

Senate Committee on Health, Education, Labor, and Pensions (HELP)

Subcommittee on Children and Families

Hearing

“Falling Through the Cracks:

The Challenges of Prevention and Identification

in Child Trafficking and Private Rehoming”

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Testimony of

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Senator Hagan, Senator Enzi, and members of the Senate HELP Subcommittee on Children and Families:

My name is Abigail English and I am director of the Center for Adolescent Health & the Law in Chapel Hill, North Carolina. I am honored to have the opportunity to testify about child sex trafficking at the Senate HELP Subcommittee on Children and Families hearing, “Falling Through the Cracks: The Challenges of Prevention and Identification in Child Trafficking and Private Rehoming.” The sex trafficking of children is a critically important issue to which I have devoted my professional attention and research for the past several years. In 2012 and 2013, I was privileged to serve as a member of the Institute of Medicine and National Research Council Committee on Commercial Sexual Exploitation and Sex Trafficking of Minors in the United States (IOM Committee), which published a comprehensive report in September 2013, *Confronting Commercial Sexual Exploitation and Sex Trafficking of Minors in the United States*¹ (IOM Report). In 2010 and 2011, I was a fellow at the Radcliffe Institute for Advanced Study at Harvard University conducting research on sexual exploitation and trafficking of adolescents. I am pleased to share the findings and recommendations from the IOM Report, as well as information from my own research.

At the request of the Department of Justice (DOJ) Office of Juvenile Justice and Delinquency Prevention (OJJDP), the IOM Committee conducted a two-year study examining the available evidence in order to develop recommendations concerning strategies for responding to commercial sexual exploitation and sex trafficking of minors in the United States, new legislative approaches, and a research agenda. In addition to a comprehensive review of the published literature, the Committee heard from numerous witnesses at two public workshops and conducted site visits in four cities. The resulting IOM Report contains extensive analysis of the evidence as well as findings, conclusions, and recommendations related to the nature and

¹ IOM (Institute of Medicine) and NRC (National Research Council). 2013. *Confronting commercial sexual exploitation and sex trafficking of minors in the United*

extent of commercial sexual exploitation and sex trafficking, risk factors and consequences, laws and the legal system, victim and support services, health and health care, the education sector, the commercial sector, and multi-sector and interagency collaboration.

The IOM Committee's deliberations were guided by three fundamental principles:

1. Commercial sexual exploitation and sex trafficking of minors should be understood as acts of abuse *against* children and adolescents.
2. Minors who are commercially sexually exploited or trafficked for sexual purposes should not be considered criminals.
3. Identification of victims and survivors and any interventions, above all, should do no further harm to any child or adolescent.

In addition to numerous specific findings and conclusions related to various sectors that are involved in responding to commercial sexual exploitation and sex trafficking of minors, the IOM Committee concluded that efforts to prevent, identify, and respond require better collaborative approaches that build upon the capabilities of people and entities from a range of sectors. Such efforts also will need to confront demand and hold accountable the individuals who commit and benefit from these abusive acts and crimes.

The IOM Report groups its specific recommendations under five overarching imperatives:

- **Increase awareness and understanding** through training of professionals and public awareness campaigns
- **Strengthen the law's response** through development of laws and policies that redirect young victims and survivors away from arrest and prosecution as criminals or adjudication as delinquents to appropriate services, and through laws that hold exploiters, traffickers, and solicitors accountable

- **Strengthen research** to advance understanding and to support development of prevention and intervention strategies through a research agenda that includes both efforts to refine estimates about the prevalence of commercial sexual exploitation and trafficking in specific subpopulations of vulnerable youth and research to develop evidence-based prevention and intervention strategies, gender- and ethnic-responsive services, support for difficult to reach populations, multi-sector approaches, and demand reduction
- **Support multi-sector and interagency collaboration** through development of guidelines and technical assistance to support collaboration and information sharing
- **Create a digital information-sharing platform** to deliver reliable real-time information on ways to prevent, identify, and respond to commercial sexual exploitation and sex trafficking of minors in the United States

These recommendations are directed to Congress; state legislatures; numerous federal and state governmental agencies; national, state, and local bar associations, academic and research institutions, foundations and nongovernmental organizations, and the commercial sector.

Terminology and Definitions

The wide variation in the terminology used to describe commercial sexual exploitation and sex trafficking of minors and in the definition of these problems means that there is no shared language or precise understanding of the scope of the problems. The terms range from diagnostic and scientific (e.g., screening, medical forensic exam) to legal (e.g., trafficking, perpetrator) to colloquial terms from popular culture (e.g., pimp, john, child prostitute) to terms derived from the experience of survivors, service providers, and advocates (e.g., victim, survivor, modern-day slavery). The ambiguities and confusion in language can result in serious harm to the affected children and adolescents. For example, if a teenage girl who exchanges a sexual act for money is viewed as a child prostitute she may be

arrested, detained, adjudicated as a delinquent, and incarcerated rather than being referred to appropriate services, even if she was a victim of an exploiter or trafficker.

