

Service Standards for Human Trafficking Victims

I. Service Description –

The target population for this service is youth under the age of 18 years, referred by DCS or probation, who have been identified as victims of sex trafficking/commercial sexual exploitation. A victim of sexual trafficking/commercial sexual exploitation refers to a child who has been recruited, harbored, transported, or engaged in prostitution, child exploitation, marriage unless authorized by a court under IC 31-11-1-6, or trafficking/commercial sexual exploitation for the purpose of prostitution or participation in sexual conduct. In addition to meeting the basic needs of the child for safety, shelter and normalcy, this program will provide intensive services to address the serious and often complex mental health needs of this population, including PTSD, substance-related disorders, depression, dissociative disorders, anxiety disorders and a wide range of symptoms associated with complex trauma. The residential provider will coordinate services provided by an interdisciplinary team, and the anticipated length of stay will be 9-12 months.

II. Program Components

A. Therapeutic Services –

Due to the fairly recent recognition of human trafficking/commercial sexual exploitation by mental health professionals, there is little evidence-based research on effective treatments for victims of sex trafficking/commercial sexual exploitation. However, research indicates that the mental health needs of this population may be similar to other groups who have experienced complex trauma (e.g., victims of child sexual abuse, torture, etc.). Residential providers will be expected to adopt and utilize evidence-based treatments that best suit the needs of children who are victims of sex trafficking/commercial sexual exploitation. Providers may choose a range of evidence-based models, approaches and interventions, however, it is expected that the program will incorporate trauma informed principles at all levels of care. Therapeutic services may include the following:

- Family therapy (if the family is safe and has not been involved in trafficking/commercial sexual exploitation the youth). In the event that family therapy is not appropriate, as determined by the child's treatment team and the court, the agency should work to help the youth identify a trusted adult (mentor, family friend, relative, etc.) to facilitate the development of trusting, long-term relationships.
- Group therapy. Treatment modules might address skills development, affect regulation, building healthy interpersonal connections, identity development, psycho-education related to victimization and trauma, promoting healthy sexual attitudes and beliefs, social skills development, development of coping skills, etc.
- Individual therapy to address the identified needs through the assessment process.
- Therapeutic Milieu. The milieu should be structured in a way that promotes pro-social engagement, empowerment, and collaboration among the youth to counter the culture of exploitation.
- Survivor Engagement. Wherever possible and appropriate, the agency should utilize adult survivors who understand the issues facing victims of sex trafficking/commercial sexual exploitation.
- Substance abuse: providers should include a plan for how to address substance abuse needs for youth who have a determined need. Due to substance abuse being a common

need for this population the agency must have the ability to provide this service at the facility.

- Alternative therapies. Alternatives to traditional therapies may help victims of sex trafficking/commercial sexual exploitation build self-esteem, develop self-efficacy, and reconnect with self and community. Examples would include art therapy; music therapy; outdoor activities; drama; body-work; pet or equine therapy; community services projects; sensory integration; and programs built around money and leadership opportunities.
- Case management/IL related to economic stability and mastering basic economic and job skills.

- Treatment that is values-based and addresses intrinsic motivations

Treatment planning should include safety planning, crisis intervention, ongoing treatment, and plans for social reintegration.

- Support System: The agency should work collaboratively with the placing agency on developing and facilitating identified support systems and community connections. This would also include family engagement.

B. Agency Safety Planning –

Physical and emotional safety is essential in a program serving victims of human trafficking/commercial sexual exploitation. The agency must have policies and procedures in place to ensure resident and staff safety. This should include policies related to visitation; visitor check-in; use of social media; communication with individuals outside of the facility; procedures for entering and leaving the building; use of cameras; security in and around the building; Environment of Care (“EOC”) rounds that include assessing risk of elopement and evaluation of safety compliance; supervision; infection control; and confidentiality/marketing.

C. Resident Safety Planning –

Each youth should have an individualized safety plan developed within 24 hours of admission and reviewed at least weekly and updated as needed. The safety plan should address high risk areas, including AWOL history, known triggers, access to social media, no-contact lists, recruiting/grooming behaviors, effective coping strategies, trauma bonding, alignment exploiters and desire to return to trafficking/commercial sexual exploitation network, etc. Safety plans should note whether the youth is allowed to leave the facility and has been granted community/home passes, and if these decisions have been approved by the placing agent.

The youth and potential caregivers after discharge should actively participate in the development of his/her safety plan, and safety plans should be signed by all members of the treatment team, including the therapist, family/guardian/identified permanency option and youth. At a minimum the therapist and resident signature should be present on all updates.

