7-15-2016

Access and Barriers to Services for Dependent and Non-Dependent Commercially Sexually Exploited Children in Florida

Brianna O’steen
University of South Florida, bdosteen@mail.usf.edu

Follow this and additional works at: http://scholarcommons.usf.edu/etd
Part of the Public Health Commons, and the Social and Cultural Anthropology Commons

Scholar Commons Citation
O’steen, Brianna, "Access and Barriers to Services for Dependent and Non-Dependent Commercially Sexually Exploited Children in Florida" (2016). Graduate Theses and Dissertations.
http://scholarcommons.usf.edu/etd/6341

This Thesis is brought to you for free and open access by the Graduate School at Scholar Commons. It has been accepted for inclusion in Graduate Theses and Dissertations by an authorized administrator of Scholar Commons. For more information, please contact scholarcommons@usf.edu.
Access and Barriers to Services for Dependent and Non-Dependent
Commercially Sexually Exploited Children in Florida

by

Brianna O’Steen

A thesis submitted in partial fulfillment
of the requirements for the degree of
Master of Arts in Applied Anthropology
Department of Anthropology
College of Arts and Sciences
University of South Florida

Co-Major Professor: Tara F. Deubel, Ph.D.
Co-Major Professor: Dinorah Martinez Tyson, Ph.D., MPH
Heide Castañeda, Ph.D., MPH
Mary Armstrong, Ph.D., MBA

Date of Approval
July 15, 2016

Keywords: domestic minor sex trafficking, safe harbor

Copyright © 2016, Brianna O’Steen
# TABLE OF CONTENTS

Abstract ........................................................................................................................................ iii

Chapter I: Introduction .......................................................................................................................... 1
   Research Methodology ...................................................................................................................... 2

Chapter II: Literature Review .................................................................................................................. 8
   Overview of Human Trafficking .......................................................................................................... 8
   Anthropological Approaches to Sex Trafficking ................................................................................. 11
      Abolitionists and the War on Sex Work ......................................................................................... 13
      Human Rights Perspective ............................................................................................................. 15
   Politics of Victimhood ....................................................................................................................... 16
   Community Based Approach ............................................................................................................ 17
   Legislation ........................................................................................................................................ 18
      Trafficking Victims Protection Act ................................................................................................. 18
      New York Safe Harbour Act ........................................................................................................... 19
      Florida Safe Harbor Act ................................................................................................................. 20
   Understanding the Dynamics of DMST .............................................................................................. 20
      Psychosocial Development Theory ................................................................................................. 21
      Risk Factors and Vulnerability ...................................................................................................... 22
      Structural Violence .......................................................................................................................... 23
      Business Models of Commercial Sex ............................................................................................. 24
   DMST in the United States .................................................................................................................. 25
      Geographic Variation ....................................................................................................................... 25
      Law Enforcement Response ............................................................................................................ 26
      Where do we go from here? .............................................................................................................. 27

Chapter III: Policy Analysis Findings ................................................................................................... 28
   Policy and Procedure Changes .......................................................................................................... 28
   Participants’ Perceptions .................................................................................................................... 30
      Success .......................................................................................................................................... 30
      Demographics ................................................................................................................................. 32
   Alternatives ....................................................................................................................................... 33
   Limitations ......................................................................................................................................... 35
   Assessment Tools ............................................................................................................................... 36

Chapter IV: Access and Barriers to Services ....................................................................................... 39
   Residential Placement ....................................................................................................................... 39
   Funding ............................................................................................................................................. 41
   Gaps in Services ................................................................................................................................. 44
   Best Practices ................................................................................................................................... 48
Interactive Asset Map ........................................................................................................50
Chapter V: Discussion & Recommendations ..................................................................52
  Comprehensive Staffing.................................................................................................57
  Secure Assessment Facility............................................................................................58
  Drop-In Center in Tampa Bay .......................................................................................59
  Funding and Training ....................................................................................................61
  Service Expansion .........................................................................................................62

References ..........................................................................................................................64
Appendix A: Terminology .................................................................................................70
Appendix B: Interview Guide Phase I ...............................................................................75
Appendix C: Interview Guide Phase II ............................................................................78
Appendix D: Interactive Map .........................................................................................80
Appendix E: IRB Approvals ............................................................................................81
Appendix F: Human Trafficking Screening Tool ............................................................85
ABSTRACT

“Human trafficking” has become part of the everyday lexicon in the United States and globally over the last fifteen years. The issue has made its way into political platforms, scholarly work, church congregations, and international aid agendas. Florida is currently recognized as third in the nation for number of cases of human trafficking. This thesis employs ethnographic interviews and observations to understand one portion of Florida’s human trafficking problem referred to as domestic minor sex trafficking. This type of trafficking affects mostly teenage girls from marginalized populations, such as those that have experienced the child welfare system, homelessness, and impoverished circumstances. In 2013 the state passed the Florida Safe Harbor Act, modeled after the New York State Safe Harbour for Exploited Children Act, to address the needs of this population through legislation. The Act specifies certain policy and procedural changes, as well as the role of the Department of Children and Families. Further, it prohibits minors from facing prostitution charges, recognizing that they cannot consent to commercial sex because of their age.

This study investigates the Safe Harbor Act’s impact on agencies and the public in terms of raising awareness about domestic minor sex trafficking. With no immediate funding attached to the bill, or dedicated in the state budget, Florida is still struggling to provide adequate care for this population. In addition to policy analysis, this study examined existing services, assessed current needs in the field, and created an interactive map to locate services for professionals working in the field. While Florida has clearly improved its ability to manage these cases over
the last three years, there is still much work to be done to address domestic minor sex trafficking. Based on these findings, this thesis offers recommendations for policy and further research on successful practices in working with this population’s specific needs.
CHAPTER I:  
INTRODUCTION

Human trafficking has become recognized as a human rights issue globally, catching the attention of scholars, politicians, and activists alike. I have maintained an academic interest in and passion for human rights at large, especially women’s and children’s rights. My research interest in the issue of domestic minor sex trafficking stemmed from an opportunity to work at a local safe house\(^1\) as a child advocate with commercially sexually exploited children in the Tampa Bay area. My work with that organization began in 2014, and the existence of the safe house, with its focus on providing wraparound services for youth affected by human trafficking, was made possible by the Florida Safe Harbor Act (FSHA), passed by the state legislature in 2013. During my time as a child advocate and later as Senior Education Liaison, the unique situations and needs of these girls became apparent to someone who was relatively novice to child welfare. The opportunity to build rapport and listen to these girls who have been overwhelmingly unheard in their lives was a pivotal moment for me as an advocate and researcher. I learned crucial lessons from these young women as they shared their experiences in child welfare, life on the streets, and juvenile justice with me.

Throughout my work at the safe house, it became clear that there were complications operating under this new piece of legislation and traditional licensure as a group home under the

\(^1\) The name of the safe house has been omitted to protect the confidentiality of the organization, its staff, and clients. Other organization names will be used in this thesis, however all information mentioned is publically available on their websites. There is no information provided that jeopardizes the confidentiality and privacy of the study participants or the agencies and organizations mentioned.
Department of Children and Families (DCF). This ignited my curiosity in investigating how this new idealist bill had affected other service providers working with this population. The federal Trafficking Victims Protection Act of 2000 already criminalizes selling of a child for sex, however for the next decade most states still arrested and prosecuted minors themselves for prostitution, rather than those who enabled it. The Florida Safe Harbor Act (FSHA) attempted to redefine the acts of selling and receiving sex of minors, identified as less than 18 years of age. I became interested in the new definitions that the Safe Harbor Act offered for this population, moving away from the label of “child prostitute” and towards “victim” in need of services. Through this research, I aimed to gain a better understanding of the intricate processes that are involved in the placement and care of female minors² who have been sexually exploited in the state of Florida.

