April 2018

National Children's Advocacy Center

REPORT

Assessing Professional and Community Needs, Resources and Experience with Human Trafficking and Commercial Sexual Exploitation of Children

Prepared by Paul D. Steele, PhD

Preferred citation: Steele, P. D., & National Children's Advocacy Center. (2018). A*ssessing Professional and Community Needs, Resources and Experience with Human Trafficking and Commercial Sexual Exploitation of Children: A Report*. Huntsville, AL: National Children's Advocacy Center.

This project was supported by Grant No. 2015-CI-FX-K003 awarded by the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

INTRODUCTION

The human trafficking (HT) for sexual purposes and the commercial sexual exploitation of children (CSEC) are high crimes that have devastating consequences for the victims and others. Even though awareness of the occurrence of such is growing in America, we have very little systematic information concerning the perceptions and experiences of professionals who deal with HT/CSEC and what they believe is needed to improve the response to these cases (IOM & NRC, 2013). This report presents the findings of the National Children's Advocacy Center's (NCAC) survey of Children's Advocacy Center (CAC) Executive Directors or their designees concerning their CAC's engagement with HT and CSEC cases and alleged child and adolescent victims. The report also describes the respondents' perceptions of the needs and resources of the CAC, Multidisciplinary Team (MDT), and the community for addressing HT/CSEC in the respondents' service areas.

BACKGROUND

Much of the relevant research and policy literature focuses on international cases of HT and CSEC, and federal legislation is primarily structured to respond to such cases (Johnson, 2012). However, the U.S. Department of Justice reported that between 2008 and 2010, 83% of trafficking incident reports involved U.S. citizen children and adults trafficked within the United States, while less than 15% were undocumented or qualified aliens (Banks & Kyckelhahn, 2011).[1]

Definition

Clear definitions of HT and CSEC are needed to produce a shared understanding of the issues and to design effective prevention and intervention strategies. Formal definitions are found in legal codes and agency policy statements. All states and the District of Columbia have laws that encompass HT and CSEC

[1] This finding has been corroborated with an analysis of state level data by Silver (2008).

crimes that define the activities, victims, and offenders; (Fedina, Williamson, & Perdue, 2016) and these laws, with slight variations, are consistent with federal codes and policies. In addition, 31 states have "Safe Harbor" laws that, while varying considerably in substance (Fedina et al., 2016), define sexually exploited children as victims rather than criminals, and mandate their rehabilitation (National Conference of State Legislatures, 2014).

According to the U.S. Department of State (2015), sex trafficking is one type of human trafficking.[2] "Commercial sexual exploitation of children (CSEC) involves crimes of a sexual nature committed against juvenile victims for financial or other economic reasons" (IOM & NRC, 2013, p. 401). Commercial sexual exploitation also manifests in many forms, such as sex trafficking, mail order brides, sex tourism, pornography, prostitution, stripping, lap dancing, and phone sex companies. The most common forms of child commercial sexual exploitation are sex trafficking, child pornography, and child sex tourism.

Informal and operational definitions can vary considerably from formal definitions, however, with important consequences. Justice professionals, service providers and the public at large express confusion about how human trafficking is defined and identified (Simich, Goyen, Powell, & Mallozzi, 2014). Media depictions influence both public and professional opinion of HT and CSEC, and tend to overemphasize instances of international smuggling of children and adolescents for sexual exploitation, and domestic cases of kidnapping and entrapping adolescent runaways into prostitution rings (Johnson, 2012).

[2] Human trafficking is also variously known as trafficking in persons and modern-day slavery. Human trafficking can appear in several other forms, including forced labor, bonded labor, involuntary domestic servitude, child soldier recruitment, and debt bondage among migrant laborers (U.S. Department of State, 2015).

As professionals prioritize these more sensational instances, their experience acts to reinforce their narrowed perceptions of what constitutes HT and CSEC. Omitting other, and possibly in their eyes less extreme, cases has important consequences for shaping both prevalence estimates of HT and CSEC, as well as the profile of victims and offenders derived from official statistics and reports.

Prevalence

Related to the definitional challenges just mentioned, it is very difficult to determine the actual number of HT and CSEC events and participants for many reasons (Finkelhor, Vaquirano, & Stransky, 2017; Stransky & Finklehor, 2008), including that the vast majority of these cases are not detected by authorities (Payne, 2008; US Department of State, 2010). Both victims and offenders in illegal and underground HT and CSEC events are hidden populations that are difficult to measure (Boak, Boldosser, & Biu, 2003; Laczko, 2005; Tyldum & Brunovskis, 2005; Weiner & Hala, 2008), and research methods are often unreliable (Fedina et al., 2016).

Prevalence estimates based on official agency data are also affected in large degree by the activities of reporters and investigators, as well as the actual number of HT and CSEC events. The lack of standardized identification tools and procedures (Simich et al., 2014), limited data tracking systems,[3] and unreliable statistical models for estimation can increase the risk that conclusions about

[3] There are, in fact, three dedicated federal databases: the U.S. Department of Justice's (DOJ) *Human Trafficking Reporting System* for law enforcement, the DOJ's *Trafficking Information Management System (TIMS)* for service providers, and data collected through the Polaris Project's *National Human Trafficking Resource Center*. According to Farrell et al. (2010), TIMS presents operational challenges, and organizations are reluctant to use it because of confidentiality concerns. However, local, state, and regional data collection is possible where collaboration exists (Zhang, 2012).

the prevalence of HT/CSEC are inaccurate (Clawson, Williamson, & Garrett, 2008; Kelly, 2005). Also, HT/CSEC definitions used in research can be either very general (i.e., human trafficking) or very specific (i.e., minors under the age of eighteen who were detected as engaged in acts of prostitution). More specific definitions have been shown to increase the number of reported HT/CSEC incidents by justice and service agency professionals (Silver, 2008).

In spite of their limitations, prevalence reports continue to influence the level of concern about HT and CSEC. Various estimates of the rate of maltreatment vary dramatically, placing the annual number of all child victims of sex trafficking in the U.S. at between 100,000 and 300,000 (Bryan, 2014; ECPAT, 1996; The Polaris Project, 2012), with an additional 244,000 to 360,000 at risk of victimization (Adams, Owens, & Small 2010; Bryan, 2014; Estes & Weiner, 2001). The number of suspected incidents of commercial sexual exploitation detected by investigative agencies is, at least, more consistent and provides a glimpse into the activity of justice agencies. The Bureau of Justice Statistics states that 1,106 cases involving minors were investigated between 2008 and 2010 (Banks & Kyckelhahn, 2011). Analysis of data from the Human Trafficking Resource Center found that 5,932 cases were reported to authorities between 2007 and 2012 (NHTRC, 2013). Federally-funded Human Trafficking programs reported that 82% of suspected domestic trafficking incidents between 2008 and 2010 were classified as sex trafficking (Banks & Kyckelhahn, 2011).[4]

HT/CSEC and CACs

Very little information has been published concerning the engagement of CACs with cases and victims of HT/CSEC. Edinburgh, Pape-Blabolil, Harpin, and Saewyc (2015) describe the characteristics and experiences of sexually exploited adolescent runaways seen at a child advocacy center. Most of the information that they report is not unique to CACs, in that it parallels other studies made independent of CACs concerning the characteristics of trafficking victims and the nature of the entry into and engagement in trafficking activities. The authors do, however, make some observations and recommendations that are specific to CACs. First, they indicate that CACs are good settings in which children can be interviewed, identified, and receive comprehensive services. They suggest, albeit indirectly, that if the sample population is representative of those in other CACs, HT/CSEC trafficking cases make up a relatively small portion of CAC caseloads since only sixty-two of such cases were apparent in the overall caseload of a major metropolitan hospital-based CAC over a seven-year period (2006 – 2013). The mean age of the study population was 15.0 years, much older than the average age of children seen at CACs. Also, the representation of girls in the study group (88.7%) was considerably greater than the national proportion of all girls seen at CACs (estimated at 65.8%).[5]

The greatest contribution of the study might be found in the clinical recommendations. Edinburgh and colleagues assert that questions used in typical forensic

[4] This estimate included equal numbers of adult and child sex trafficking incidents.

[5] The authors do not make statistical comparisons between trafficked and other children seen at the CAC where the research was conducted.

interviews of children seen at a CAC do "not appear to be a good fit for this population" of trafficking victims, confirming a position taken by others (Ahern, Sadler, Lamb, & Gariglietti, 2017; Turkel & Tiapula, 2008). Rather, the authors offer several alternative forensic questions which they believe have the potential of eliciting greater and more complete information, while still consistent with the general principles of forensic interviewing described by Lamb and Sternberg (1998) and others.

Ahern and colleagues (2017) point out that sexually exploited children, as distinct from most children that are interviewed at CACs, are not likely to have disclosed their victimization to others before being approached by criminal justice or child protection professionals.[6] Consequently, these children can be quite reluctant to disclose and provide specific information about their victimization. Ahern and colleagues assert that the rapport-building phase of best practice forensic interview protocols used at CACs is not well adapted to the nature of these child victims, but that there is no concrete guidance concerning effective ways to establish rapport as of the time of the study. The authors do, however, make some recommendations based on the results of interviews with ten law enforcement and five social work professionals in Great Britain. The recommendations are that (1) interviewers should spend an extended period of time (i.e., weeks or months) establishing rapport and meeting with the child victim in locations in which the child is most comfortable; (2) interviewers should minimize their official status and role; and (3) interviewers should approach the child victim with great empathy for the child's situation. Ahern and colleagues conclude that investigators who are self-confident, nonjudgmental, with strong communication skills, and enjoy working with teenagers are most effective in establishing rapport with sexually exploited victims. The authors acknowledge that the time and resource demands for building rapport based on these recommendations can be quite taxing on agency resources, and can conflict with other agency goals, such as completing the investigation quickly. Also, the authors do not reconcile the recommendation of meeting with the victim at locations outside of the agency setting with the need to audio- or video- record the investigator/interviewer's many contacts with the child to avoid any claims that the child has been coerced to disclose victimization. The study concludes with a call for additional research to develop a best-practice approach for building rapport that is effective (and, presumably, practical).

METHODS

Definitions

This current study adopts definitions of HT and CSEC from federal law and agency reports. Sexual trafficking of minors (HT) is defined by the federal Trafficking Victims Protection Act of 2000 (amended in 2003, 2005, 2008, 2013 and 2015) as "sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age."[7] Adapted from a report by the Institute of Medicine and National Research Council (2013), commercial sexual exploitation of children and adolescents (CSEC) is defined as crimes of a sexual nature committed against juvenile victims for financial or other economic reasons, most commonly child/juvenile prostitution, child pornography, and trafficking for sexual purposes.

[6] Ahern's conclusion confirms the finding of others. See, for example, the U.S. Department of State (2014) and Walker (2013).

[7] 22 U.S.C. § 7102(9).

Instrumentation

A national survey of CAC Executive Directors was conducted in 2016 to determine their experience, perceptions, and needs to address HT/CSEC in their CAC, with the MDT, and in their service area. The survey instrument was based on insights gained from a pilot survey conducted by the NCAC Training Department in 2015 and emerging issues documented in the HT/CSEC literature. Initial versions of the survey instrument were developed and pilot tested for wording and duration with staff at the National Children's Advocacy Center. The survey instrument was then transferred into the Cvent software platform to facilitate distribution, administration, retrieval, and analysis. This transformation necessitated some minor changes in the structure of survey items. The instrument was further reviewed by Dr. Deborah Nelson-Gardell of the University of Alabama, particularly for formatting, language and flow; and modifications were made based on her advice. When finalized, it was then submitted to the University's Institutional Review Board, and subsequently approved for utilization.

Subjects and Data Collection

Survey recipients were identified using a directory from the NCAC of CACs that served children in 2015. Listed were the CACs' Executive Directors, and the CACs' locations, telephone numbers and e-mail addresses. Given the fact that there is often change in CAC leadership, contact information, and sometimes the location and establishment or closing of CACs, the research team made efforts to confirm the original contact list, and to develop procedures to update it when necessary. To solicit participation, Executive Directors were sent an initial electronic communication describing the research project and the confidentiality safeguards. One week later, the survey and statement of human subject protections was transmitted via e-mail to the Executive Directors. Some of the e-mails were returned as undeliverable, which engaged members of the research team to make further inquiries by telephone or e-mail to CACs or state CAC chapters to acquire current contact information and resend the survey. In some instances, CAC Executive Directors designated one of their staff members to complete the survey, most often the CAC's Clinical Director. If the survey was not completed within two weeks after the original distribution, Executive Directors received a follow-up e-mail reminder, and then a personal telephone contact one week after that, if necessary. At that time, the research team occasionally identified the need to redirect the survey to another contact person. In these instances, the contact list was updated, the survey redistributed, and followed up in the manner described above. The survey was completed by 33.1% of all CAC Executive Directors or their designee who ultimately received it, which is slightly greater than what is currently typical for such surveys (Yun & Trumbo, 2000).

Data Management and Analysis

Data were collected and stored in Cvent. Data were then exported to Microsoft Excel, and then to IBM SPSS 21 for analysis. Some restructuring of the data was required to allow for summary statistical analysis and comparisons among subgroups of respondents.

Estimation Procedures

One concern in survey research is that of the external validity of the findings when completion of the survey in less than 100%. If the external validity of the survey is compromised by introducing some bias into the data collection process, it is not possible to accurately generalize the results to those CAC directors or CACs who did not participate in the research.

To address any concerns and to estimate the national profile of CAC attitudes and experiences with HT/CSEC, the original data were subjected to post-stratification weighting, which is a procedure by which the raw data is adjusted to allow for the generalization of the survey findings to all CACs.[8] Estimating requires that some information collected from the survey respondents is also available for all potential respondents in the population of, in this case, CACs. The weighting procedure compared CAC information from a database provided by the National Children's Alliance that detailed the characteristics and activities of a reported 98% of all CACs in the United States for 2015. Weighting comparisons are typically made on two variables, but in this case, it was made on three: (1) the number of children served by the CAC, (2) the children's gender, and (3) the children's race/ethnicity. Weighted results were compared to the original data collected from the Executive Directors and designees who responded to the survey. Very little difference was found between the sample of respondents and the weighted data, but results reported here include the necessary, if slight, post-stratification adjustments.[9]

Analysis

Preliminary descriptive statistics were computed for all CACs. Several potential criteria for comparing subgroups of CACs were investigated. The distinction that produced meaningful and useful results for many topics of inquiry was in distinguishing between CACs that had or had not engaged in cases and with victims of HT/CSEC in 2015. A range of tests were used to determine if differences between the two groups were statistically significant.

RESULTS

CAC Engagement with HT/CSEC and Other Victims

As shown in Table 1, we estimate that over one-half (55.3%) of CACs responded to cases of HT/CSEC in 2015. Overall, CACs conducted an average of 290.2 forensic interviews and served 473.4 children in 2015. CACs that reported participating in the investigation of HT/CSEC cases were significantly more likely to have conducted more interviews (393.8 interviews) than those not engaging with these cases (165.2 interviews). HT/CSEC engaged CACs reported serving significantly more children (643.4 children) than their counterparts not so engaged (268.4 children).

Estimates of the activity of CACs with HT/CSEC cases are illustrated in Table 2, with HT/CSEC-serving CACs averaging 5.1 cases in 2015, which comprised 1.3% of all the cases they investigated in that year. Since some cases involved multiple alleged victims, CACs addressing HT/CSEC cases served on average 5.4 children associated with HT/CSEC cases in 2015, which amounts to 0.8% of all the children they served in that year. For all CACs, the mean number of HT/CSEC cases investigated was 2.8, or 0.9% of all cases investigated by CACs in 2015. The average number of children served in relation to HT/CSEC cases was 3.0, or 0.6%, of all children served at all CACs.

Approximately two-thirds of all the children seen at CACs in 2015 were female (Table 3). Roughly one-fifth (21.51%) were under five years of age, one-third (35.47%) between five and 10 years of age, one-quarter (28.11%) between 10 and 15 years of age, and

[8] That is, generalizing from those CACs represented by the survey respondents to all CACs in the United States that served children in 2015.

[9] The analyses of unweighted results are available upon request.

TABLE 1

Estimated Activity for CACs With and Without HT/CSEC Cases in 2015

All Children and Cases

	CACs with HT Cases (55.3%)	CACs without HT Cases (44.7%)	All CACs (100.0%)
Forensic Interviews: 2015			
Mean[a]	393.8	165.2	290.2
Median	300.0	134.0	199.5
S.D.	338.2	145.5	291.2
Children Served: 2015			
Mean[a]	643.4	268.4	473.4
Median	400.0	155.4	250.7
S.D.	774.2	344.8	644.1

[a] Difference between CACs with and without HT/CSEC cases in 2015 significant at the p<.001 level

TABLE 2

Estimated Engagement with HT/CSEC Cases and Children in 2015

HT/CSEC Cases and Children

Any HT/CSEC Cases in 2015	Yes	No	Total
Mean number of cases/CAC	5.1	0.0	2.8
Median number of cases/CAC	3.0	0.0	1.0
% of all cases investigated/CAC	1.3	0.0	0.9
Mean number of children served/CAC	5.4	0.0	3.0
Median number of children served/CAC	3.0	0.0	1.0
% of all children served/CAC	0.8	0.0	0.6

one-seventh (14.92%) over 15 years of age. Five out of eight (62.49%) were Anglo non-Hispanic, with the remainder being members of minority racial and ethnic groups. Three-fifths (59.51%) were reported to be living in poverty.

The profile of children involved in HT/CSEC cases was different in many respects. HT/CSEC victims were significantly more likely to be female (95.50%), and to be older than ten years of age (93.57%). The child victims were less likely to be Anglo non-Hispanic (54.81%), but more likely to be from impoverished backgrounds (65.55%). Interestingly, children seen at CACs which reported serving HT/CSEC cases in 2015 were more likely to be from minority racial/ethnic groups and living in poverty, regardless of whether the children were trafficked/exploited or not.