D. Intake and Assessment-

As part of the intake process the residential provider will complete an integrated assessment within seven days and if indicated a more comprehensive assessment shall be completed within 45 days of admission to include, at a minimum, the following components:

- Summary of presenting needs;
- Biopsychosocial history of the child and caregiver(s);
- Legal history, including level of involvement in trafficking/commercial sexual exploitation;
- Developmental history of the child;

- Trauma history, including all forms of traumatic events experienced directly or witnessed by the child;
- An understanding of past DCS and/or juvenile justice history;
- Substance abuse history and risk status;
- History of mental health treatment;
- Medical history and physical, to include screens for STDs and other infectious diseases (e.g., HIV, tuberculosis, hepatitis, etc.);
- Community risk and protective factors;
- Youth, family and community strengths; and
- Recommendations for evidence-based, trauma-informed treatment.

If indicated the agency should provide a more comprehensive assessment including:

- Vocational experience, skills, and motivation
- Family Relational Evaluation: cohesion; belief system; belief about sexual behavior; current level of trauma symptoms in parents; attachment
- Treatment Targets tied to Exploitation dynamics: levels of vulnerability, levels of risk (including recruiting potential), levels of loyalty to exploiter, levels of shame, sensitivity to stigma, use of force/fraud/coercion, and levels of personal insight into experience.

E. Case Management/Collaboration –

The program must establish and maintain collaborative networks with agencies such as victim advocacy groups, local community mental health agencies, local health clinics, local businesses, vocational support services, schools, police, shelters, etc. The program must provide intensive case management services. The case manager will coordinate service delivery; ensure communication among providers internally and externally; ensure follow up of any recommended assessments or services; collaboration with the juvenile court system, including DCS and probation; act as an advocate for client with medical professionals, courts, etc.; aid in the development and coordination of treatment plans; and ensure communication with family and placing agency.

F. Trauma Informed Environment of Care –

The program must maintain an organizational structure and services framework that involves understanding, recognizing, and responding to the effects of trauma and an understanding of potential paths for resiliency. The trauma informed environment of care also must emphasize physical, psychological and emotional safety designed to rebuild a sense of control and empowerment to the child. Once basic safety is established the program should seek to help the youth make meaning of the experience and establish a stable, effective, prosocial identity. The trauma informed environment of care must include maintenance of an organizational structure and interventions that minimize the risk of exposing the child to re-traumatization. See Section 4.C.5 of the Residential Contract related to Trauma-Informed Care.

III. Service Delivery

Services for Youth who have been victims of Sex Trafficking/commercial sexual exploitation must meet the following requirements in service delivery:

A. Licensure –

Programs must meet requirements of 465 IAC 2 Rule 11. Private Secure Facilities.

B. Housing –

Persons of different sexes shall be housed on separate living units. The program must have in place written policies regarding the housing of and programming for transgendered youth.

C: Education: It is recommend that on-site education take place away from youth of the opposite sex. Credit recovery programs are also strongly encouraged. Many of the youth have missed significant periods of schooling and are behind in credits.

D: Staffing

Program Director – The program must have a full time director that meets the qualifications of the program director as listed in 465 IAC 2-9-48 or 465 IAC 2-11-48. Additionally, the program director must have at least four years clinical experience working with victims of trauma, especially sexual and interpersonal trauma. The program director must also be aware of and sensitive to multi-cultural issues as they impact services provided to this population.

Therapists – Persons providing behavioral health services to children admitted to the program must meet the requirements for provision of behavioral health services by Medicaid. Additionally, therapists must be certified to provide TF-CBT or be in the process of obtaining certification. It is also recommended that therapist have experience in working with victims of trauma, especially sexual and interpersonal trauma, and have strong multicultural counseling competencies. A sufficient number of therapists must be made available to allow for a therapist to child ratio of no more than 1:10.

Case Worker - Case workers, who will be responsible for care coordination, must meet the requirements for the case worker position as required by 465 IAC 2-11-48 and a sufficient number of case workers must be made available to allow for a case worker to child ratio of no more than 1:6.

Direct Care Workers -- the ratio of direct care staff to children shall be 1:4 during waking hours when children are present and 2 awake staff during sleeping hours.

Nurses-Agency shall have registered or nursing staff available 24 hours a day, 7 days a week. When possible consider an assessment provided by a Sexual Assault Nurse Examiner (SANE).

C. Physical Restraint/Seclusion –

It is encouraged that the environment be restraint-free. However if restraint/seclusion is to be used, policy and procedures regarding restraint/seclusion that take into consideration the impact of sexual trauma and exploitation on the child must be developed.

D. Documentation –

The program shall maintain documentation in a manner consistent with the Residential Treatment Services Provider Contract.