**Research Methodology**

The recruitment strategy for this study was snowball sampling, or chain referral, wherein the population consists of ‘experts’ in the field directly interacting with human trafficking and the CSEC population including social workers, child protective investigators (CPI), law enforcement officers, human trafficking task force members, victim advocates, nonprofit organizations and their staff, and other civil society members. Parents of domestically trafficked minors were approved³ to participate in the study; however, none were interviewed due to lack of access and time constraints. No minors or dependent children of the state were directly interviewed or recorded for this study. While this presents a limitation, the results of the study

---

² This study focuses heavily on domestic female minors. This is not intended to imply that boys cannot be sexually exploited. In fact, there have been several cases of this occurring within the state. The reason for honing in on females comes from my access to the population. Considering access, I would like to note that I was unable to interview minors for this study due to the university’s institutional review board.
³ By the University of South Florida’s Institutional Review Board
highlight the efforts of multiple agencies, individual service providers, law enforcement, and civil society across the state. This applied approach is unique in its attempt to assist inter-agency collaboration regarding domestic minor sex trafficking in Florida. Dickey (2011) previously took this approach when working on trafficking in Florida specifically focusing on task forces as prime examples of stakeholder collaboration.

The main data collection method employed in this research was semi-structured qualitative interviews with the individuals from the professions listed above. Interviewing is an important method in that it allows for flexibility and a large amount of qualitative data that a survey simply cannot offer. Drawing from a grounded theory (Strauss & Corbin, 2008) approach, I performed thematic analysis (Boyatzis, 1998; Guest et al., 2012) to code and group data according to themes that emerged from interview transcriptions. Grounded theory guides the researcher to generate codes using an inductive approach based on the content of the qualitative data. This process allows researchers to move from a broad reading of data to recognizing patterns that emerge among respondents and to establish key themes, categories, and sub-categories. From this analysis I was able to organize the data and present clear recommendations based on participants’ responses, existing literature, and my own reasoning. In some cases I quantified responses to certain interview questions to provide a numeric sense of the range of responses.

This study took place in two separate phases. During the first phase, I conducted 12 semi-structured interviews, eight of which were audio recorded. Based on respondents’ positions and relationship to the CSEC population, I have categorized them into three groups: service providers (n=5), law enforcement (n=4), and civil society (n=3). During the second phase, I conducted 12 semi-structured interviews, of which six were audio recorded. Using the same groups, there were
two service providers, six law enforcement, and four civil society persons interviewed. These
designations are how they will be identified hereafter in order to protect the confidentiality and
privacy of individual respondents and their agencies. Though there was a total of 24 interviews
for the entire study, there were only 17 total participants. Seven participants were re-interviewed
for the second phase using a new interview guide.\(^4\)

The first phase of research focused on policy analysis of the FSHA including information
on the creation, implementation and effects of the Act on CSEC population. This phase was
conducted over the course of six months beginning November 2014 and concluding May 2015.
The overarching purpose was to gain a better understanding of the procedures involved in the
placement and care of female minors who have been sexually exploited in the state of Florida. In
the interviews I asked open and close-ended questions on topics concerning initial screening and
assessment instruments, what is meant by “specialized intensive training,” who is required to
receive this level of training, and the timeline for the various reports that must be filed for each
child.\(^5\)

The Florida Safe Harbor Act, which will be discussed in detail in the following chapter,
was designed to decriminalize youth and provide services at a state level; however, it was written
for dependent youth only. The Act states that if a child is suspected of having been trafficked the
Department of Children and Families (DCF) is to be immediately notified so that appropriate
investigation measures can be taken. The FSHA also requires assessments to be conducted for
alleged trafficking victims in order to determine their involvement in commercial sex. The
research question framing this phase of the study is: How has the passing of the FSHA affected
identification of/as a commercially sexually exploited child (CSEC)? To answer this question, I

\(^4\) The full interview guide for phase two can be found in Appendix C.
\(^5\) The full interview guide for the first phase is provided in Appendix B.
first examined the initial screening and assessment instruments developed by Shared Hope International, a non-governmental organization based in Washington DC, and Florida’s Department of Children and Families. This allowed me to understand the precise criteria required for classification as CSEC or a human trafficking case.

This and other interview questions illuminated the processes of the child welfare system as it pertains to this population including the ways in which case managers are assigned, staffings are scheduled, residential placement is determined, and safety plans are drafted. In the third chapter I explain how the identification process operates, why sexually exploited youth are placed in traditional group home settings, and how these placements are adapting to meet the needs of this population.

Based on findings from the first phase, I shifted my focus to access and barriers to services for the entire CSEC population, dependent and non-dependent, in Florida. As previously mentioned, the FSHA was written for dependent minors only, and many participants mentioned issues concerning non-dependent youth. I designed my interview guide to reflect these concerns. I asked questions regarding the barriers to securing services for non-dependent youth and the procedure of issuing a shelter order which grants them dependency and thus access to services under Safe Harbor. Additionally, I asked participants to comment on what other services or programs are needed for this population. This second phase of interviewing was conducted from January to April 2016.

In addition to semi-structured interviews, I employed the method of asset mapping (Kretzmann & McKnight, 1993). Assets in the form of programs and services were plotted using an interactive Google map, discussed in Chapter IV. This map reflects various services in layers including but not limited to residential placement, mental health services, substance abuse
centers, child protection teams, community based care agencies, and other health care providers. Each service plotted on the map includes an address, contact number, and other details about who is served and whether they accept Medicaid or no insurance. This map provides a spatial reference and is the first tool of its kind to be provided to law enforcement and service providers for Florida. Despite the fact that the information included under each service is available on organizations’ websites I decided not to make this map publically available via the Internet in order to extend discretion to those working with this sensitive population. The map has been shared with all participants of this study in hopes that law enforcement, service providers, and civil society members can utilize this resource to better serve Florida’s CSEC population. It was created in Google Maps, rather than geographic information systems software to allow users to more easily continue sharing and adding to the map as services develop and transform across the state.

The organization of this thesis follows the progression of my research from an interdisciplinary literature review (Chapter II), to a policy analysis of the FSHA (Chapter III), onto further exploration of existing services across the state (Chapter IV), and concludes with a discussion of how my findings support and diverge from related literature on training and law enforcement response, geographic variation in the occurrence of domestic minor sex trafficking, structural violence and vulnerability affecting trafficking victims, and best practices of service provision (Chapter V). At the end of the last chapter I offer a set of recommendations for Florida. There are five appendices, including a terminology guide (A), the first and second phase interview guides used (B & C), images of the interactive map (D), and the Human Trafficking Screening Tool developed by DCF (E).
This research provided insights into the intricate processes of child welfare, juvenile justice, and the roles of law enforcement, service providers, and civil society members across the state. I have framed sex trafficking as a health issue as opposed to a social or moral concern in order to motivate the state and the public to consider the need for increased mental health, sexual and reproductive health, and substance abuse services for girls, boys, and LGBTQ youth. It is my intention to offer suggestions that may improve the current systems and procedures affecting the CSEC population and those professionals who work with them as well as contributing to the gap in anthropological literature on domestic minor sex trafficking. I would like to acknowledge all my participants for their time and contributions to this study. Further, I would like to offer my deepest appreciation to all those who work with this population and hold human rights to the highest standards.
CHAPTER II:
LITERATURE REVIEW

In order to understand domestic minor sex trafficking in the state of Florida, it is crucial to take a step back and understand global and national perspectives of human trafficking as a whole. Human trafficking has caught the attention of multiple disciplines, including anthropology, legal studies, public health, psychology, and social work. The following sections will explore human trafficking as a public health problem, the anthropological approach to sex trafficking, federal and state level legislation, vulnerability and risk factors of victimization, and geographical variation of services. The review concludes with specific recommendations from the literature on how to address the needs of this population.