The IOM Report defines commercial sexual exploitation and sex trafficking of minors as encompassing a wide range of crimes of a sexual nature committed against children and adolescents, including trafficking a minor for sexual purposes, exploiting a minor through prostitution, exploiting a minor through survival sex (exchange of sexual acts for something of value such as shelter, food, or drugs), using a minor in pornography, exploiting a minor through sex tourism, and exploiting a minor through performance in sexual venues. The IOM Report focuses on three specific aspects of these problems: trafficking of minors for purposes of sexual exploitation, exploitation of minors through prostitution, and survival sex.

Prevalence

Although there is significant interest in knowing the prevalence of commercial sexual exploitation and sex trafficking of minors in the United States, accurate nationwide estimates based on reliable evidence are not available. This is due to numerous factors including the difficulties associated with the counting of crimes in general and the counting of sexual exploitation and trafficking in particular, resulting in dramatic discrepancies among the available estimates. For example, one review of the prevalence of prostituted juveniles showed that estimates ranged from 1,400 to 2.4 million.²

In spite of the lack of an accurate national estimate of prevalence, and the difficulties inherent in developing one, the IOM Committee concluded that the available evidence does suggest that commercial sexual exploitation and sex trafficking of minors has been reported in every region and state and that victims come from diverse backgrounds in terms of geography, income, race, ethnicity, gender, and

² Stransky, M., and D. Finkelhor. 2008. How many juveniles are involved in prostitution in the U.S.? Durham, NH: Crimes Against Children Research Center.

sexual orientation. Nevertheless, some populations of children are likely to be at heightened risk for victimization. These include children who have been sexually abused; youth who lack stable housing; sexual and gender minority youth; and youth who have used or abused drugs and or alcohol; and youth who have experienced homelessness, foster care placement, or juvenile justice involvement.

Consequences

The IOM Committee concluded that commercial sexual exploitation and sex trafficking of minors in the United States are serious problems with immediate and long-term adverse consequences. The IOM Report cites a 1996 report from the first World Congress Against Commercial Sexual Exploitation of Children,³ which pointed out that although direct scientific evidence is sparse, there is little doubt that the sexual exploitation of children results in serious, often life-long, and sometimes life-threatening consequences for the physical, psychological, and social health of the child. The IOM Report also suggests that a comprehensive understanding of the consequences of commercial sexual exploitation and sex trafficking of minors include health, developmental, and legal consequences, as well as the risks of reexploitation and further victimization.

Prevention and Identification in the Health Care Sector

The IOM Committee found that health care professionals can play an important role in the prevention and identification of children and adolescents who are victims or who may be at risk of commercial sexual exploitation and sex trafficking. However, numerous barriers exist to limit identification by health care professionals of victims, survivors, and young people at risk. These barriers include a **lack of understanding** and awareness that results from stereotypes and misperceptions, a lack of specific training, funding constraints, and competing priorities for training and education. Nevertheless, opportunities may exist to build on past experience

³ World Congress Against Commercial Sexual Exploitation of Children. 2002. *Welcome*. <http://www.csecworldcongress.org/en/index.htm>.

and current models in the development of training on child abuse and domestic violence.

Another important barrier is the **lack of disclosure** by victims of being commercially sexually exploited or trafficked due to fear or distrust of professionals and the systems in which they work, as well as fear of retribution by their trafficker or exploiter, a perception that they are not being exploited, or a belief that they are responsible for their own exploitation. Victims and survivors who do not disclose their exploitation and health care professionals who fail to identify victims and survivors are influenced in part by potential and perceived complications related to mandated reporting. The IOM Committee did not make a specific recommendation regarding mandated reporting of commercial sexual exploitation and sex trafficking of minors as child abuse, but the Committee did explain the complex considerations related to mandated reporting that include variations in the scope of state laws, reluctance of health care professionals to discourage mistrustful youth from seeking health care or to place them at greater risk from their exploiters, and reluctance of youth to disclose their exploitation.

Finally, there is a lack of established **screening practices, policies, and protocols** in the health care field to guide health care professionals in the identification and prevention of commercial sexual exploitation and sex trafficking of children and adolescents. Such practices, policies, and protocols do exist for child abuse and domestic violence, which could provide a basis for developing ones for sexual exploitation and trafficking.

Health care professionals have a role to play both in identification and prevention, but also in **treatment**. As the IOM Report states: “Regardless of how they are identified, it is essential that health care professionals recognize and treat the myriad acute and chronic medical and mental health needs of minors who are victims or survivors of commercial sexual exploitation and sex trafficking.” One noteworthy example of a health care provider site that has been working to prevent,

identify, and treat victims and survivors of commercial sexual exploitation and sex trafficking is Asian Health Services in Oakland, California. The programs include: primary prevention (e.g., education on healthy relationships for children and adolescents and continuing medical education on sex trafficking for health care professionals), secondary prevention (e.g., diagnosis and treatment of victims and survivors before their exploitation results in significant harms or illnesses), and tertiary prevention (e.g., intervention to minimize harms from exploitation).