TABLE 3

Characteristics of HT/CSEC and All Children Seen at CACs: 2015

CAC had HT/CSEC Cases:	Yes %		No %	All CACs %
	HT/CSEC Children A	Other Children B	C	D
Gender				
Female [a, d]	95.50	63.50	65.70	64.98
Age				
0-4 years [a, d]	1.26	23.47	19.67	21.51
5-9 years [a, d]	5.18	35.81	35.72	35.47
10-14 years [a, d]	55.89	25.85	29.65	28.11
15 years and older [a, d]	37.68	14.75	14.96	14.92
Race/Ethnicity				
African American	20.10	22.16	12.30	17.12
Anglo non-Hispanic	54.81	54.77	71.96	62.49
Anglo Hispanic	17.47	13.52	9.00	11.48
Asian American [c, f]	0.00	1.36	0.52	0.95
Native American	2.49	2.49	2.33	2.60
Other Race/Ethnicity	5.14	5.37	5.24	5.35
Impoverishment [b, e]	65.55	64.31	52.64	59.51

[a] Difference between columns A and B significant at the p<.001 level
[b] Difference between columns A and B significant at the p<.01 level
[c] Difference between columns A and B significant at the p<.05 level
[d] Difference between columns A and D significant at the p<.001 level
[e] Difference between columns A and D significant at the p<.01 level
[f] Difference between columns A and D significant at the p<.05 level

Jurisdiction, Interagency Agreements and Cooperation

As shown in Table 4, CAC Executive Directors/ designees indicated that there is multiple, overlapping jurisdictional authority in investigating and intervening with HT/CSEC cases. Respondents most often recognized the authority of local law enforcement (84.0%) and state child protective services (72.4%), followed by federal law enforcement agencies (66.5%) for these cases. Those CACs that had experience with HT/CSEC cases in 2015 were significantly more likely to mention each of these agencies than those CACs not engaged in HT/CSEC cases.

Respondents were asked if their CAC had either formal memoranda of agreement or informal agreements with any agencies which specifically detailed the policies and procedures for responding to HT/CSEC.

As shown in Table 5, roughly two in five CACs had formal agreements with local law enforcement (43.1%) and state child protective services agencies (40.2%), and one in five (17.8%) with other agencies. One-fifth (20.5%) of respondents indicated a formal agreement with federal law enforcement agencies, but very few had a formal memorandum of agreement with federal child protective services (3.9%). Informal interagency agreements with local law enforcement (18.5%), state child protective service agencies (16.9%), federal law enforcement (15.9%) and other agencies (9.5%) were reported as less common than formal memoranda of agreement. HT/CSEC engaged CACs reported informal interagency agreements more often with federal child protective services (10.5%). In comparing CACs that had experience with HT/CSEC cases in 2015 with those that had not, the former group was more likely to have established either a formal memorandum of agreement or informal agreement with other agencies to investigate and respond to these cases. With local and federal law enforcement agencies, the difference between CAC groups is statistically significant.

TABLE 4

Agencies with Jurisdiction and Authority Over HT/CSEC Investigation

Jurisdictional Authority in HT/CSEC Investigations:

CAC had HT/CSEC Cases:	Yes %	No %	All CACs %
Local Law Enforcement[a]	94.7	71.2	84.0
State Child Protective Services[b]	79.4	63.9	72.4
Federal Law Enforcement[a]	81.8	48.1	66.5
Federal Child Protective Services	14.0	13.2	13.6
Other Agency	11.5	11.1	11.3

[a] Difference between CACs with and without HT/CSEC cases in 2015 significant at the p<.001 level

[b] Difference between CACs with and without HT/CSEC cases in 2015 significant at the p<.01 level

TABLE 5

Formal and Informal HT/CSEC Interagency Agreements

CAC has:	Memorandum of Agreement	Informal Agreement	Neither
With Local Law Enforcement[a]			
Had HT/CSEC cases	46.7	21.5	31.8
No HT/CSEC cases	38.6	14.8	46.6
All CACs	43.1	18.5	38.5
With State Child Protective Service			
Had HT/CSEC cases	45.2	18.3	36.5
No HT/CSEC cases	34.5	15.5	50.0
All CACs	40.2	16.9	42.9
With Federal Law Enforcement[a]			
Had HT/CSEC cases	23.0	19.0	58.0
No HT/CSEC cases	17.1	11.8	71.1
All CACs	20.5	15.9	63.6
With Federal Child Protective Service			
Had HT/CSEC cases	3.5	10.5	86.0
No HT/CSEC cases	4.4	7.4	88.2
All CACs	3.9	8.5	87.6
With Other Agency			
Had HT/CSEC cases	17.5	9.5	73.0
No HT/CSEC cases	17.9	5.4	76.8
All CACs	17.8	7.6	74.6

[a] Difference between CACs with and without HT/CSEC cases in 2015 significant at the $p<.10$ level

The existence of HT/CSEC task forces in the CAC's primary community of service were reported by 27.8% of respondents (Table 6), with a significantly greater frequency of such reports by CACs engaged in HT/CSEC cases (38.3%) than those which had not (14.6%). An additional 9.6% of respondents did not know if there was a local task force. Among CACs indicating a local task force, three-quarters (76.8%) of respondents reported that the CAC was a member.

At the state level, roughly one-half (48.6%) of respondents reported that there was such a task force, and a very few (6.7%) reported that there was not a state-level task force. However, a large proportion (44.7%) did not know if a state task force existed within their state. Of those who indicated there was a state task force, three-quarters (76%) reported that either one or more local CACs or the CAC state chapter were members.

TABLE 6

Community and State Task Forces

	Yes	No	Don't Know
Community has an HT/CSEC Task Force[a]			
Had HT/CSEC cases	38.3	52.6	9.1
No HT/CSEC cases	14.6	75.3	10.1
All CACs	27.8	62.6	9.6
(If yes) Is CAC a member of Task Force			
Had HT/CSEC cases	76.2	23.8	---
No HT/CSEC cases	78.6	21.4	---
All CACs	76.8	23.2	---
State has an HT/CSEC Task Force			
Had HT/CSEC cases	50.7	5.7	43.6
No HT/CSEC cases	46.2	7.7	46.2
All CACs	48.6	6.7	44.7
(If yes) Are CACs represented on State Task Force			
Had HT/CSEC cases	74.1	25.9	---
No HT/CSEC cases	78.6	21.4	---
All CACs	76.0	24.0	---

[a] Difference between CACs with and without HT/CSEC cases in 2015 significant at the p<.01 level

Reported Differences Between HT/CSEC Victims and Other Children

Respondents from CACs that had engaged with HT/CSEC cases in 2015 were asked if HT/CSEC victims differed from other victims that the CAC served. In an overall sense, slightly over one-half (51.7%) indicated that this was so (Table 7).

TABLE 7

HT/CSEC Cases Compared to Other CAC Cases

Are HT/CSEC Cases Different from Other CAC Cases?

	N	%
Yes	56	51.7
No	52	48.3
Total	108	100.0

The respondents were then asked more specifically the degree to which HT/CSEC victims and their cases differed, on several measures (Table 8). In the analysis presented in Table 8, the mean of the ordinal scores *Small* (i.e., little or no difference), *Some* (i.e., somewhat of a difference), and *Marked* (i.e., very great difference) were scored as 1, 2, and 3, respectively, and mean values calculated. Means for specific measures were compared to an overall population mean for all measures (1.90045) to standardize for respondent bias, and tested for significant differences from the overall mean. Respondents stated that HT/CSEC victims and their cases differed, at a statistically significant level, from their non-trafficked/commercially exploited counterparts in the child's relationship to the accused offender, psychological trauma, social service needs, and mental health treatment needs. Their cases required different family advocacy procedures, and involved greater jurisdictional overlap concerns, more and different professional agency partners in the case investigation and intervention, investigator time and energy, and duration of the investigation. HT/CSEC cases also differed in the civil (family/dependency supervision and resolution) outcomes.

On the other hand, respondents indicated that HT/CSEC child victims were completely or substantially the same, at a statistically significant level, in regard to the child victims' demographic characteristics of gender, age and race as compared to their non-trafficked/exploited counterparts.[10] HT/CSEC cases are seen as similar to their counterparts in how the cases are reported to the CAC; medical examination procedures; how case information is used in the investigation process; the security, confidentiality, and information sharing in the case; admission of evidence in court; and court testimony provided by the forensic interviewer. Respondents report that the criminal case outcomes for HT/CSEC cases do not differ from the outcomes of non-HT/CSEC cases.

CAC Services in HT/CSEC Cases

At CACs, over three-quarters (78.3%) of alleged child victims of all types of abuse are interviewed by forensic interview specialists (Table 9). Other interviewers include local law enforcement officers (10.9%), child protective service investigators (8.9%), federal law enforcement agency professionals (0.5%), or other professionals (1.5%). The pattern of interviews differs, however, when comparing HT/CSEC alleged victims to their non-trafficked/exploited counterparts. In both the CACs who reported HT/CSEC cases and all CACs, HT/CSEC alleged victims are significantly less likely to be interviewed by forensic interview specialists

[10] Note that this perception of gender and age contrasts with the profile of victims reported in Table 3.

TABLE 8

How HT/CSEC Cases Differ from Other CAC Cases

	Small (1) %	Some (2) %	Marked (3) %	Mean
Child/Adolescent's Characteristics				
Gender, age, and/or race	82.9	17.1	0.0	1.17[d]
Relationship to accused	13.5	48.6	37.9	2.24[b]
Social history	28.3	59.2	12.5	1.84
Psychological trauma	15.2	57.8	27.0	2.12[c]
Social service needs	8.4	43.4	48.2	2.40[a]
Medical needs	25.9	58.3	15.8	1.90
Mental health treatment needs	8.3	49.9	41.8	2.33[a]
CAC Procedures				
How case comes to the CAC	43.5	44.3	12.2	1.69[f]
Forensic interview procedures	16.0	5.3	18.7	2.03
Medical exam procedures	44.0	50.7	5.4	1.61[d]
How case information used in overall investigation	53.0	41.5	5.5	1.53[d]
Family advocacy procedures	15.5	56.0	28.5	2.13[c]
Case Characteristics				
Case jurisdictional overlap	10.7	42.3	47.0	2.36[a]
Security, confidentiality, and/or information sharing	52.2	25.8	22.0	1.70[f]
Investigative and/or intervention agency partners	12.4	60.6	26.9	2.15[b]
Investigator time and energy	17.9	46.0	36.1	2.18[b]
Duration of the case investigation	14.3	55.2	30.5	2.16[c]
Interagency communication and cooperation	38.7	44.1	17.2	1.79
Admission of evidence procedures in court	58.2	40.2	1.6	1.43[d]
Forensic Interviewer court testimony	65.4	26.3	8.3	1.43[d]
Justice Activities				
Civil placement of alleged victim	20.7	41.6	37.7	2.17[c]
Criminal case outcome	42.5	50	7.5	1.65[e]

[a] Sample mean significantly greater than the population mean at the p<.001 level
[b] Sample mean significantly greater than the population mean at the p<.01 level
[c] Sample mean significantly greater than the population mean at the p<.05 level
[d] Sample mean significantly less than the population mean at the p<.001 level
[e] Sample mean significantly less than the population mean at the p<.01 level
[f] Sample mean significantly less than the population mean at the p<.05 level

TABLE 9

Interviewing Alleged Child Victims in HT/CSEC and All CAC Cases: 2015

CAC had HT/CSEC Cases:	Yes %		No %	All CACs %
	HT/CSEC Children A	Other Children B	C	D
CAC Forensic Interview Specialist	74.3[b, d]	82.5	70.7	78.3
Local Law Enforcement Investigator	11.3	8.8	13.1	10.9
Child Protective Services Investigator	4.9	5.3	13.2	8.9
Federal Law Enforcement Investigator	6.6[a, d]	0.9	0.4	0.5
Other Professional	2.9[c, e]	0.2	3.0	1.5

[a] Difference between columns A and B significant at the p<.01 level
[b] Difference between columns A and B significant at the p<.05 level
[c] Difference between columns A and B significant at the p<.10 level
[d] Difference between columns A and D significant at the p<.01 level
[e] Difference between columns A and D significant at the p<.10 level

(even though this is the most common interview professional) and more likely to be interviewed by federal law enforcement or other professionals.

As shown in Table 10, the vast majority (84.4%) of respondents stated that medical examinations were provided by or on behalf of the CAC for alleged victims of HT/CSEC.

Approximately three-quarters of the CACs reported that examinations were performed by a combination of sexual assault nurse examiners (39.6%) and child abuse pediatricians (34.2%). Other medical examiners mentioned by respondents included physicians (18.2%) and advance practice nurses (14.1%).

Community Response to HT/CSEC

Respondents' perceptions of the level of community concern are shown in Table 11. In the analysis presented in the table, the mean of the ordinal scores *Not concerned at all*, *Minimally concerned*, *Somewhat concerned*, *Seriously concerned*, and *Very greatly concerned* were scored as 1 through 5, respectively; and mean values were calculated for groups of CACs that had experience with HT/CSEC cases in 2015, CACs that had not, and all CACs combined. The CACs that had experience with HT/CSEC cases in 2015 reported a significantly higher level of community concern than the CACs which had no experience with HT/CSEC cases in 2015.

Respondents were then asked to identify specific concerns that they had about the community's reaction to the problem of HT/CSEC. Table 12 illustrates the respondents' perceptions, noting that the most often identified concerns were the lack of services for victims (54.1%), resources for community prevention and education activities (51.6%), and funding for HT/CSEC programs and personnel (45.4%). Also, frequently mentioned were a lack of concern on the part of local government professionals (43.0%) about HT/CSEC, and the absence of community leadership (35.7%) to address the problem. Respondents of the CACs which had engaged with HT/CSEC cases in 2015

TABLE 10

Medical Examinations of Alleged Victims in HT/CSEC Cases: 2015

Were Medical Examinations Provided?	N	%
Yes	92	84.4
No	17	15.6
Total	109	100.0

Medical Examinations Provided By:	N	%
Sexual Assault Nurse Examiner	43	39.6
Child Abuse Pediatrician	37	34.2
Physician	20	18.2
Advanced Practice Nurse	15	14.1
Physician Assistant	1	1.2
	116*	

*multiple responses recorded

TABLE 11

Community Concern about HT/CSEC

Level of Community Concern about HT/CSEC:

CAC had HT/CSEC Cases:	Yes %	No %	All CACs %
Very greatly concerned (5)	10.2	4.5	7.6
Seriously concerned (4)	18.5	8.0	13.7
Somewhat concerned (3)	44.4	35.2	40.1
Minimally concerned (2)	25.0	47.7	35.5
Not concerned at all (1)	1.9	4.5	3.0
Mean[a]	1.9	4.5	3.0

[a] Difference between CACs with and without HT/CSEC cases in 2015 significant at the p<.001 level

were significantly more likely to identify all specific types of community concerns than the respondents whose CAC did not engage in these cases (with the exception of no significant difference in perception of limited resources for programs and personnel as both groups relatively frequently reported this perception). Of the CACs that reported no HT/SEC cases in 2015, only 16.9% reported that there were no HT/SEC victims in the community. Similarly, out of all the CACs surveyed, only 7.7% reported that there were no such victims in the community (Table 12).

One-half of the respondents reported that HT/CSEC awareness and education activities occurred in their primary community of service, but this was reported significantly more often by Executive Directors/ designees from CACs that had served HT/CSEC cases in 2015 (Table 13).

For those who indicated the existence of awareness and education programs, 21.4% reported that such services were provided by their CAC, followed by local law enforcement (13.2%), and state child protective service professionals (11.6%). A wide array of other professionals (29.8%) also provided education and awareness programs in the community. Respondents from CACs that had served HT/CSEC cases in 2015 were significantly more likely to have programs

TABLE 12

Specific Concerns about the Community Response to HT/CSEC

CAC had HT/CSEC Cases:	Yes %	No %	All CACs %
Specific Community Concerns:			
HT/CSEC is not a priority concern for:			
Local government officials[d]	38.8	48.0	43.0
Local service providers[b]	21.9	38.3	29.4
Local nonprofit organizations[c]	16.4	28.9	22.0
Community lacks:			
Appropriate services for victims[c]	60.9	45.9	54.1
Prevention/education resources	52.8	50.2	51.6
Service capacity for victims[b]	17.4	6.4	12.4
Funds for programs and personnel	45.5	45.2	45.4
No person/org has taken leadership[b]	27.8	45.2	35.7
Other concerns	16.7	10.0	13.7
No Major Community Concerns[c]	4.6	12.9	8.3
No HT/CSEC Victims in Community[a]	0.0	16.9	7.7

[a] Difference between CACs with and without HT/CSEC cases in 2015 significant at the p<.001 level
[b] Difference between CACs with and without HT/CSEC cases in 2015 significant at the p<.01 level
[c] Difference between CACs with and without HT/CSEC cases in 2015 significant at the p<.05 level
[d] Difference between CACs with and without HT/CSEC cases in 2015 significant at the p<.10 level

provided by their own agency, and report services offered by medical or public health professionals, or other providers.

Those who reported the existence of education and awareness activities noted that the target group of such programs was most frequently the mandated reporters (39.5%), followed by parents (36.3%), and children/ adolescents who might be at risk for being trafficked

TABLE 13

Community HT/CSEC Education Activities

HT/CSEC Education and Awareness Training and Activities Provided in the Community

CAC had HT/CSEC Cases:	Yes %	No %	All CACs %
Community has Awareness/Education Activities[a]	60.2	38.2	50.0
(If Yes) Awareness/Education Activities Provided by:			
CAC[b]	27.5	14.1	21.4
Local Law Enforcement	15.4	10.6	13.2
State Child Protective Services	14.8	7.8	11.6
Federal Law Enforcement	4.6	3.4	4.1
Federal Child Protective Services	0.6	0.0	0.4
Schools[c]	7.6	1.5	4.8
Medical/Public Health Providers[a]	10.6	0.0	5.8
Mental Health/Treatment Providers	2.9	1.4	2.2
Other Professionals/Agencies[a]	37.6	20.4	29.8
(If Yes) Target Audience for Awareness/Education Activities:			
Mandated Reporters[a]	48.7	28.3	39.5
Parents[b]	41.8	29.5	36.3
Children and Adolescents[b]	35.7	21.1	29.1
Clergy[c]	18.8	10.2	14.9
Others[b]	17.1	5.8	12.0

a Difference between CACs with and without HT/CSEC cases in 2015 significant at the p<.01 level
b Difference between CACs with and without HT/CSEC cases in 2015 significant at the p<.05 level
c Difference between CACs with and without HT/CSEC cases in 2015 significant at the p<.10 level

and/or exploited (29.1%). Executive Directors/ designees from CACs that had served HT/CSEC cases in 2015 reported being significantly more often engaged with each of the target audience categories than their counterparts that had no HT/CSEC cases in 2015.

In addition to community prevention through training and awareness programs, CAC Executive Directors/ designees identified a range of services for HT/ CSEC victims, which are represented in Table 14. Most frequently mentioned were non-emergency (longer-term) and emergency mental health outpatient and inpatient services (50.4%, 45.9%, and 43.0%, respectively), and temporary shelters or residential facilities (44.8%). Only slightly over one-quarter of the respondents (26.8%) said that their community offered foster care services specializing in serving victims of HT/CSEC. While respondents from CACs that had served HT/CSEC cases in 2015 did not differ in their reports from those that had not concerning several types of community service, those with HT/CSEC cases did differ significantly on the greater availability of specialized emergency medical and mental health services.

Professional Readiness to Respond to HT/CSEC

Current Training

Forensic Interview Specialists were the most likely CAC/MDT professional to have received specific training on how to respond to HT/CSEC cases, alleged victims and families (65.8%, Table 15). Over one-half of the respondents also reported that law

TABLE 14
Community HT/CSEC Service Resources

Availability of Services for HT/CSEC Victims:

CAC had HT/CSEC Cases:	Yes %	No %	All CACs %
Temporary shelters/residential facilities	42.5	47.6	44.8
Specialized foster care	27.2	26.3	26.8
Specialized emergency medical services [a]	53.5	36.8	45.9
Non-emergency (longer-term) medical services	27.1	21.8	24.7
Emergency mental health inpatient services [b]	49.2	35.5	43.0
Emergency mental health outpatient services	51.8	38.0	45.9
Non-emergency (longer-term) mental health services	55.0	44.8	50.4

[a] Difference between CACs with and without HT/CSEC cases in 2015 significant at the p<.05 level
[b] Difference between CACs with and without HT/CSEC cases in 2015 significant at the p<.10 level

TABLE 15

HT/CSEC Training Received by CACs and MDTs

CAC and MDT Professionals that have Received Training on HT/CSEC Cases:

CAC had HT/CSEC Cases:	Yes %	No %	All CACs %
CAC Forensic Interview Specialists [a]	74.7	55.0	65.8
Local Law Enforcement Investigators	62.9	54.4	59.0
Child Protective Services Investigators [b]	55.9	42.1	49.6
Family Advocates [a]	54.0	32.6	44.3
Medical Service Providers [a]	37.7	18.8	29.1
Federal Law Enforcement Investigators [a]	33.4	16.5	25.7
Other Professionals	13.8	10.3	12.2

[a] Difference between CACs with and without HT/CSEC cases in 2015 significant at the p<.01 level
[b] Difference between CACs with and without HT/CSEC cases in 2015 significant at the p<.05 level

enforcement professionals in their service area had received such training (59.0%); while slightly less than one-half reported that child protective service (49.6%) and family advocates (44.3%) had received training. Somewhat more than one-quarter indicated that medical service providers (29.1%) and federal law enforcement officers had received training. Respondents whose CAC had engaged with HT/CSEC cases in 2015 were significantly more likely to report that their forensic interview specialists, child protective service investigators, family advocates, medical service investigators, and federal law enforcement investigators had received specific HT/CSEC training.

Challenges Faced by CACs and MDTs

Respondents from CACs that had engaged with HT/CSEC cases were asked to identify the challenges faced by their CAC and MDT. As shown in Table 16, the most frequently reported concern for the CAC was the lack of critical community services for alleged HT/CSEC victims (53.5%), followed by access to training for CAC staff (43.9%), inadequate service agency capacity to serve the number of HT/CSEC cases in the community (37.6%), and the limited resources available for CAC staff to gain training on how to engage in these cases. A minority of CACs (13.4%) were reported to have developed programs and strategies for responding to these challenges.

Similarly, respondents identified the lack of access to training (44.1%) and lack of resources to access training (40.7%) as primary challenges for the MDT. Lack of training resources was identified as a challenge for the MDT more frequently than for the CAC, as was an inadequate relationship with federal law enforcement. Approximately one-fifth (21.9%) of the respondents noted that their MDT had no major challenges in investigating HT/CSEC cases.

TABLE 16

Challenges Faced by CACs and MDTs in Serving HT/CSEC Children and Adolescents

CAC Challenges:	%
Absence of critical community services	53.5
Access to adequate training	43.9
Inadequate capacity in critical community services	37.6
Lack of resources to get training	30.6
Inadequate relationship with local law enforcement agencies	8.0
Inadequate relationship with federal law enforcement agencies	7.0
Inadequate relationship with state law enforcement agencies	6.3
Other challenge	14.6
CAC has developed programs that meet these challenges:	13.4

MDT Challenges:	%
Access to adequate training	44.1
Lack of resources to get training	40.7
Inadequate relationship with federal law enforcement agencies	12.7
Inadequate relationship with other MDT agencies	8.9
Inadequate relationship with state law enforcement agencies	8.3
Other challenge	16.6
MDT has no major challenges in investigating HT/CSEC cases:	21.9

Needs for Addressing HT/CSEC

Finally, Table 17 illustrates the respondents' perceptions of needs, both within and beyond the CAC, to address HT/CSEC cases and the principal actors. In the analysis presented there, Executive Directors/designees were asked to rate several items as a *Primary need*, *Secondary need*, or *Not needed* in their primary service community/state. Values were treated as ordinal scores of 3, 2, and 1, respectively, and mean values for each item were calculated. Means for specific items were compared to an overall population mean for all items (2.235) to standardize for respondent bias and tested for significant differences from the overall mean.

In general, the respondents identified needs for training to understand and respond to cases of HT/CSEC more frequently than needs for technical assistance or community activities (such as interagency agreements and task forces, community training and programs, and changes in laws and procedures). Specifically, respondents were significantly more likely to identify needs for training of MDT, mental health provider, family advocate, forensic interviewer, and medical professionals (mean values of 2.60, 2.57, 2.49, 2.47, and

TABLE 17
Needs for Dealing with HT/CSEC Cases

Needed to Improve the Community Response to HT/CSEC Cases: Mean Values

CAC had HT/CSEC Cases:	Yes	No	All CACs
CAC forensic interviewer training	2.48	2.47	2.47[b]
MDT training	2.57	2.63	2.60[b]
Medical provider training	2.33	2.45	2.38[d]
Family advocate training	2.49	2.49	2.49[b]
Mental health provider training	2.61	2.52	2.57[b]
CAC technical assistance	1.82	2.00	1.90[a]
MDT technical assistance	1.85	1.87	1.86
Memoranda of agreement among agencies	2.04	2.06	2.05[c]
Community agency training	2.31	2.20	2.26
Community awareness/education programs	2.50	2.42	2.47[b]
Changes in local or state laws	2.05	2.13	2.08[e]
Change in local/state agency SOPs	2.27	2.18	2.23
A local HT/CSEC task force	2.08	2.21	2.14
A state HT/CSEC task force[f]	1.68	1.93	1.79[a]

[a] Sample mean significantly less than the population mean at the p<.001 level
[b] Sample mean significantly greater than the population mean at the p<.001 level
[c] Sample mean significantly less than the population mean at the p<.01 level
[d] Sample mean significantly greater than the population mean at the p<.01 level
[e] Sample mean significantly less than the population mean at the p<.05 level
[f] Difference between CACs with and without HT/CSEC cases in 2015 significant at the p<.10 level

2.38, respectively). Community awareness programs (2.47 mean value) were also frequently identified at a significant level. On the other hand, needs for a state task force, CAC technical assistance, memoranda of agreement, and changes in laws (1.79, 1.90, 2.05, and 2.08 mean values, respectively) were significantly not identified as needs. The only statistically significant difference between CACs engaging in HT/CSEC cases in 2015 and those that had not, was that engaged CAC respondents were significantly less likely to identify the creation of a state HT/CSEC task force as a need. This is likely explained by the fact, shown earlier, that engaged CACs were more likely to mention that a state task force already existed in their state (see Table 9).

SUMMARY

More than half of the CACs that responded to the survey had some experience with HT/CSEC cases and alleged HT/CSEC victims in 2015. Responding to these cases is more common in CACs with larger annual caseloads, but HT/CSEC cases made up a relatively small portion of their overall caseloads. Relative to other children seen at CACs, trafficked and exploited children and adolescents tend to be older, impoverished, and members of minority groups. They are more likely to have mental health and social service needs, and experience psychological trauma at rates higher than other children seen at CACs. HT/CSEC cases are complicated by the fact that such cases are likely to involve multiple jurisdictions, which necessitates the formation of formal interagency agreements and informal understandings among agencies. HT/CSEC cases are also likely to involve greater time and expenditure of agency resources in investigation and service provision.

Most HT/CSEC alleged victims are interviewed by forensic interview specialists at the CAC and receive a medical examination, typically provided by a sexual assault nurse examiner or a child abuse pediatrician.

Many survey respondents remarked upon the limited community concern about child sexual trafficking and exploitation, noting that local government officials, service providers and nonprofit organizations did not prioritize this problem, community leadership lacked a response to it, and appropriate service capacity did not exist. The community services reported most frequently were the availability of temporary shelters and emergency medical services for victims, but respondents indicated that specialized foster care and long-term medical services were rarely evident. One-half of the respondents mentioned that some HT/CSEC prevention and awareness programs were provided in the community, often conducted by the CAC and directed mostly to mandated reporters, parents, and potential child and adolescent victims.

Respondents stated that the majority (two-thirds) of forensic interviewers and one-half of local law enforcement and child protective services investigators had received some training about HT/CSEC victims and cases, but few medical, federal law enforcement, or other professionals had received training.

The lack of training opportunities and resources were identified as significant challenges for CAC and MDT professionals. In addition, CACs identified the absence of community service capacity as a challenge in responding to HT/CSEC cases. Consequently, CAC Executive Directors and designees most often mentioned a need to train CAC and MDT professionals, and members of the community.

It is important to note that the perceptions and experiences of CAC respondents differ significantly between those that have experience with HT/CSEC cases, and those that have not. It is not possible from this survey to determine the direction of this relationship. Does experience with identifying HT/CSEC cases influence the respondents' attitudes, or do agencies more sensitive to and experienced with HT/CSEC attract more of these cases? It could be that perceptions and experience become mutually reinforcing of each other.

DISCUSSION

CAC Engagement with and Awareness of HT/CSEC Cases

CACs that served a relatively large number of children and abuse cases were significantly more likely to have engaged with at least one case of HT/CSEC (Table 1). Assuming that high-volume CACs are more likely to be located in urban areas, we conclude that sexual trafficking and exploitation of children is more common in urban areas or, at least, is more likely to come to the attention of the authorities there. While little research has been done on the ecology of HT/CSEC, one study in Western Canada found self-report rates of exploitation were similar in urban, suburban, and rural areas; suggesting that case reporting and identification practices have an important impact on case investigation and service estimates (Saewyc, MacKay, Anderson, & Drozda, 2008). Engagement with HT/CSEC cases is also greatly influenced by the ability of agencies to identify such cases (Farrell, McDevitt, & Fahy, 2008).

Research is limited on male victims, but recent research suggests that the number of boys and girls involved in child sex trafficking is likely to be similar (Greenbaum, 2014; Walker, 2013).

Even though high case-volume CACs are more likely to engage with HT/CSEC children, these victims still make up a small portion of the overall CAC caseload (Table 2). This phenomenon is not surprising, since justice agencies do not often identify and intervene with HT/CSEC cases and victims. For example, Farrell and associates (2012) found that while the U.S. Department of Justice had received a substantial increase in its budget by Congress in an attempt to increase trafficking prosecution rates, a very low number of federal prosecutions continued to occur (Adams, Flynn, & Urban Institute, 2017). Also, "only 18 states had brought forward prosecuting charges under state human trafficking statutes" (Farrell et al., 2012, p. 5).[11]

Distinctiveness of HT/CSEC Victims

In the current study, a much greater gender disparity was reported for HT/CSEC alleged victims than with other children seen at CACs (Table 3). Research consistently indicates that detected HT/CSEC victims are predominately female. The Bureau of Justice Statistics reports that almost 95% of sex trafficked victims were female (Banks & Kyckelhahn, 2011). Research is limited on male victims, but recent research suggests that the number of boys and girls involved in child sex trafficking is likely to be similar (Greenbaum, 2014; Walker, 2013). In New York City, 40% of CSEC cases were found to involve male victims (Bryan, 2014). The gender disparity reported in the current survey and in much of the research literature could be attributed to the fact that males do not fit the stereotypes of HT/CSEC victims and are less likely to be recognized as

[11] Farrell et al. (2012) note several obstacles to the prosecution of alleged traffickers in federal and state courts, including limited awareness among criminal justice professionals and jurors about the crime of human trafficking; victims' unwillingness to testify against their traffickers due to unmet victims' needs and fear for their lives or the lives of others; prosecutors' and law enforcement officers' negative attitudes and stereotypes about trafficking victims, who were often seen as responsible for their own victimization; a general lack of knowledge among state and federal police and prosecutors about the existence and requirements of state and federal human trafficking laws; and prosecutorial inexperience using new state human trafficking laws (cf. Simich et al., 2014).

victims by reporters and service professionals (Bryan, 2014; Walker, 2013).

As illustrated in Table 3, HT/CSEC victims seen at CACs are also mostly adolescents, at higher rates than the general population (which is usually younger children) of those served at CACs. The research literature indicates that most minor victims are first ensnared in exploitative sexual activities between ages 12 and 14 (Adams et al., 2010; Greenbaum, 2014). As with gender disparities, this conclusion might reflect procedures by which suspected victims are discovered, rather than the true distribution of HT/CSEC victims (Goodman & Laurence, n.d.; Smith, Vardaman, & Snow, 2009).

HT/CSEC child victims present challenges to CAC and MDT professionals because they are distinctive in ways that go beyond their demographic differences. Consistent with earlier research (Bryan, 2014), suspected victims are reported to present more often with recognizable psychological trauma, and special mental health and social service needs. The children are also likely to have a different relationship with their accused offender. While not reviewed in this report, the literature concerning the victim-offender relationship (e.g., Roe-Sepowitz, Gallagher, Risinger, & Hickle, 2015) and the long-term consequences of victimization confirm the special needs of HT/CSEC children and adolescents (e.g., OJJDP, 2014). In fact, many (but not all) of the Safe Harbor laws enacted by states emphasize the need to provide treatment and social services to trafficked and exploited child victims (Geist, 2012; Wayman, 2013).

CAC and Team Challenges with HT/CSEC Cases

The U.S. Congress expanded the definition of child abuse found in the federal Victims of Child Abuse Act to include the production of child pornography and human trafficking (Congressional Record, 2015: H600-607). This definition mandates that CACs include victims of these crimes in their services (Finklea, Fernandes-Alcantars, & Siskin, 2015). As shown in Table 9, most HT/CSEC cases brought to CACs result in an interview by a trained forensic interview specialist, and most of the children are provided a medical examination as part of the forensic process.

Respondents also note that HT/CSEC cases require different responses from CAC professionals and team investigators. Distinct from most of the children seen at CACs, HT/CSEC alleged victims are unlikely to disclose their abuse to reporting caregivers and authorities (United Nations Office on Drugs and Crime, 2006) for many reasons. When interviewed at the CAC, traumatized HT/CSEC victims might be limited in their ability to recall and talk about their experiences due to chronic and long-term maltreatment. They may also have been coached to lie to authorities, or they may lie to protect themselves or others from retaliation (Newton, Mulcahy, & Martin, 2008; U.S. Department of State, 2013). A child victim's reluctance to cooperate in the investigation of the alleged victimization can be overcome with heroic efforts at building rapport between the minor victim and investigators (Ahern et al., 2017), but this effort can place a significant demand on CAC and MDT resources. The current study confirms the consensus report that HT/CSEC cases incur high consumption of very limited investigator time and energy, and that these cases are not likely to

be resolved as quickly as other cases served at CACs (Table 8). As noted by a state prosecutor, "I don't know that most jurisdictions have the ability to designate like an entire team of people to only do trafficking. So, for instance our local police department, they have a sergeant that is kind of my contact point over there for trafficking cases, but the actual follow-up work on trafficking cases is being done by the sex crimes unit. Well the sex crimes unit is also handling child sexual abuse and adult sex cases, so they have all of that—what I would call normal jurisdiction—on top of their handling now of the trafficking cases" (Simich et al., 2014, p. 216).

This finding applies not only to investigations but also to victim services. For example, HT/CSEC victims present distinctive needs and challenges to family/victim advocates. Also, when CACs refer victims to treatment providers, not all communities are prepared to respond effectively and efficiently.

"I don't know that most jurisdictions have the ability to designate like an entire team of people to only do trafficking. So, for instance our local police department, they have a sergeant that is kind of my contact point over there for trafficking cases, but the actual follow-up work on trafficking cases is being done by the sex crimes unit. Well the sex crimes unit is also handling child sexual abuse and adult sex cases, so they have all of that—what I would call normal jurisdiction—on top of their handling now of the trafficking cases"
(Simich et al., 2014, p. 216).

Agency Authority and Cooperation

HT/CSEC cases are more likely to involve multiple federal and state jurisdictions, and jurisdictional overlap between agencies in different localities. These cases involve more investigative and/or intervention partner agencies, and are likely to result in different placement by child protective service professionals and/or dependency court officials (Simich et al., 2014). Ideally these jurisdictional complexities are addressed through the formation and implementation of formal agreements and informal understandings between authorities within a particular community.

Interagency cooperation and coordination is not always easy. As one local law enforcement officer described cooperation, "That's been a very stressful part of the position, trying to get everybody to work together, talk together, and come to a good ending to a case" (Simich et al., 2014, p. 244). Other researchers agree, reporting that the lack of collaboration among front-line agencies has continued to hamper law enforcement, prevention and victim service efforts (Aghazarm & Laczko, 2008; David, 2010; Goździak, 2010), leading the *President's Interagency Task Force to Monitor and Combat Trafficking in Persons* to call for better coordination, information sharing, and engagement between local, state, and federal agencies (U.S. Administration for Children and Families, 2013). CAC respondents to the current survey note that cooperation is generally good, but likely less well articulated with federal agencies, presumably because CACs do not generally collaborate with such agencies. Community and state-level task forces can provide venues in which to improve collaboration but

were reported less often in communities and states where CACs had not seen HT/CSEC cases, either because task forces do not exist, or the respondent was unaware of such task forces.

Community Services, Engagement, Resources (and Needs), Prevention

CACs that served HT/CSEC cases were significantly more likely to perceive a higher level of community concern about the problem than those that had not served these cases (Table 11). The lack of adequate community services was often mentioned as a significant challenge to CACs (Table 16). Most frequently noted concerns about the community response were the lack of appropriate treatment and prevention services, lack of funding for programs and personnel, and the fact that HT/CSEC is not a priority for local government officials (Table 12). Respondents particularly noted the absence of specialized foster care, which is consistent with other research studies (Simich et al., 2014), and limited long-term medical services tailored to the needs of HT/CSEC victims (Table 14).

Victim Services

Concern about the availability of services is reflected in recent publications. A report by the Vera Institute of Justice quotes a local law enforcement officer, saying: "[Victims] need to be fed, they have to be looked over, they have to make sure they don't have any medical issues, whatever the case may be. I don't think we put enough emphasis on the victim side of things, and we need more help when it comes to providers and the resources to give to those providers" (Simich et al., 2014, p. 214).

In the same report, a federal law enforcement officer states: "I think one of the biggest challenges is that we have some phenomenal service provider relationships across the country, but we don't have those in every place. And we don't have quality services available for all the victims that we work with. And that's really hard, because we know how critical that is to stabilize that individual. And when that's not available for them, that is a tremendous challenge" (Simich et al., 2014, p. 214). A prosecutor echoed these sentiments, saying: "Yeah, we can probably get through a trial, but what happens to that victim in the end.... The money that they give some of these local agencies to work with victims, it's not nearly enough. It's not anywhere near enough" (Simich et al., 2014, p. 214).

A prosecutor echoed these sentiments, saying:
"Yeah, we can probably get through a trial, but what happens to that victim in the end.... The money that they give some of these local agencies to work with victims, it's not nearly enough. It's not anywhere near enough" **(Simich et al., 2014, p. 214).**

The Institute of Medicine and National Research Council (2013) notes that programs that identify victims and respond to their unique needs are beginning to emerge, but at present are still largely insufficient, uncoordinated, under-supported financially and under-evaluated.

Prevention Programs

The Institute of Medicine and National Research Council (2013) also states that HT/CSEC creates serious short and long-term problems, not just for children being abused but also for affected families, communities, and society. The report points out that while efforts to prevent commercial sexual exploitation of minors are essential, actual prevention programs are largely absent. In the current study, one-half of CACs report having HT/CSEC awareness and education programs in their respective community, predominately targeting mandated reporters, parents, and children (Table 13).

Professional Training, Awareness, and Needs

Prior research suggests that before CACs, justice systems, and other professionals can effectively intervene with HT/CSEC victims and cases, the agencies and professionals must be adequately trained (Ahern et al., 2017; IOM & NRC, 2013; Simich et al., 2014). Earlier studies of law enforcement professionals conclude that few police agencies can identify HT/CSEC cases (Farrell et al., 2010), however identification improves with training (Clawson et al., 2008). Experiential learning is usually not sufficient since first responding and investigative police officers and other justice professionals operate in a fragmented, under-resourced environment in which sharing knowledge and good practices is especially challenging (Gallagher & Holmes, 2008; Newton et al., 2008). Lacking training and experience, police officers might follow outdated protocols, misinterpret evidence, misidentify trafficking/exploitation cases as other crimes, and even treat victims as offenders (Bales & Lize, 2005; Farrell et al., 2008; Newman, 2006). Many opportunities for identifying and intervening with HT/CSEC victims are also missed in child protective services (Simich et al., 2014).

Conversely, well-trained professionals are much more effective in responding to HT/CSEC cases. Research examining records of human trafficking cases from four sites concluded that investigators appeared to

write well-detailed reports, even when cases were later identified as not being trafficking incidents, in jurisdictions where specialized training was provided (Newton et al., 2008).

HT/CSEC has for many years persisted as a largely undetected and unremarked social problem. There is little doubt that training is critical for CAC, MDT, and other professionals so they can effectively identify and intervene with HT/CSEC. In the absence of comprehensive training, professionals are primarily influenced by their experience of working with HT/CSEC victims and their cases. Being able to identify HT/CSEC victims is the first step to engagement and experiential learning among those professionals who have not been trained. In this current study, identifying HT/CSEC cases and having experience working with victims and justice professionals are strongly associated with the CAC Executive Directors' and designees' perceptions of CAC, MDT, service provider, and community prevention and intervention activities. CAC executives recognize the need for training for professionals in the disciplines associated with the CAC and MDT and identify the need for community awareness and education programs as well (Table 17). Survey respondents reported that roughly two-thirds of forensic interviewers and one-half of local law enforcement and child protective services investigators had received HT/CSEC training, but that relatively few medical service providers and federal law enforcement investigators in their community were trained (Table 15). Respondents often stated that access to training opportunities and resources were challenges for both CAC and MDT professionals (Table 16). It should be noted, however, that as the need for training is increasingly met, it will likely result in greater demands for investigative and service activities (Simich et al., 2014). For this reason, among others, formally structured training and technical assistance should also include recommendations for increasing agency and community resources to meet the growing need for investigative and service activities.

There is little doubt that training is critical for CAC, MDT, and other professionals so they can effectively identify and intervene with HT/CSEC.

REFERENCES

Adams, W., Flynn, A., & Urban Institute (2017). *Federal Prosecution of Commercial Sexual Exploitation of Children Cases*, 2004-2013. Washington, DC: Bureau of Justice Statistics. Retrieved from https://www.bjs.gov/content/pub/pdf/fpcsecc0413.pdf

Adams, W., Owens, C., & Small, K. (2010). *Effects of federal legislation on the commercial sexual exploitation of children*. Washington, DC: US Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. Retrieved from https://www.ncjrs.gov/pdffiles1/ojjdp/228631.pdf

Ahern, E. C., Sadler, L. A., Lamb, M. E., & Gariglietti, G. M. (2017). Practitioner perspectives on child sexual exploitation: Rapport building with young people. *Journal of Child Sexual Abuse*, *26*(1), 78-91.

Aghazarm, C., & Laczko, F. (2008). *Human trafficking: New directions for research*. Geneva: International Organization for Migration.

Bales, K., & Lize, S. (2005). *Trafficking in persons in the United States.* NCJ 211980. Washington, DC: United States Department of Justice, National Institute of Justice. Retrieved from https://www.ncjrs.gov/pdffiles1/nij/grants/211980.pdf

Banks, D., & Kyckelhahn, T. (2011). *Characteristics of suspected human trafficking incidents, 2008-2010.* Washington, DC: United States Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

Boak, A., Boldosser, A., & Biu, O. (2003). *Smooth Flight: Guide to Preventing Youth Trafficking*. New York: International Organization for Adolescents.

Bryan, C. (2014, July). *What judges need to know about human sex trafficking: Screening and assessment and matching to empirically based treatment.* Paper presented at the annual conference of the National Council of Juvenile and Family Court Judges, Chicago, IL.

Clawson, H. J., Williamson, E., & Garrett, A. (2008). *Improving data to combat human trafficking.* Fairfax, VA: ICF International.

David, F. (2010). Building the infrastructure of anti-trafficking: Information, funding, responses. *Criminology & Public Policy*, *9*(2), 235-243.

Development Services Group, Inc. (2014). *Commercial Sexual Exploitation of Children/Sex Trafficking. Literature review.* Washington, DC: Office of Juvenile Justice and Delinquency Prevention. Retrieved from https://www.ojjdp.gov/mpg/litreviews/CSECSexTrafficking.pdf

Edinburgh, L., Pape-Blabolil, J., Harpin, S. B., & Saewyc, E. (2015). Assessing exploitation experiences of girls and boys seen at a child advocacy center. *Child Abuse & Neglect*, *46*, 47-59.

ECPAT Country Reports 1996. (1998). End child prostitution, child pornography and the trafficking of children for sexual purposes: Bangkok, Thailand, 1996. *Trends in Organized Crime*, *3*, 47-52.

Estes, R. J., & Weiner, N. A. (2001). *The commercial sexual exploitation of children in the US, Canada and Mexico*. Philadelphia: University of Pennsylvania, School of Social Work, Center for the Study of Youth Policy.

Farrell, A., McDevitt, J., & Fahy, S. (2008). *Understanding and improving local law enforcement responses to human trafficking*. NCJ-222752. Washington, DC: U.S. Department of Justice, National Institute of Justice. Retrieved from https://www.ncjrs.gov/pdffiles1/nij/grants/222752.pdf

Farrell, A., McDevitt, J., & Fahy, S. (2010). Where are all the victims? Understanding the determinants of official identification of human trafficking incidents. *Criminology and Public Policy, 9*(2), 201-233.

Farrell, A., McDevitt, J., Pfeffer, R., Fahy, S., Owens, C., Dank, M., & Adams, W. (2012). *Identifying challenges to improve the investigation and prosecution of state and local human trafficking cases*. NCJ-238795. Washington, DC: U.S. Department of Justice, National Institute of Justice. Retrieved from https://www.ncjrs.gov/pdffiles1/nij/grants/238795.pdf

Fedina, L., Williamson, C., & Perdue, T. (2016). Risk factors for domestic child sex trafficking in the United States. *Journal of Interpersonal Violence*. Online ahead of print. doi. org/10.1177/0886260516662306

Finkelhor, D., Vaquerano, J., & Stransky, M. (2008 – Revised 2017). Sex trafficking of minors: How many juveniles are being prostituted in the US? Durham NH: Crimes Against Children Research Center. Retrieved from http://www.unh.edu/ccrc/pdf/CV279_Revised_Sex_Trafficking_Bulletin.pdf

Finklea, K., Fernandes-Alcantars, A. L., & Siskin, A. (2015). *Sex trafficking of children in the United States: Overview and Issues for Congress.* CRS Report No. R41878. Washington, DC: Congressional Research Service. Retrieved from https://fas.org/sgp/crs/misc/R41878.pdf

Gallagher, A., & Holmes, P. (2008). Developing an effective criminal justice response to human trafficking: Lessons from the front line. *International Criminal Justice Review*, *18*(3), 318-343.

Geist, D. (2012). Finding Safe Harbor: Protection, prosecution, and state strategies to address prosecuted minors. *Legislation and Policy Brief, 4*(2), 67-127. Retrieved from http://digitalcommons.wcl.american.edu/cgi/viewcontent.cgi?article=1038&context=lpb

Goździak, E. M. (2010). Identifying child victims of trafficking. *Criminology & Public Policy, 9*(2), 245–255.

Goodman, M., & Laurence, J. (n.d.) Child trafficking victims and the state courts. Washington, DC: Human Trafficking and the State Courts Collaborative. Retrieved from http://www.htcourts.org/guide-chapter4.htm

Greenbaum, J. (2014, July). *Child sex trafficking and commercial sexual exploitation.* Paper presented at the annual conference of the National Council of Juvenile and Family Court Judges, Chicago, IL.

Institute of Medicine (IOM) and National Research Council (NRC). (2013). *Confronting Commercial Sexual Exploitation and Sex Trafficking of Minors in the United States.* Washington, DC: The National Academies Press.

Laczko, F. (2005). Data and research on human trafficking. *International Migration, 43*(1/2), 5-16.

Johnson, A. L. (2012). A perfect storm: The US anti-trafficking regime's failure to stop the sex trafficking of American Indian women and girls. *Columbia Human Rights Law Review, 43*, 617-710.

Justice for Victims of Sex Trafficking Act of 2015, Pub. L. No. 114-22. (2015). S. 178 — 114th Congress: Retrieved from https://www.govtrack.us/congress/bills/114/s178

Kelly, L. (2005). "You can find anything you want": A critical reflection on research on trafficking in persons within and into Europe. *International Migration, 43*(1/2), 235-265.

National Conference of State Legislatures. (2014). *Human trafficking crimes against children: States respond.* Retrieved from http://www.ncsl.org/documents/summit/summit2014/onlineresources/Human_trafficking_document_Summit_Handout.pdf.

National Human Trafficking Resource Center. (2013). *Human trafficking trends in the United States: National Human Trafficking Resource Center 2007-2012.* Retrieved from https://polarisproject.org/resources/human-trafficking-trends-2007-2012

Newman, G. R. (2006). *The exploitation of trafficked women: Problem-oriented guides for police.* NCJ 213592. Washington, DC: United States Department of Justice, Office of Community Oriented Policing, National Institute of Justice. Retrieved from http://www.ncdsv.org/images/COPS_Exploitation-of-trafficked-women_2-2006.pdf

Newton, P. J., Mulcahy, T. M., & Martin, S. E. (2008). *Finding victims of human trafficking*. Bethesda, MD: University of Chicago, National Opinion Research Center.

Payne, V. S. (2009). On the road to victory in America's war on human trafficking: Landmarks, landmines, and the need for centralized strategy. *Regent University Law Review, 21*, 161-193.

Roe-Sepowitz, D. E., Gallagher, J., Risinger, M., & Hickle, K. (2015). The sexual exploitation of girls in the United States: The role of female pimps. *Journal of Interpersonal Violence*, *30*(16), 2814-2830.

Saewyc, E. M., MacKay, L. J., Anderson, J., & Drozda, C. (2008). It's not what you think: Sexually exploited youth in British Columbia. Vancouver, Canada: University of British Columbia School of Nursing. Retrieved from https://nursing.ubc.ca/sites/nursing.ubc.ca/files/documents/ItsNotWhatYouThink.pdf

Silver, K. (2008). *Hidden in Plain Sight.* Madison, WI: Office of Justice Assistance.

Polaris Project. (2012). Human Trafficking Cheat Sheet. Washington, DC: Author.

Simich, L., Goyen, L., Powell, A., & Mallozzi, K. (2014). *Improving human trafficking victim identification: validation and dissemination of a screening tool*. New York, NY: Vera Institute of Justice.

Smith, L. A., Vardaman, S. H., & Snow, M. A. (2009). *National report on domestic minor sex trafficking: America's prostituted children*. Washington, DC: Shared Hope International. Retrieved from https://sharedhope.org/wp-content/uploads/2012/09/SHI_National_Report_on_DMST_2009.pdf

Stransky, M., & Finkelhor, D. (2008). How many juveniles are involved in prostitution in the U.S.? Durham, NH: Crimes Against Children Research Center, University of New Hampshire.

Turkel, A., & Tiapula, S. (2008). Strategies for interviewing child victims of human trafficking. *The Prosecutor, 21*(5), 10-12.

Tyldum, G., & Brunovskis, A. (2005). Describing the unobserved: Methodological challenges in empirical studies on human trafficking. *International Migration, 43*(1/2), 17-34.

United Nations Office on Drugs and Crime, Anti-Human Trafficking Unit. (2006). *Trafficking in persons: Global patterns*. New York: United Nations Office on Drugs and Crime. Retrieved from http://www.unodc.org/pdf/traffickinginpersons_report_2006-04.pdf

U.S. Congressional Record: H600-607. Available at https://www.congress.gov/crec/2015/01/27/CREC-2015-01-27-pt1-PgH600.pdf

U.S. Administration for Children and Families. (2013). *Coordination, collaboration, capacity: Federal strategic action plan on services for victims of human trafficking in the United States 2013-2017*. Washington, DC: Author. Retrieved from https://www.ovc.gov/pubs/FederalHumanTraffickingStrategicPlan.pdf

U.S. Department of State. (2010). *Trafficking in Persons Report.* Washington, DC: Author. Retrieved from https://www.state.gov/j/tip/rls/tiprpt/2010/index.htm

U.S. Department of State. (2013). *Trafficking in Persons Report.* Washington, DC: Author. Retrieved from https://www.state.gov/j/tip/rls/tiprpt/2013/index.htm

U.S. Department of State. (2014). *Trafficking in Persons Report.* Washington, DC: Author. Retrieved from https://www.state.gov/j/tip/rls/tiprpt/2014/index.htm

U.S. Department of State. (2015). *Trafficking in Persons Report*. Washington, DC: Author. Retrieved from https://www.state.gov/j/tip/rls/tiprpt/2015/index.htm

Walker, K. (2013). *Ending the commercial sexual exploitation of children: A call for multisystem collaboration in California*. Sacramento, CA: California Health and Human Services Agency, California Child Welfare Council.

Wayman, R. A. H. (2013, February). *Safe harbor laws: Policy in the best interest of victims of trafficking*. Presented at the midyear meeting of the American Bar Association, Dallas, TX.

Weiner, N. A., & Hala, N. (2008). *Measuring human trafficking. Lessons from New York City*. New York: Vera Institute of Justice.

Yun, G. W., & Trumbo, C. W. (2000). Comparative response to a survey executed by post, e-mail, & web form. *Journal of Computer-Mediated Communication*, *6*(1). Retrieved from http://onlinelibrary.wiley.com/doi/10.1111/j.1083-6101.2000.tb00112.x/full