Overview of Human Trafficking

Human trafficking encompasses forced labor, domestic servitude, and commercial sex. All forms can affect both adults and minors, domestic and international persons. Labor trafficking occurs frequently in sectors such as agriculture, restaurants, massage parlors, child care, and teaching. According to the Polaris Project\(^6\) (2016), 68 percent of the 20.9 million people involved in human trafficking globally are in forced labor. Domestic servitude most often affects young, immigrant women, who are forced to work in people’s homes and it is the most difficult form to discover and prosecute due to its private nature (Hsu, 2007). Hsu (2007) also notes that the Trafficking Victims Protection Act (TVPA) and anti-trafficking discourse uses

\(^6\) Polaris collects data from the Polaris BeFree Textline as well as the National Human Trafficking Resource Center hotline.
flawed definitions of victimhood and employees, which result in a bias that favors protection against sexual exploitation over domestic servitude and other forms of forced labor.

“Trafficking in persons is a global, transnational phenomenon with different national and international manifestations” (United Nations Office on Drugs and Crime, 2012, p. 41). According to the United Nations Office on Drugs and Crime (2012), nearly half of all trafficked persons are considered regional, meaning they crossed borders within the same sub-region. Twenty-seven percent are domestically trafficked and twenty-four percent are transcontinental (United Nations Office on Drugs and Crime, 2012). Political economies are ever changing across the globe causing shifts in crime and migration patterns that contribute to the complex web of human trafficking. Massey (2009) and colleagues conducted an extensive literature review in 1998 focusing on six labor and market based theories to better understand migration in a globalized world. He offers alternative explanations to why migration occurs that contrasts with popular belief. Scholarly discourse presented the idea that international migrants move from developing nations to developed nations. Massey (2009) counters this argument by presenting studies that prove migrants do not come from isolated places, disconnected from world markets, but rather migration stems from development itself. Shinkle (2007) echoes this by suggesting two reciprocal forces that affect migration, the demand for cheap labor and the supply of people willing to move in search of better economic opportunities.

Further, human trafficking is seen as a global health problem. Trafficking affects individuals on psychological, social, intellectual and human capital levels. Trafficked persons suffer a combination of anxiety, depression, post-traumatic stress disorder (PTSD), psychosis, sexually transmitted infections (STIs), diminished learning capacity, unwanted pregnancy, substance abuse, unemployment, homelessness, and food insecurity, among many more
consequences (Gibbs et al., 2015; Hardy et al., 2013; Jimenez et al., 2015). A public health lens better positions those who intervene and how (Office on Trafficking in Persons, 2016). The public health framework considers the social and economic determinants of health and moves towards responses and prevention strategies that are specific to the needs of the population, beyond criminal justice and service provision.

Human trafficking has been on the federal radar since the Clinton administration. “In the United States, the concept of human trafficking has migrated from specialized sex abuse and refugee shelters to the everyday lexicon of politicians, churches, and international aid organizations” (Thakor & Boyd, 2013, p. 278-9). Both public and scholarly views on sex trafficking are shifting. A detailed investigation of trafficking, particularly forced labor and sex, brought to light various positions, referred to as ideological camps, as well as hysteria surrounding the issue and the resulting legislation. These positions are discussed below.

Domestic Minor Sex Trafficking (DMST), a small subset of the entire human trafficking population, is defined as commercial exploitation of children under the age of 18 by means of prostitution, pornography, and/or sexual performance within US borders (Fichtelman, 2014). The exploitation of minors occurs through buying, trading, selling, or facilitating the sale of their sex acts (Leitch & Snow, 2013). DMST involves American-born or lawful permanent residents in the commercial sex industry, who are under the age of 18 at the time of victimization. According to Mir (2013, p. 165), “[t]he United States is the only modern democratic country where the majority of trafficking victims are its own citizens.” Involvement in DMST is a health concern, as it places the child in a situation of continual exposure to STIs, psychological and physical violence, and substance abuse (Kaplan & Kemp, 2015).
Anthropological Approaches to Sex Trafficking

Anthropologists and feminist scholars have been studying and reporting on sex trafficking and sex work for nearly two decades (Agustin, 2007; Brennan, 2014; Cabezas, 2002; Dickey, 2011; Dyer, 2012; Gozdziak & MacDonnell, 2007; Horning, 2013; Jeffery & Candea, 2006; Marcus & Snajdr, 2013; Peters, 2012; Sowers, 2013). This work often presents challenges as researchers are investigating an issue that has been sensationalized, misrepresented, and politicized (Brennan, 2005). Ethnographic methodologies position anthropologists to examine trafficking and sex work from an on-the-ground or “bottom-up” approach that seeks to create space for trafficked persons’ to speak for themselves, participate more actively in research projects, as well as become community organizers. Other disciplines, particularly policy and legal studies, tend to utilize a top-down approach that begins with the larger institutional entities and moves down towards the individual.

Despite the unique methodological positioning, anthropologist Denise Brennan (2005) writes on the challenges of research with trafficked persons. She and other critics (Hsu, 2007) note the severe complications with the tradition of grouping all trafficked persons together when there is incredible diversity in nationality, ethnicity, socio-economic status, educational background, work history, age, gender, and languages spoken (Brennan, 2005). Gozdziak and MacDonnell (2007) echo these concerns in their work on closing the gaps in services and identification for international child human trafficking victims, while also commenting that the United Nations Convention on the Rights of the Child and the US Trafficking Victims Protection Act use a Western definition and understanding of childhood and child development that does not encompass the realities of all trafficked children. There is also variation in how individuals enter, exit, and experience trafficking. This idea aligns with Agustin’s (2007) explanation of the
diverse reasons for migration that may result in sex work. She highlights often untold motivations such as a desire to travel and explore that are overshadowed by arguments focusing on the economic necessity driving engagement in commercial sex work (Agustin, 2007). This is where anthropological training is valuable to extrapolate trends and differences that may lead to more appropriate identification, service provision, prevention strategies, and community building.

In a recent study investigating legal responses, advocacy, and service provision for human trafficking in the Florida, Dyer et al. (2012) offer a comprehensive list of potential roles for anthropologists working on the issue of human trafficking. This study overlaps with my work geographically, despite a difference in population focus. The article presents multiple opportunities for anthropologists to become involved in this issue. First, anthropologists are well positioned to serve as cultural brokers who navigate a system of agencies and organizations to create a more encompassing social, legal, and health services system. Secondly, they argue that all professionals working with trafficked persons can benefit from culturally relevant trainings conducted by community members, applied anthropologists, among others (Dyer et al., 2012). These trainings may help bridge gaps, build rapport, and inspire cooperation. Finally, anthropologists are experts in the human experiences in which they study, this permits them a variety of perspectives including researcher, assessor and evaluator, policy analyst, and community builder. The authors conclude that these roles demonstrate the practical application of the discipline and the complex ways in which anthropologists maneuver between the local and global on issues such as human trafficking (Dyer et al., 2012).

The present study aims to contribute to anthropological literature on sex trafficking in the United States. Despite my limitation of not being able to interview trafficked persons directly,
my time as a child advocate in the safe house resulted in regular observations and conversations with youth about their experiences. This knowledge informed the questions asked during interviews with participants. It is my intention to further inter-agency cooperation and collaboration across the state of Florida so that we may better serve existing victims and address root causes that put children at risk of being trafficked. In order to accomplish this, I interviewed individuals in many counties in order to gain a more comprehensive understanding of the impact of FSHA and DMST outside of the Tampa Bay area. Additionally, the interactive online map that I initiated, which is discussed in Chapter IV, will serve as a community building tool for the state around the issue of commercially sexually exploited children. There are numerous organizations and agencies across the state doing great work with this population but unfortunately they are often unknown across jurisdiction lines.

The following sections detail the perspectives of anthropologists on sex trafficking and sex work, including dominant theoretical and ideological positions taken by scholars and activists working on this issue. As discussed above, applied anthropologists are well positioned to work on human rights issues as they consider the particular sociocultural contexts in which rights are applied, barriers that constrain individual agency and access to rights, and underlying conditions of structural violence. The discipline promotes critical analysis of contested topics such as rights and victimhood while valuing a community-based approach, discussed below.

Abolitionists and the War on Sex Work

Sex trafficking has captivated a particular audience in the United States, including those who frame it as a social or moral issue, due to its sexual nature. Forced labor, wage theft, and domestic servitude often go on unspoken and unrecognized on the same scale. Prostitution and immigration have long been at the center of anti-trafficking policy debates. During the George
W. Bush administration, sex trafficking was separated from forced labor in all sectors and reframed as sexual exploitation (Brennan, 2014). Framing these issues under the guise of “trafficking” allowed anti-prostitution activists and policymakers to suppress all forms of sex work. Conflating sex work with sex trafficking has overshadowed other forms of human trafficking; there are more people in the US and worldwide suffering from forced labor and debt bondage than sex trafficking (Polaris Project, 2016). Despite this conflation the hysteria around sex trafficking generally occupies the ideological camp, internationally known as “abolitionists.” Abolitionists, both scholars and activists, resemble freedom fighters “whose motivations lie between a Christian faith-based rhetoric of saving (female) victims and a radical feminist politic that reads all prostitution as systemic sexual coercion” (Thakor & Boyd, 2013, p.282-3).

Abolitionists generally wish to eradicate all forms of commercial sex activities (Brennan, 2014). This is evidenced by scholars who promote the Nordic model, adopted by Sweden in 1998 (Ekberg, 2004; Yen, 2008). Yen (2008) offers statistics suggesting that demand for prostitution is down in Sweden while Victoria, Australia is suffering from an increase of prostitution since the state legalized sex work in 1984. She also claims that legalization increases demand because men who would not normally purchase sex are more likely to do so if it is considered socially acceptable (Yen, 2008). This stems from ideas of individual emancipation in Western Enlightenment scholarship that “focused on the freedom of the individual self, a position whose ethnocentrism has been critiqued by postcolonial feminist theorists” (Thakor & Boyd, 2013, p. 283).

Frequently, but not always, traffickers and buyers are men and trafficked persons are women. In general, abolitionist literature highlights this dichotomy (Ekberg, 2004; Farley, 2013; Yen, 2008). This group claims that legalization promotes clandestine activity, encourages sex
trafficking, increases child prostitution, does not enhance women’s health or choice (Farley, 2003). Abolitionists also draw connections between increased prostitution/sex trafficking and sporting events such as the World Cup (Tavella, 2007) and the Super Bowl (Kuzma, 2012).

Critics claim that this movement assigns a victim identity to all sex workers, while simultaneously exemplifying carceral feminism (Thakor & Boyd, 2013) by way of increased policing, prosecution, and imprisonment as primary ways to combat violence against women. As part of the Bush administration’s agenda to eliminate all forms of sex work, not just forced commercial sex, sex workers in New York City report being harassed by police officers who proceeded to confiscate their condoms. Half of those who had condoms confiscated or destroyed by the police, engaged in unprotected sex (Brennan, 2014). This and other conservative policies influence aid and ultimately indirectly control women’s bodies (Dewey, 2012).

**Human Rights Perspective**

The workers’ movement and human rights approach occupies the opposite ideological camp advocating for recognition of choice, agency, protection, and health promotion (Bertone, 2013). “Human rights feminists de-link prostitution and trafficking by arguing that some adult women and men are in prostitution voluntarily and should not be considered victims; only those who are forced or coerced to be prostitutes should be considered trafficking victims” (Bertone, 2013, p. 264). This perspective aims to create space for trafficked persons’ voices and rights so that they speak for themselves rather than being stifled by popular discourse. Most anthropologists (Agustin, 2007; Brennan, 2014; Cabezas, 2002; Horning, 2013; Jeffery & Candea, 2006; Marcus & Snajdr, 2013; Peters, 2012; Sowers, 2013) and their lines of inquiry align with this camp.
The human rights perspective lends itself to understanding the social and economic reasons why women migrate and their willingness to seek various types of gendered work such as domestic service, prostitution, and childcare (Bertone, 2013). Abolitionists have promoted a particular image of a victim/exploited woman that is justified by political, moral, and economic agendas of governments and NGOs, predominately faith-based organizations. The differences in these two ideological camps have fractured the anti-trafficking movement for decades (Bertone, 2013). However, both camps and federal and state legislation do agree that minors cannot consent to commercial sex acts.

As a scholar, I align myself with human rights feminists as opposed to abolitionists. Human rights feminists factor individuals’ agency and rights into the equation (Bertone, 2013; Brennan, 2014). My position as an anthropologist also permits me a critical lens on the politics surrounding victimhood, as I discuss below. The most apparent divergence is that if a woman over the age of 18 willingly entered sex work, human rights feminists would view her as a free agent and support the idea of empowerment through employment; whereas abolitionists would view her as being trapped in a state of helplessness, resulting in the last resort of selling her body. Rather than considering sex work as employment, abolitionists consider it a form of violence against women.

**The Politics of Victimhood**

As mentioned previously, it has become commonplace to label many individuals involved in commercial sex as “victims” in order to make them eligible for services. Anthropologists have long discussed how victimhood has the potential to erase one’s agency (Jeffery & Candea, 2006). I argue that it is necessary to be critical of this type of labeling because even children and youth have individual experiences and agency and we should not
reduce them to passive subjects. Victimhood is not a concept that lends itself to a unified understanding, and as anthropologists “we are forced to recognize the performative power of our own ethnographic accounts—to see or refuse to see our material through the lenses of victimhood, or of politics, is to enhance or defer such performative projects” (Jeffery & Candea, 2006, p. 290).

Jeffery and Candea (2006) argue that victimhood is a platform for discussion, debates, and action and subject matter determine the anthropological approach to human rights. This has the potential to allow the state to control the victims through access to services, if not indirectly. Often times there is a need to differentiate between victim and perpetrator, especially in legislation in order to effectively try cases. Unfortunately, there may be blurred boundaries between the two roles, and the presumption of the victim’s passive innocence is problematic (Jeffery & Candea, 2006). “The anthropology of victimhood is one field at least in which neither side of the anthropological compound ‘participant-observation’ is morally neutral” (Jeffery & Candea, 2006, p. 293).

**Community Based Approach**

The community based approach that was coined as community based participatory research in public health (Israel et al., 2001) is similar to anthropological methods in that it considers all stakeholders. It places the community at the center of the research and decision making while considering social, structural, and environmental influences on equity and agency. While this approach allows for collaboration between community members, scholars, and activists, it most importantly pays close attention to and highlights existing efforts of the community. Under these methods we can shift from an environment where ideology passes as knowledge to a place where trafficked persons speak for themselves (Brennan, 2005). Denise
Brennan calls on anthropologists to bring their “ground-up perspective” to the issue of trafficking, which has been most often analyzed from a top-down approach. Like Brennan, other applied anthropologists can use the above theoretical frameworks to dismantle myths about trafficking, design new and improve current interventions, and inform public policy.

**Legislation**

Protection against human trafficking has been legally mandated in the United States since 2000 when the Trafficking Victims Protection Act was passed. It was later reauthorized in 2005 and 2008 to encompass more specific concerns. Individual states have also taken the initiative of drafting and passing bills on human trafficking. In 2013 the state of Florida passed the Florida Safe Harbor Act, which focuses specifically on domestic minor sex trafficking. It was modeled after the 2008 New York Safe Harbor Act. This section explores the evolution of human trafficking legislation in the United States.

**Trafficking Victims Protection Act**

The Trafficking Victims Protection Act (TVPA) was drafted during the Clinton administration and eventually passed in 2000. The bill includes all forms of human trafficking: forced labor, debt bondage, domestic servitude, and commercial sex among men, women, and children both foreign born and domestic. There remains widespread confusion regarding the differences between the phenomenon of human trafficking and other crimes such as smuggling (Adelson, 2008). Human smuggling occurs with consenting individuals and must involve crossing of transnational borders whereas trafficking victims are forced, defrauded, or coerced and movement is not necessary (DHHS, n.d.). The TVPA does not extend services, visas, or protection to smuggled persons. The TVPA defines sex trafficking as “the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex
act, in which the 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” (Trafficking Victims Protection Act of 2000). According to Adelson (2008), the TVPA was written to provide additional protections to children and has a humanitarian purpose. Legislators in favor of the TVPA intended to move away from punishment for the victims entirely; however despite this attempt to decriminalize individuals who have had a crime committed against them, many states still charge minors for prostitution. Law enforcement frequently use the arrest-to-protect practice in order to remove minors from unsafe conditions and place them in custody where they can stabilize (Musto, 2013).

TVPA (Trafficking Victims Protection Act of 2000) does not directly focus on domestic trafficking; however, it does criminalize trafficking of minors (Fichtelman, 2014). When the Act was amended in 2005, Congress addressed the plight of domestic children by including it in the reauthorization. Under the TVPA, children do not have to prove force, fraud, or coercion in order to be considered a “severely trafficked person” as adults do (Trafficking Victims Protection Reauthorization Act of 2005). The reauthorized TVPA (Trafficking Victims Protection Reauthorization Act of 2005) called for three sites to establish pilot programs that offered the first residential services to minor victims of trafficking (Fichtelman, 2014).

**New York Safe Harbour Act**

The New York State Safe Harbour for Exploited Children Act was introduced in 2005 but not fully passed until 2008. The Act was met with opposition from many parties including the District Attorney’s Office (Fichtelman, 2014). Others feared that offering counseling and additional services required by Safe Harbor would be too costly. Law enforcement claimed it would make suppression of prostitution, a theme of the TVPA and Bush administration, more
difficult. Nevertheless, when it finally passed it challenged the legal framework of nearly every other state (Fichtelman, 2014). Before its passing, prostituted children were systematically treated as criminals in New York (Mir, 2013). Fichtelman (2014) notes that the safe harbor act set precedents for social services across the state ‘to the extent that funds are available,’ in terms of providing emergency care and crisis intervention. New York did not initially back the Act with any funding and rather left the individual agencies to sort it out. Despite the difficulty getting the legislation off the ground and into practice, some scholars claim that it is the best model for domestic minor sex trafficking legislation (Mir, 2013).

**Florida Safe Harbor Act**

The FSHA was passed January 1, 2013, modeled after New York Safe Harbour, which allocated state funds for safe houses and safe foster homes specifically for dependent children, or youth in foster care. However, the Act did not create immediate funding for safe houses; the solicitation of fines appears to be the only source of funding outside of the standard amount that all licensed group homes receive (Fichtelman, 2014). After a portion of the fine is administered to the circuit court, the remaining $4,500 goes into an Operations and Maintenance Trust Fund of the Department of Children and Families (DCF) for the sole purpose of supporting safe houses (Florida Safe Harbor Act of 2013). This act enables children who have been identified as CSEC to receive safe residential placement, medical and psychological treatment, holistic care, and the social services they need rather than being processed as prostitutes and juvenile delinquents.

**Understanding the Dynamics of DMST**

While this thesis focuses on policy analysis, service providers, and asset mapping, it is critical to understand relevant theories that explain why and how this population of commercially sexually exploited children exists in society. The following sections will explore Erikson’s
psychosocial development theory, vulnerabilities as related to structural violence, and Marx’s conflict theory. The section closes with discussion on the economic model that trafficking operates under.

**Psychosocial Development Theory**

Erikson’s psychosocial development is a stage theory broken down into eight periods over one’s lifespan. This theory is useful in understanding the how children become vulnerable through their developmental years. It includes: trust vs. mistrust, autonomy vs. shame, initiative vs. guilt, industry vs. inferiority, ego identity vs. role confusion, intimacy vs. isolation, generativity vs. stagnation, and ego integrity vs. despair (Erikson, 1982). In the infancy stage children who are cared for develop optimism, confidence, and trust. This is a critical time of nurturing and if the child does not develop trust they are likely to feel worthless and insecure (Learning Theories, 2016). During the toddler stage children learn autonomy through right and wrong, and this helps to build their self-esteem. Around the preschool age (3-5 years) family is the most significant relationship for a child. They learn to model adults’ behavior and initiate play during this stage (Erikson, 1982; Learning Theories, 2016). In the school age child the relationships widen to peers and neighborhood, which can lead to the crisis between industry and inferiority, especially if there are unresolved feelings of inadequacy or low self-esteem.

The fifth stage marks a transition for development. Up until this point development depended on what was done to the child, whereas in adolescence development depends on what the individual does (Learning Theories, 2016). By focusing on the first four to five stages we can see how care impacts psychosocial development and how easily mistrust, shame, guilt, and inferiority can maturate. Erikson’s theory is useful to understand how this population encountered conflict during development and the vulnerabilities to becoming sexually exploited.
Risk Factors and Vulnerability

While the clandestine nature of trafficking makes estimating its reach quite difficult, some have offered approximated figures. Jordan et al. (2013) cites there are 199,000 incidents of sexually exploited minors in the US annually and nearly twice as many are at-risk for becoming exploited (Kaplan & Kemp, 2015). In the last section I reviewed psychosocial development theory, which helps explain how children who lack appropriate care during pivotal stages can become vulnerable. This section will focus more specifically on the role of abuse and neglect.

According to Varma et al. (2015, p. 102) “[c]hildren are inherently more vulnerable than adults to exploitation and are susceptible to deception and manipulation given their limited life experience, and their tendency toward risk-taking behavior and impulsivity.” Age coupled with child maltreatment, abandonment, previous sexual abuse, and poverty increase a child’s vulnerability to DMST (Jordan et al., 2013; Kaplan & Kemp, 2015; Mir, 2013; Varma et al., 2015). A parent or caregiver’s involvement in domestic violence (Jordan et al., 2013; Kaplan & Kemp, 2015) or substance abuse (Mir, 2013; Varma et al., 2015) may increase risk. Youth that experience emotional problems, school problems (Mir, 2013), or have a history of suicidal thoughts or attempts are also at risk for exploitation (Varma et al., 2015). Transgender, gender non-conforming, or queer youth are extremely vulnerable to trafficking as there are even less services available to them (Jordan et al., 2013). Predominately all youth affected by commercial sexual exploitation have been involved with the child welfare/foster care system, have run away from home or a placement, and/or have been homeless. Survival sex performed by homeless youth in exchange for food, shelter, or other needs does not involve a third party trafficker, although due to its transactional status it is considered exploitation of a minor.
Structural Violence

Many of the preceding vulnerabilities can be further explored by considering structural violence. Structural violence is understood as the ways in which political and economic systems produce and reproduce inequalities such as lack of education (Cross, 2013), proximity to environmental hazards (Nixon, 2011), and poverty (Farmer, 2004). The term was coined by Galtung (1969) to explain the ways in which social institutions and structures prevent people from meeting their basic needs or cause harm to them. These societal forces often go unnoticed because of their systemic versus individual nature. This makes accountability difficult to place. It is through this analysis that we understand the interconnected nature of poverty, homelessness, abuse, sexual exploitation, and experience with child welfare, and justice systems. Shinkle (2007) refers to these as “push factors” which may motivate people to take risks that make them vulnerable to trafficking, as discussed at length earlier.

Just as structural violence presents systemic obstacles, conflict theory can help explain the structure and roles within human trafficking by analyzing unequal distribution of power, wealth, resources, and autonomy. It is particularly useful in understanding exploitation, domestic violence, rape, slavery, and child abuse (Hammond et al., 2015). According to Marx “[c]apital is the all dominating economic power of the bourgeois society” (1859/1904, p. 303). This theory states that two groups, the ‘haves’ and the ‘have-nots,’ are in constant class conflict (Usman, 2014). This line of thought lends itself to the struggle between trafficked persons and perpetrators.

The ‘have-nots,’ or trafficked persons, generally occupy the class that lacks resources such as access to education, stable housing, or ease of entry into the formal economy. This group and likely their parents have been channeled into a marginalized economic sector (Bourgois,
2003). These push factors pit the have-nots against the ‘haves.’ The ‘haves’ group is understood to occupy a position of greater power. It is plausible that this group originated from a similar economic position and used exploitation and mastery of street culture for personal gain. Bourgois (2003, p. 9) notes that “the street culture of resistance is predicated on the destruction of its participants….although street culture emerges out of a personal search for dignity and a rejection of racism and subjugation, it ultimately becomes an active agent in personal degradation and community ruin.” These theories explore the socioeconomic status and gender differentiations between trafficked persons and their traffickers. Further, they help us understand the cyclical process and the difficulty of intervention without substantial structural change.