In order to provide effective prevention, identification, and treatment for victims and survivors, health care professionals require specific **training**. Although there is a paucity of evaluated training programs, a few organizations have developed training programs that could be evaluated and serve as models. Some of the existing programs focus on human trafficking in general, such as that provided by the Houston Rescue and Restore Coalition in collaboration with the University of Texas School of Public Health and an online training program offered by the Polaris Project; other programs are specific to minor victims of sex trafficking, such as the five-session series offered by Children's Health Care of Atlanta together with the Georgia Governor's Office for Children and Families.

In addition to training programs, a number of tools exist for identifying victims and survivors of commercial sexual exploitation and sex trafficking. These tools have been developed by several different organizations and agencies, including the International Organization for Adolescents, Asian Health Services, the Administration for Children and Families Office of Refugee Resettlement, the Polaris Project, and the Mt. Sinai Adolescent Clinic. These tools are like to be more effective if used by health care professionals who have been trained in the nature of the trauma suffered by victims and survivors. The IOM Report provided these examples of training programs and screening tools, rather than endorsing any particular one, because they have not yet been evaluated.

Prevention and Identification in the Education Sector

Educators and school personnel can play an important role in the prevention and identification of children and adolescents who are victimized by or at risk for commercial sexual exploitation and sex trafficking. Similar to the ways in which school-based health education initiatives have been used, for example, to promote physical activity, reduce tobacco use, promote healthy sexual behaviors, reduce dating violence, and reduce alcohol-impaired driving, schools could develop prevention education initiatives directed to the reduction and remediation of commercial sexual exploitation and sex trafficking.

The IOM Report identified examples of primary, secondary, and tertiary prevention programs based on a framework developed by the Department of Health & Human Services Administration for Children and Families. Secondary prevention might include, for example, education programs located in high schools for individuals who have one or more risk factors associated with commercial sexual exploitation and sex trafficking of minors. Efforts in the education sector to address these problems could include **development of district-wide policies and partnerships**, as done by Grossmont Union High School District in California's East San Diego County; **leveraging of school and community resources** as done by the Oakland Unified School District in Oakland, California, in partnership with the Oakland High School Wellness Center, which has trained school personnel to identify victims and refer them to the Wellness Center; and **raising awareness among members of the school community** through dissemination of fact sheets, incorporation of sexual exploitation and trafficking in emergency management efforts for schools, and targeted education programs for specific populations.

Services for Victims and Survivors

One of the IOM Committee's guiding principles was that identification of victims and survivors and any interventions, above all, should do no further harm to any child or adolescent. In order to ensure that prevention and identification efforts do no harm, it is essential that appropriate services be available to which victims and survivors

can be referred if and when they are identified in the health care sector, the education sector, or other settings. Because a wide variety of survivors, as well as governmental and nongovernmental stakeholders are increasingly calling for the use of trauma-informed care for victims and survivors of commercial sexual exploitation and sex trafficking, a more thorough evaluation of these approaches is warranted. The IOM Committee found that services are too few to meet current needs, are unevenly distributed, lack adequate resources, and vary in their ability to provide specialized care. In particular, the Committee found that emergency shelter and short- and long-term housing is particularly scarce. Without adequate services in place, victims and survivors who are identified are at risk for reexploitation and repeat trafficking.

Laws to Protect Victims and Survivors

Another of the IOM Committee's guiding principles was that minors who are commercially sexually exploited or trafficked for sexual purposes should not be considered criminals. Nevertheless in a majority of states it is still possible for prostituted children to be arrested, prosecuted, detained, and incarcerated for sexual offenses such as prostitution; they may also be arrested and processed for related offenses such as loitering or drug offenses, even if the reason they came to the attention of law enforcement was that they were being prostituted, with or without the involvement of a third party exploiter or trafficker. In response to this situation, a growing number of states are enacting laws, often referred to as "**Safe Harbor Laws,**" to redirect exploited and trafficked children and adolescents out of the juvenile and criminal justice system and into the child welfare system or to other services. In order to ensure that victims and survivors are not treated as criminals and instead receive appropriate services, the IOM Report recommended that all national, state, local, tribal, and territorial jurisdictions develop laws and policies that redirect young victims and survivors away from the juvenile and criminal justice system to services that are equipped to meet their needs.

The IOM Report complements numerous other recent reports and initiatives by governmental and nongovernmental entities that have drawn attention to the problems of commercial sexual exploitation and sex trafficking of minors, and suggested strategies for addressing these problems, thus providing a timely opportunity to address these problems in the health and education sectors as well as other settings.

Thank you for the opportunity to present this testimony.