E. Training and Competency Assessment –

The residential provider will develop and maintain a training/supervision program to ensure the ongoing competence of staff who work with victims of sex trafficking/commercial sexual exploitation. The training curriculum should be based on emerging “best-practice” approaches with this population and should include trauma-informed and strength based principles as a foundational component. All direct care staff should receive training prior to working with program youth. In addition, on-the-job competency evaluations of direct care staff should be completed by supervisors within the first 90 days of employment. Any identified deficiencies should be addressed through refresher training, supervisor coaching and/or counseling sessions. The provider will maintain policies and procedures to ensure population-specific competencies are maintained at all times.

F. Discharge/Aftercare Planning –

Discharge and aftercare planning will begin at the point of admission. The program will work with the Placing Agency to identify permanency goals, as well as supports needed for transition and maintenance of stability in the community following placement. A written Discharge/Aftercare Plan will be developed within seven days of admission and will include specific plans, contact information and individuals responsible for addressing needs in the following domains: 1) family/living arrangements; 2) safety planning, including contact information for safe houses, shelters and/or resources in the community; 3) mental health services; 4) medical services; 5) education and/or vocational plans; 6) legal issues; and 7) social/recreational plans. The provider will work with the Placing Agency to identify appropriate discharge placement options and will facilitate connections in the community (e.g., mentors, clubs, activities, support groups, etc.) to reduce the likelihood of relapse post-discharge. The discharge/aftercare plan shall be reviewed monthly and updated as needed. Every effort must be made during the child's stay in the program to establish connections that will be maintained after discharge. The program shall whenever possible, utilize community based resources with which the youth will continue to have access to after discharge. A home-based provider shall be identified and involved prior to discharge.

Elolements: It is also important that elopements are not equated with failure. To the extent possible, providers should attempt to receive youth back into programming following an elopement. The facility should consider if readmission is in the best interest and safety of the child and other participants in the program. If the youth is gone longer than 5 days, a request can be made prior to the end of the 5 days, for an extension of the bed hold.

G. Medical –

Provision of medical services to exploited children may be challenging beginning with the difficulty of obtaining a medical history from the exploited youth. The child who has been exploited may be hostile, protective of the exploiter, fearful, ashamed or depressed and may have been taught to lie about his or her circumstances. The program shall provide medical services in a manner which is trauma-informed and consistent with the needs of children who are victims of sex trafficking/commercial sexual exploitation including:

- Assessment of the possibility of sexual assault, physical injury, infection, exacerbations of chronic conditions;
- Assessment and treatment of acute and chronic medical conditions;
- Assessment of dental health and care;
- Referral to appropriate sexual assault response team, with forensic evidence collection, as indicated
- Documentation of acute/remote injuries, genital and extra-genital
- Assessment of nutritional status (including iron and other mineral or vitamin deficiencies), and hydration; and
- Testing for pregnancy, STIs, and HIV.

Required Policies and Procedures:

- Admission/Exclusionary Criteria

There are multiple dynamics involved in trafficking/commercial sexual exploitation and we have learned that a history of “trafficking/commercial sexual exploitation” alone, does not necessarily mean that a child is appropriate for a population-specific program. Furthermore, a child who may be appropriate today might be inappropriate based on milieu dynamics 6 months in the future.

This is one of the most challenging but critical components that we face. For instance, if the current milieu is comprised of mostly younger (14-15) year old girls who have been exploited

but who may not have a well-established street network- we would not want to bring in a youth who has relapsed or returned multiple times and has developed deeply engrained street survival mechanisms (she would most likely come into the milieu as the “Ring leader” and have a detrimental effect on the other youth). Likewise, we wouldn’t want to bring in a child into that same milieu who may have been exploited by her uncle but has no street network or history of elopement, etc.

Policy must explain their process of managing those fluctuating dynamics, including an initial screening process and assessments used to determine treatment goals

- Agency must have policies regarding the survivor engagement a) age, b) length of time removed from trafficking/commercial sexual exploitation involvement c) treatment history d) history/training as an advocate e) background checks and waivers f) compensation and g) a network of support with other survivors.
- The facility shall have policies and procedures. Describe how they will provide services in a manner that limits the risk of elopement. (For example partnership with local hospitals, on-site care.
- The agency must have policies related to Worker Safety, including reporting events that occur off duty related to residents, and any contact staff have with persons associated with trafficking/exploiting the youth.
- The agency must have polices related to how they will implement Safety Measures to reduce the risk of re-exploitation.
- The agencies must have policies on what the agency considers appropriate boundaries after youth is discharged from program.
- The agency must have polices related to Engagement with law enforcement including verifying identity of officers.
- The agency must have policies regarding the Safety and Security of the building and program.