**Business Models of Commercial Sex**

Although it is popular belief among the American public that much older men generally exploit trafficked minors, this claim is unsubstantiated. DMST in the US more commonly occurs between peer groups of teenagers and young adults (Horning, 2013). Horning’s (2013) study revealed that young “pimps”7 between the ages of 18-21 worked in the informal economy and sold sex on the side to friends and acquaintances. The men shared that it was easy to convince a girl who liked them to have sex with a friend (Horning, 2013). This model of exploitation challenges the moral panic surrounding the “anti-modern-day slavery movement” in the US and also lends itself to debate around agency and age. International labor and sex traffickers tend to be highly organized and covert in their use of shell companies as a business model. Domestic traffickers in the US operate under various business models that generally do not require the use of shell companies. Dank et al. reported in their 2014 study that “pimps” and traffickers rarely used a formal business plan yet most still employ practices such as recruiting, job training, 

---

7 Pimp is a colloquial term used by authors of the studies cited. I use exploiter/trafficker elsewhere.
marketing, setting prices, coordinating dates, providing transportation if necessary, protecting the staff, collecting money, managing needs of the employees, and record keeping.

Unlike other black market goods such as drugs and weapons, bodies can be sold more than once making this form of trafficking more profitable. According to Jimenez et al. (2015), recruitment most often occurs socially through parties or friends permitting ease of access. There have also been cases where the third party exploiter is a parent or caregiver. Traffickers are utilizing technology to facilitate their businesses (Dank et al., 2014) In a time where most people carry the Internet in their pocket, traffickers make use of free classified listings such as Craigslist and Backpage to sell their products and Facebook and Instagram to recruit. Thakor and Boyd (2013) highlight activists’ concerns that purchasing sex with minors using online sites is as simple as ordering a pizza.

**DMST in the United States**

**Geographic Variation**

In the United States domestic minor sex trafficking occurs in both rural and urban areas (Cole & Sprang, 2015). Unfortunately, resources, funds, and services are allocated for and more present in metropolitan areas. Since resources and research exist in dense communities, much of what occurs in the smaller communities is unknown, at least in detail (Cole & Sprang, 2015). Additionally, the focus on urban centers affects the awareness and perception of DMST in other areas. Geographic placement of services creates barriers for trafficked persons, to be discussed in a later chapter. Many researchers are exploring existing and needed services for this population (Gibbs et al., 2014; Gibbs et al., 2015; Jordan et al., 2013; Varma et al., 2015).
Law Enforcement Response

Law enforcement has responded in various ways across the US. The states that have implemented safe harbor laws have also put training into place for law enforcement (Jordan et al., 2013). While this is a necessary step it is a slow process of changing perceptions from “bad kid” to an exploited child in need of services (Jordan et al., 2013; Thakor & Boyd, 2013). Law enforcement has become an increasingly crucial player in providing referrals to child welfare and to other services.

One of the controversial issues regarding law enforcement and legislation is referred to as “arrest-to-protect practices.” Jennifer Musto (2013) critiques these practices by noting that arresting minors for prostitution and arresting them for their protection as victims still lands them in the Department of Juvenile Justice. Further she mentions “institutionalizing girls to protect them has a long criminal justice history” (Musto, 2013, p. 268). Shared Hope International (2015a) also comments that advocates have great concern about the arrests being made; this is especially prevalent in communities where law enforcement feel there is a lack of safe alternatives for placement. Law enforcement has responded that they are willing to change practices when there is a better alternative in place.

Many states are moving towards more collaborative responses between local law enforcement agencies, justice departments, and child services (Shared Hope International, 2015a). Law enforcement has noted that more funding is needed on their side as human trafficking cases are much more time consuming to investigate and prosecute. Another benefit of the collaborative effort is clearly defining each agency’s role in the cases. When legislation was first implemented, it was very unclear in several states as to where to draw the line which has led to inter-agency tension and overwhelmed feelings (Shared Hope International, 2015a). Some law
enforcement officers have taken the initiative to join task forces, further their training, teach others, and raise general awareness. Through continuous evolution and focus on best practices we can create better responses to this issue.

**Where do we go from here?**

According to the interdisciplinary literature analyzed here, there are several recurring recommendations offered. The first is the need to increase awareness and identification to reach more victims. This includes early detection and intervention (Cole & Sprang, 2015; Jimenez et al., 2015; Jordan et al., 2013; Kaplan & Kemp, 2015; Leitch & Snow, 2013; Titchen et al., 2015). Secondly, scholars noted that certain professions that encounter victims are undertrained on identification and treatment (Cole & Sprang, 2015; Hornor, 2015; Jimenez et al., 2015; Kaplan & Kemp, 2015; Shared Hope International, 2015b; Titchen et al., 2015; Varma et al., 2015). These professions include first responders, physicians, pediatric nurses, medical students, educators, school staff, among others (Hornor, 2015; Titchen et al., 2015). Hornor (2015) has put together a list of questions that pediatric nurse practitioners can ask a child if they suspect abuse or trafficking. Another cross-cutting theme is the call for innovative strategies to address the population’s needs (Gibbs et al., 2014; Gibbs et al., 2015; Hickle & Roe-Sepowitz, 2014). This interdisciplinary approach can assist to establish more effective treatment plans for trafficked persons. Collectively there has been improvement over the last several years in addressing needs, but there is still a long way to go.
CHAPTER III: POLICY ANALYSIS FINDINGS

After reading the FSHA I developed an interview guide\(^8\) containing questions to assess how the Act has changed policies and procedures within various agencies as well as participants’ knowledge of specific programs in place for the CSEC population and their unique needs. Those interviewed were all knowledgeable on the legislation, despite variation in understanding and implementation of certain sections of the Act. Participants were able to name safe houses and other traditional placements that have evolved to serve the CSEC population. We also discussed the utility of screening and assessment tools in identifying trafficked minors. While transcribing and thematically analyzing the interviews (Boyatzis, 1998; Guest et al., 2012), I was able to draw connections, which are presented as key themes below.

Policy and Procedure Changes

In order to investigate the chain of command when handling new cases, I inquired about the procedures participants follow and their knowledge of placements for both dependent and non-dependent children. Law enforcement has been instructed to contact DCF for all children recovered from runaway situations, stings, or other circumstances. DCF will then determine if the child is a runaway from care and put them in touch with the existing case manager, assign a new case manager based on zip code, or contact family members if the youth is not a ward of the state. Once a case manager, who also functions as the legal guardian, is assigned/located the

\(^8\) see Appendix B
next step is assigning a CPI or other investigators (Detective, FBI/DHS Victim Specialist). After necessary parties are secured, a staffing will be held to discuss what is in the best interest of the child. Medical history, mental health, family history, siblings, social networks, education, current allegations, etc. are among topics of interest and concern. If the child does not cooperate, reportedly it makes it more difficult to put them in an appropriate placement or have them “flagged”\(^9\) as a human trafficking victim.

A variety of responses were made regarding where youth are placed. If they are dependent low risk children they will be sent to an available safe house or traditional group home. Law enforcement respondents stated that they utilize DJJ, Statewide Inpatient Psychiatric Program (SIPP) facilities, and Juvenile Addictions Receiving Facility (JARF) in order to remove children from dangerous situations. These lockdown facilities prevent youth from immediately running away so that law enforcement can begin interviewing them and the child’s team has time for further staffings. These facilities are more commonly used for high-risk children.

If they are non-dependent youth, DCF will determine whether the home is fit for the child’s return, if so they will be sent home with parents/relatives. In Miami-Dade county judges are sheltering “community kids” into dependency in order to get them access to services and residential placement. Some safe houses in Florida are able to offer placement or therapy services to non-dependent youth if private funding is available. In these situations the agency must prove to DCF that state funds are not being used on that child. Kristi House of Miami is funded through the Child Advocacy Center (CAC) network and therefore can offer outpatient services to non-dependent youth through Project GOLD, a CSEC specific program arm. Non-dependent children can also receive services through the Crisis Center of Tampa Bay. Other than

\(^9\) A dependency case will be marked as HT, or human trafficking, to denote the youth’s classification within child welfare.
these, services for non-dependent youth are fairly limited in Florida, according to study participants. A participant informed me that Connecticut and Illinois have great campaigns for non-dependent youth. Further research into best practices for service provision within and outside the state would greatly benefit Florida.

**Participants’ Perceptions**

I asked various questions to gauge participants’ perceptions on program/service success, demographics of those being exploited, what alternative programs or services are needed, and their greatest limitations in their work with this population. Law enforcement responses vary most from service providers or civil society members. Their responses and suggestions are detailed in the following sections.

**Success**

When asked if safe house programs are perceived to be successful in terms of severing the child’s relationship with her exploiter, two participants responded yes, three responded no, and seven were unsure or said it depends. Those that responded yes claimed that undisclosed locations, no cell phones, and limited internet access were contributing factors to success of separation from the exploiter. Those who responded no claimed that the programs were trying but revictimization was the norm as opposed to rehabilitation from “the life.” One civil society member stated that pregnancy can serve as a way out not because of treatment but due to a life change. A service provider mentioned that these youth often become adults who are still involved in the commercial sex industry and their histories may include various programs and child welfare experience. Another concern is unsuccessful criminal investigations, which can be linked to victim services; stable victims are more likely to provide testimony and participate in investigations that may lead to successful prosecutions.
The majority of respondents stated that they were either unsure of safe house programs’ successes or it depended on a variety of factors. One law enforcement official said that some girls return to the life when there is little parental/familial support, which in her opinion does not positively affect the child; while another states that regardless of the program, the victim will retain the bond with the exploiter. A service provider called for more combined efforts between community partners and agencies to increase success of these programs. Two interviewees felt the need to review research and evidence based practices in order to provide a definitive answer however, they stated that success occurred on an individual basis. Some youth have remained stable for months before regressing.

It is clear based on these responses that there is no general consensus on how to define and measure success of sexually exploited youth or safe house programs. One service provider noted that success can be measured in length of time girls run away for, time in between runaway incidents, and how long they stay in school. I would add a measure regarding contact with the exploiter if he/she is not apprehended. When asked how the girls are progressing through the stages of recovery the responses overwhelming included “not well” and “they don’t stay in a program long enough to be successful.” A service provider explained to me that success varies by child. Sometimes it is getting a youth to self-identify after a trauma bond, other times it is being sober for the first time in years. She also highlighted that celebrating the small success are crucial to sustaining further progress. These small successes can range from removing inappropriate pictures of oneself from social media, or not cutting for a week, or attending and participating in therapy. Another service provider stated seeing success when the youth is motivated and committed to make a personal change. The current process of aging out of care,
which often disrupts treatment, causing major setbacks, was another frustration expressed by participants.

**Demographics**

Originally I asked participants if there was a correlation between race/ethnicity and exploitation since I had observed that over fifty percent of the girls in the safe house where I worked were African-American. Across the board their answers were either no or that they do not keep track of that data. All participants agreed that there is a direct correlation between youths’ socioeconomic status and their exploitation. They noted other contributors as childhood abuse and single parent homes, which compound the issues making access to resources difficult. This is supported by studies mentioned in Chapter II such as Varma et al. (2015) and Mir (2013) which claim that abuse, neglect, domestic violence towards a parent, and substance abuse increase vulnerability of becoming exploited.

One law enforcement official mentioned only having one case where the girl was from an affluent family with both parents present. In a World Health Organization report on violence and health, Jewkes et al. (2002) write that poverty increases the risk of sexual exploitation as a child of a poor parent may have less supervision in non-school hours and families may be unable to afford child care. This cyclical relationship between poverty and violence forces women and children into occupations that carry a higher risk of sexual violence (Jewkes et al., 2002).

This could explain why the majority of youth I worked with were children of color as there is a correlation with poverty. Throughout the history of the United States people of color have been oppressed, marginalized, and disenfranchised through institutional and social mechanisms. This historical factor lends itself to the association between race/ethnicity and socioeconomic status. According to the US Census Bureau (DeNavas-Walt & Proctor, 2015) the
median household income for African-American families is down 13.2 percent in 2014 from the pre-2001 recession peak.\(^\text{10}\) The participants in this study agreed that any marginalized group is at risk of being exploited as traffickers do not discriminate.

**Alternatives**

When asked what other programs or alternative services are needed, five interviewees responded that the first days with a victim are crucial to their treatment and to an investigation. During the first 24 hours placement has to be secured and within the first few days a staffing will/should occur to create a plan for the child. This is a difficult time for the minors as they have been removed from a known environment and placed somewhere unfamiliar. They are forced to meet people they would rather not deal with such as case managers, CPIs, detectives, GALs, housemates, etc. Building rapport is imperative during this time period in order to connect the child with appropriate services in addition to building a case against a trafficker. This may be the most difficult task of all as youth are generally resistant to strangers and the structure of a program and do not feel that they need help. It takes very skilled child advocates and investigators to overcome these barriers.

Five participants advocated for a secure facility that could serve as an emergency shelter, detox center, and a first point of contact for advocates, medical professionals including forensic exams, and investigators. One service provider noted that safe houses and group homes often cannot accept youth with substance abuse issues as the staff are not qualified to handle the situation and it upsets the equilibrium of the entire house.

The second most common response was a need for increased overall services that are easy to access. Florida is lacking maternal and childcare for teenage mothers, especially in foster

---

\(^\text{10}\) Median household income for black families in 2014 was $35,398, down from $40,783 in 2001.
care. There needs to be increased sexual and reproductive health education, despite the fact that these girls have been sexually active for some time many do not fully understand functions of various organs, menstrual cycles, ovulation, sexually transmitted infections, and risks associated with abortion. Two respondents called for increased community partner collaboration in order to fill the gaps in services. This could be as simple as identifying practitioners in the community who are willing to see this population, for example a gynecologist who understands the urgency of an examination and testing and accepts various types of Medicaid. One civil society member believes the CAC network is an excellent existing resource for this population and every center should be staffed with a case manager for this population and their unique needs.

A law enforcement official would like to see a change in runaway statutes because the catch and release policy does not permit for centralized data collection, especially for non-dependent youth. The participant is advocating for a three strike runaway policy before being transferred to a secure facility. This would permit investigations into why children are running, who they are running from, and who they are running to. Meanwhile, a service provider is calling for expungement of records, which is currently in direct conflict with the use of DJJ as a secure facility.

Other suggested programs included education and job training as an alternative to prostitution, transitional planning/housing to ensure success, and CSEC training for staff and volunteers at traditional group homes so that they are aware of unique situations and behaviors when they encounter these children. A service provider would like to see more programs that address self-esteem from a trauma perspective. Lastly, a law enforcement official advocated for a shift in funding, or at least shared funding for all identified sexually exploited children regardless of dependency status.
Limitations

I was particularly interested in learning the interviewees’ biggest limitations and greatest needs in their work with this population. One half (n=6) of them listed access to funded services as their greatest obstacles with one participant mentioning unmet needs for LGBTQ youth, boys, and non-dependent children. As noted in Chapter II, transgender, gender-nonconforming, and queer youth are extremely vulnerable to exploitation yet we are lacking basic services such as residential placements for this subset of the population. LGBTQ youth experience unique circumstances due to their gender or sexual orientation such as rejection by their families leading to increased homelessness, mental health problems, social stigma, and discrimination (Jordan et al., 2013; National Coalition for the Homeless, 2014). Since the images of innocent children and helpless women predominate (domestic minor) sex trafficking media this deters the public from recognizing that boys are also subject to sexual exploitation. Again, we lack residential services for this population. Non-dependent children have the same needs as others but lack access due to funding, detailed in the following chapter.

A service provider mentioned increased funding for the drop-in center so that it can remain open on weekends, hire more staff, and provide more transportation for youth as a particular necessity. Three law enforcement officials identified a weakness of knowledge and understanding on behalf of law enforcement, especially senior, decorated officers, attorneys, and judges. One detective stated that, “decision making stakeholders need to be passionate and knowledgeable about the issues.” New recruits in Hillsborough, Pinellas, and Marion counties are receiving 4-8 hours of CSEC training in the academy. Interviewees hope that this will shift the mindset of the current police forces in which they work.
Most participants stated that the FSHA was a good awareness-raising tool, yet three individuals (two law enforcement and one service provider) specifically called for increased awareness about the issue of DMST. Other needs include: funding for research to better understand what therapy types are working with the population; more psychoeducation training for therapists and counselors to discuss the body and trauma with youth; assistance from case managers on multiple levels when service providers or residential placements lack authority. A law enforcement official and civil society member called for immediate assessment in Florida including a safe place to put the youth where they are not treated as criminals. Two service providers remarked on the lack of specialized school environments as many of these youth have been truant for varying lengths of time, lack fundamental skills, have learning disabilities, and struggle with social skills.

Assessment Tools

The FSHA calls for validated initial screening and assessment tools to be used by DCF, DJJ, and CBCs. DCF was tasked with either creating or adopting a tool and ensuring that those administering the assessment instrument are properly trained to do so. There seems to be differing perceptions of the utility of a formal assessment tool. According to three law enforcement officials and two service providers they do not use any specific tool but rather, identifying trafficked youth “comes from our own experience as investigators and knowing the signs and how to interpret their [the victim’s] responses.”

Hillsborough County was selected as a pilot location for the assessment tool that DCF created in 2015. It was a collaborative effort between the department and other agencies across Florida. It is designed to be used by DCF, CPIs, and CBC lead agencies. The pilot began in April 2015 and the tool was approved late in the year. A participant informed me that slight
revisions have been made as “the tool is extremely comprehensive and [we] have been running into a few obstacles with the victims staying attuned to the questions and, in fact, becoming resistant to answering them after a certain point.”

The Human Trafficking Screening Tool\textsuperscript{11} (HTST) consists of nine sections with a total of 52 questions. The questions are designed to identify forced labor, wage theft, gang affiliation, and sexual exploitation. It also investigates unsafe online activity and the meaning of youth’s tattoos. If a child has a history of running away from home four or more times, the Department has deemed this an indicator of potential trafficking and the screening tool is to be used. Section F addresses runaway behavior from the previous 12 months by asking the child how frequently he/she left home without permission, how long he/she was gone, how he/she supported his/herself, if the child was in control of his/her own money, and where and with whom he/she stayed while away from home. Section G specifically covers sexual exploitation, coercion, and control. The questions probe for evidence of inability to leave, forced identity deception, and forced sexual engagement.

Kristi House and the Florida Coalition Against Human Trafficking (FCAHT) use internally developed procedures to identify trafficked persons. FCAHT however, does not serve minors and therefore does not identify sexually exploited youth. World Childhood Foundation (n.d.) also uses internally developed assessments for CSEC and abused children in South Africa, Cambodia, Brazil, New York, Minnesota, and Miami. ECPAT International (2015) and Shared Hope International have created a plethora of toolkits, training guides, assessment instruments and other curricula that is being used across the US. Shared Hope’s popular tool, Intervene (Leitch & Snow, 2013), is a two tier system designed for DJJ. Shared Hope had a formal

\textsuperscript{11} The complete tool can be found in Appendix D
memorandum of understanding with Maryland to screen 400 juvenile delinquents using tier one.

Of the 400, 167 were flagged and screened using tier two. Of those 167, 32 were identified as trafficked minors. It is an effective tool but needs to be adapted based on where it is used.

A participant noted that, “a standardized tool would be helpful as training/education around CSEC varies with first responders. Unfortunately, some of these instruments’ effectiveness is based on the delivery of the tools with the youth.” While a civil society member mentioned the need for a tool designed to screen boys as they have different risk factors. All assessment and screening instruments need to be reviewed and updated regularly to reach maximum effectiveness, including federal level tools designed by Department of Health and Human Services.

It is clear from this study that the FSHA has been a tremendous awareness raising tool for the state as well as putting some things in motion. Due to this legislation we are improving identification techniques through tools like HTST and other forms of training. Based on the findings from the first phase of research, I was able to amend my study and focus more closely on services for phase two. The following chapter will explore access and barriers to services across the state of Florida for the entire CSEC population. Some of the participants from the first phase were re-interviewed as well as several new participants.
CHAPTER IV:
ACCESS AND BARRIERS TO SERVICES

The second phase of this study began in January 2016. The overarching focus was to explore the services available to the entire CSEC population. Throughout the research several barriers were illuminated including funding, placement criteria, geographical location, and lack of necessary services. Participants also made clear that it is nearly impossible to get non-dependent youth connected to services due to the language of Safe Harbor.

Domestic Minor Sex Trafficking results in levels of trauma that are not best addressed with traditional care. This population is in need of trauma informed therapy services, residential placement with low child to staff ratio or the even preferable therapeutic foster home, flexible and remedial education, life management skills, substance abuse and addiction counseling, as well as primary and sexual health care. The following chapter will address the barriers that law enforcement, service providers, and civil society members are encountering when trying to connect youth with the appropriate services.

Residential Placement

There are many barriers to securing services for the CSEC population some of which were addressed in the previous chapter. The most frequent barrier mentioned by participants was placement. One civil society member said, “[t]here is no place for this population.” Specialized safe houses as described earlier, have CSEC specific programs but the number of beds is limited across the state. Two law enforcement officials noted that the safe houses have very selective
criteria and will not accept youth with serious behavioral or drug issues. One participant claimed that this is because they want success stories for their facilities in order to secure funding in the future while another mentioned that these issues can disrupt the environment of the home. Another frustration noted by law enforcement was that DCF is liberal with labeling cases as human trafficking in order to get immediate placement before appropriately interviewing or assessing the child. This could potentially lead to unnecessary occupation of CSEC beds.

Due to the limited amount of specialized programs, sometimes sexually exploited children get placed in traditional group homes. A law enforcement official mentioned that trafficked youth are very likely to run away from these homes. They may even recruit other youth to run with them. These traditional child welfare placements are making an effort to meet the needs of this population but they are still widely unequipped. In Florida, Medicaid provided through DCF plays a role in determining what types and how frequently a child can receive services. When a child is identified as sexually exploited and resides in a specialized facility they have increased access to these services. For example, a safe house program can offer individual therapy twice a week and group therapy once a week. A traditional group home may only be able to offer therapy once a week. This is crucial as CSEC lack coping skills and often struggle to maintain for a week between sessions. A variety of researchers, clinicians, and agencies are advocating for trauma informed care for this population which may be difficult to secure in traditional placements due to cost (Burke, 2013; Child welfare council commercially sexually exploited children action team, 2015; Ijadi-Maghsoodi et al., 2016).

One participant noted that runners are familiar with drop-in centers in the immediate area but do not utilize them because their intangible needs, such as a nonjudgmental environment, affirmation of strengths, recognition of trauma, or respect, are not met (CSEC Community
Intervention Project, n.d.). This participant called for CSEC specific drop-in centers across the state. The only existing one in Florida is Kristi House in Miami. In the opinion of several participants and myself, Kristi House’s Project GOLD does amazing work for the CSEC population offering services such as survivor support therapy groups, mindfulness workshops, safer sex workshops, cooking classes, yoga classes, arts and crafts classes, and a GED and education initiative program that offers stipends at various levels for educational achievement (Kristi House, 2016). Unfortunately, they are geographically isolated from the rest of the state. Other service providers are adapting to meet the tangible and intangible needs of this population but currently no other organizations are designed in this drop-in format for CSEC.

There are several barriers within the first 24 hours. