida PTA on their anti-trafficking platform. On February 7, 2015, DOE served on a child abuse prevention panel discussion at the Healthy Children, Healthy Future State Summit. DOE presented a child human trafficking message at the Florida PTA State Leadership Summit on November 14, 2015. DOE Healthy Schools contributes to the PTA newsletter by providing resources for schools and parents bi-monthly. The collaboration is seeking pilot districts for the child trafficking assembly program, in partnership with local advocacy agencies, for Human Trafficking Month in 2017.

Basic Human Trafficking Awareness training has been made available to all DOH employees via the online central training tool, TRAIN Florida. The Human Trafficking Awareness Training produced as a part of the Department of Homeland Security's Blue Campaign was selected for this basic training. The awareness training is being promoted internally via all-employee emails and the intranet. A specialized level of training is being conducted with specific department employees whose responsibilities may tend to bring them into potential contact with human trafficking victims. The following programs provided 1,021 individuals with specialized human trafficking training in 2015: Medical Quality Assurance, Family Planning Program and the Migrant Housing Program.

### **Implications for Florida:**

While it shows great progress that each of these agencies has initiated training efforts with their staff, many other professionals need training, too. Mandatory training should be instituted for three additional key groups of professionals. First, all active law enforcement officers should receive minimal training so they can better identify risk factors. Currently, all new hires receive two hours of training in the academy, but those hired before 2007 were not required to receive any. Therefore, a large percentage of Florida's law enforcement officers require training and education on the issue of human trafficking. Working with the Office of the Attorney General, the Florida Department of Law Enforcement (FDLE) recently updated an online Introduction to Human Trafficking Course that provides an option for those hired before 2007 to receive training on



human trafficking.<sup>107</sup> The Statewide Council on Human Trafficking's Criminal Justice Committee has also explored adding human trafficking to the mandatory retraining requirements list and should continue to do so.

Second, it is important that other state agencies that may interact with victims develop policy around human trafficking training to ensure that their agency's staff are trained to identify and direct potential victims to assistance. It is critical that Florida establish rigorous training protocols that include core competencies based on the level of interaction with survivors. Florida has developed a clinical work group to create or adopt a mental health curriculum for training mental health professionals.

Finally, medical professionals in emergency departments and county health departments should receive more training, as they are often in the best position to identify victims. Victims often present with their traffickers, and healthcare providers miss the signs of exploitation or do not know how to help. Medical workers must be trained in what human trafficking is, the clinical presentation of victims, their treatment needs, and how to help. Training initiatives by DOH and Office of the Attorney General should be expanded.<sup>108</sup>

## Comprehensive Resource Guide

Services currently available should be known to law enforcement, practitioners, child welfare professionals, and juvenile justice professionals. Because every component of the continuum of care cannot exist in each local community, the state should post a database of services available statewide so neighboring communities can utilize one another's services.

### Implications for Florida:

While House Bill 7141 mandates that DCF maintain a comprehensive database of sex trafficking services, limited funding has affected the ability to accomplish this in an easily updatable and distributable format. Local task forces have created resource guides. DCF provides links to local task forces on their website. United Way 211 and Northland Resource Point are both electronic systems which may be easily updated by providers, as well as easily accessible to anyone seeking specific services for human trafficking response.

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107 All information obtained on 7/6/2016 from Nilda Pedrosa, Deputy Chief of Staff, Florida Attorney General Pam Bondi

108 Training information for healthcare providers is available at <http://www.humantraffickinged.com/> and [http://myfloridalegal.com/webfiles.nsf/WF/RMAS-9MCFVP/\\$file/HumanTraffickingOverview.pdf](http://myfloridalegal.com/webfiles.nsf/WF/RMAS-9MCFVP/$file/HumanTraffickingOverview.pdf).



## Public Awareness Campaign

Public awareness of the crimes related to sex trafficking and the dynamics of coercion and trauma is essential for the success of anti-trafficking efforts. The state should develop public awareness campaigns that target the public at large, as well as survivors and those at-risk. Campaigns should address the misconceptions associated with sex trafficking, signs of victimization, and prevention strategies and should be inclusive of all types of victims, including males and adults. It is important to ensure images are not sensational or exploitive, and do not promote stereotypes of survivors. Efforts should be made to include images of male victims and educate the public on populations at heightened risk, such as the homeless and LGBTQ communities. Additionally, public awareness materials should address the intersections and overlaps with other forms of violence, such as child abuse, intimate partner violence, domestic violence, and sexual assaults, etc.<sup>109</sup> Finally, funding should be directed to public awareness campaigns aimed at reducing demand, with a concerted effort on social media and widely attended athletic and community events.<sup>110</sup>

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Efforts should be made to include images of male victims and educate the public on populations at heightened risk, such as the homeless and LGBTQ communities.

### Implications for Florida:

In 2015, House Bill 369 was signed into law by Governor Rick Scott mandating that public awareness signs on human trafficking be displayed by the Department of Transportation at the following locations throughout the state: rest areas, turnpike service plazas, weigh stations, primary airports, passenger rail stations, Florida welcome centers, emergency rooms, strip clubs, adult entertainment establishments and massage parlors. Currently, you can see awareness signs in many of these areas directing potential victims and concerned citizens to reach out to the National Human Trafficking Resource Center.

Other significant efforts have been made by the Office of the Attorney General, DCF, and many local organizations; however, Florida does not have cohesive public messaging about sex trafficking or human trafficking as a whole. The Statewide Council needs to identify a comprehensive public awareness campaign, including print materials and various media platforms, incorporating the components detailed above. The Abolish Campaign, the joint PSA by the Wayne Foundation and DCF, and the newly developed PSA by the Florida Coalition Against Human Trafficking can be looked to as great examples.<sup>111</sup>

<sup>109</sup> APA Task Force on Trafficking of Women and Girls (2014).

<sup>110</sup> Epstein, R. et. al (2013).

<sup>111</sup> <https://apps.facebook.com/htvmodels/>



## Demand Reduction

Demand reduction policies focus on reduction of sex buying. Through demand reduction strategies, state and local jurisdictions find ways to reduce prostitution and sex trafficking. These measures include:

- Web-based reverse stings, where those attempting to buy commercial sex are arrested after making contact with a decoy “prostitute” who is actually a police officer.
- Brothel-based reverse stings, where police close a brothel, make it look like it is still open, and then arrest those attempting to buy commercial sex who arrive.
- Seizing automobiles of those who solicit an individual for commercial sex acts.
- Suspending the driver’s licenses of those who solicit an individual for commercial sex acts.
- Using surveillance cameras in anti-trafficking efforts.
- “John school” education or treatment programs. A previous NIJ-sponsored study found a 40 percent reduction in recidivism (8.8 percent down to 4.5 percent) in a john school program.<sup>112</sup>

Demand reduction strategies appear to be promising, but many have not been rigorously assessed for effectiveness.

King County Washington is currently piloting a new demand reduction model to reduce commercial sexual exploitation. Past attempts to address commercial sex have focused on the arrest of prostituted people. The Buyer Beware Initiative focuses on the buyers who drive demand. The municipalities participating in Buyer Beware have committed to running stings on a monthly or bi-monthly basis. In 2014, police agencies across King County collectively arrested more men for patronizing a commercially sexually exploited individual than they arrested women for prostitution.<sup>113</sup> In previous years, women involved in prostitution have been arrested at a rate 10 times higher than the men who paid for sex. The initiative is coupled with a 10-week intervention program that is designed to help sex buyers examine their attitudes about sexuality and their motivations for paying commercially sexually exploited women and girls for sex. Seattle police have been on the forefront of the demand reduction model since 2012, when three women were arrested for prostitution compared to 89 men for “patronizing a prostitute.”<sup>114</sup>

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112 <http://www.nij.gov/topics/crime/human-trafficking/pages/reducing-demand.aspx>

113 <http://www.seattletimes.com/seattle-news/crime/buyer-beware-early-success-for-initiative-targeting-johns-instead-of-prostitutes/>

114 Id.

**Implications for Florida:**

Law enforcement agencies in Florida have begun to use human trafficking charges against sex buyers as a component of a demand reduction model. Jonathan Marshal Taylor was indicted for his role as a buyer of commercial sex in a sex trafficking of a minor/human trafficking case in August of 2015. This indictment was presented by Assistant U.S. Attorney Frank Williams of the Gainesville/ Northern District of Florida. The case was investigated by the Federal Bureau of Investigation (FBI) and FDLE. Taylor pleaded guilty to Federal charges 18 USC 1591 on January 20, 2016, and is pending sentencing.



## WRAPPING IT UP

### **Florida's Current Continuum of Care**

Florida offers a variety of services to victims of sex trafficking. From early prevention in the community to intensive residential rehabilitation, public and private agencies are working to identify and assist those at-risk, suspected, or confirmed to be victims. Unfortunately, services are not available universally throughout the state and much of the current services are directed toward minor female victims. Prevention and early intervention services are better represented statewide than intensive, therapeutic residential services.

Once victims are identified, they have many needs resulting from suffering traumatic experiences. Sex trafficking victims may need substance abuse treatment, mental health counseling, trauma therapy, legal assistance, and support for their basic needs in addition to specialized services specific to the victimization by their traffickers, or experiences they subjected themselves to in order to survive on the streets.

While many of these general services are available through Florida's current systems of care, accesses to specialized training, therapeutic expertise, and ongoing support networks for survivors are far more limited geographically. Voluntary short-term housing is available statewide through current service providers targeting homeless individuals, but even these services may require a survivor be removed from their home community, and the services are voluntary. Depending on the individual's needs, this may represent a positive opportunity or a hindrance to rehabilitation and a separation from positive support networks. Long-term housing is more problematic. Specialized residential placements are primarily available in urban areas and, even there, the number of victims far surpasses the number of beds available.

# NEXT STEPS FOR FLORIDA

## FY 2016-2017

### Legislative

1. Statutorily create a statewide central coordinated care approach for funding and care management. This approach would allow the funding to follow the youth or adult victim regardless of the identifying system.
2. Work with the legislature to develop appropriate protections for Human Trafficking Advocates. These should mirror the statutory protections for sexual abuse victim advocates.

### Funding

3. There is an increased need for funding the treatment and placement of juvenile sex trafficking victims.
4. There is an increased need for funding to underserved populations such as males, LGBTQ, intellectually disabled, pregnant, and young parents for placement and services.
5. There is a need to seek funding for the comprehensive mapping of the system of care specifically to identify prevention, community response, formal response, transitional options, and adult interventions.
6. There is a need for funding for the ongoing evaluation of programs and tools in Florida to transform promising programmatic practices into evidence-based response.
7. There is a need to create a comprehensive awareness campaign that targets the public, victims, and those at risk of victimization to be utilized uniformly across state agencies.

### Services

8. Equip each community or region in the state with a functioning task force.
9. Evaluate the Florida Network of Youth and Family Services' (FNYFS) capacity to house youth on an emergency basis, and identify a similar system for adult victims.
10. Develop a statewide survivor-mentor program and create opportunities for survivor engagement in formalized systems, to include institutional settings and throughout child welfare and juvenile justice programming.



## **Policy**

11. Institute accountability standards for service providers working with this population based on service outcome expectations.
12. Establish if there is a need to provide licensing and structural guidelines for safe houses serving adult victims.
13. Evaluate the benefits of addressing human trafficking as a public health issue.
14. Require a staff self-care component for all programs funded or certified by the State of Florida.
15. Develop a medical protocol for all children identified as human trafficking victims that would be instituted by agencies and providers serving children.
16. Launch a campaign to recruit attorneys to represent victims pro bono in the areas of criminal defense, immigration, expunction, and civil litigation.

## **Evaluation**

17. Continuously track the validation efforts being conducted on other human trafficking identification and assessment tools.
18. Contract with a state university to develop research and evaluation models for sex trafficking programs, including identifying relevant metrics and measurable outcomes.
19. Require any entity receiving state dollars to include program evaluation through a state university. Internal evaluation by the entity should not serve to meet this requirement. Outcomes should be detailed in requests for proposals.

## **Training/Education**

20. Require that professionals working with children be trained to recognize signs of sexual exploitation victimization.
21. Public schools statewide should adopt a curriculum to train staff and students on the issue of sex trafficking.
22. Identify and require prevention education programs for at-risk youth.
23. Determine if john schools are beneficial and have an impact on demand rates through a national review of programs.
24. Require human trafficking as a mandatory retraining requirement through the Criminal Justice Standards and Training Commission.

25. Mandate specialized human trafficking training for mental health and substance abuse providers statewide.

### Implementation Plan

The Services and Resources Committee respectfully requests, once the recommendations have been submitted to the Statewide Council on Human Trafficking, that committee's draft implementation plans for their assigned recommendations within 30 days. These plans should identify who is the lead for the project and project participants, tasks/goals, deadlines and deliverables.

Consideration should be given to act expediently so that prioritized tasks can be introduced for the FY 2017 – 2018 legislative session. Implementation plan status reports should be expected at each quarterly meeting of the Statewide Council on Human Trafficking, and recommendations should be adopted as agenda items for the individual committees.

The Services and Resources Committee already has assigned leads for our committee recommendations.

### Services and Resources Committee Assignments

Statutorily create a statewide central coordinated care approach for funding and care management. This approach would allow the funding to follow the youth or adult victim regardless of the identifying system. **DCF/DJJ/AG has lead**

There is an increased need for funding the treatment and placement of juvenile sex trafficking victims. **DCF/DJJ has lead**

There is an increased need for funding to underserved populations such as males, LGBTQ, intellectually disabled, pregnant, and young parents for placement and services. **DCF/DJJ has lead**

There is a need to seek funding for the comprehensive mapping of the system of care specifically to identify prevention, community response, formal response, transitional options, and adult interventions. **DCF/DJJ has lead**

Equip each community or region in the state with a functioning task force. **DCF has lead**

Evaluate the Florida Network of Youth and Family Services' (FNYFS) capacity to house youth on an emergency basis, and identify a similar system for adult victims. **DJJ has lead**



Develop a statewide survivor-mentor programming and create opportunities for survivor engagement in formalized systems, to include institutional settings and throughout child welfare and juvenile justice programming. **DCF/DJJ has lead**

Institute accountability standards for service providers working with this population based on service outcome expectations. **DCF/DJJ has lead**

Evaluate the benefits of addressing human trafficking as a public health issue. **DOH has lead**

Develop a medical protocol for all children identified as human trafficking victims that would be instituted by agencies and providers serving children. **DOH has lead**

Continuously track the validation efforts being conducted on other human trafficking identification and assessment tools. **DCF/DJJ has lead**

Contract with a state university to develop research and evaluation models for sex trafficking programs, including identifying relevant metrics and measurable outcomes. **DCF/DJJ has lead**

Public schools statewide must adopt a curriculum to train staff and students on the issue of sex trafficking. **DOE has lead**

Identify and require prevention education programs for at-risk youth. **DOE has lead**

Identify specialized human trafficking training for mental health and substance abuse providers statewide. **ACHA has lead**

### **Legislative and Special Initiatives Committee Assignments**

Work with the Legislature to develop appropriate protections for human trafficking advocates. These should mirror the statutory protections for sexual abuse victim advocates.

Work with the Legislature to ensure continued funding for the on-going evaluation of programs and tools in Florida, to transform promising programmatic practices into evidence-based response.

Identify strategic partnership opportunities to develop and distribute a comprehensive awareness campaign that targets the public, victims, and those at risk of victimization that would be utilized uniformly across state agencies.

Work with the Legislature and appropriate state agencies to determine licensing and structural guidelines for safe houses serving adult victims similar to DCF certification guidelines.

Require a staff self-care component for all programs funded or certified by the State of Florida.

Work with The Florida Bar to promote and expand their existing pro bono human trafficking attorney network.

Work with the Legislature and appropriate state agencies to determine how to require any entity receiving state dollars for the treatment or placement of CSEC youth to include program evaluation through a state university. Internal evaluation by the entity should not serve to meet this requirement.

Work with the Legislature and appropriate state agencies to determine how employees of specific state agencies and their contractors can receive training to recognize signs of sexual exploitation victimization.

### **Law Enforcement Committee Assignments**

Require human trafficking as a mandatory retraining requirement through the Criminal Justice Standards and Training Commission.

Determine if john schools are beneficial and have an impact on demand rates through a national review of programs.

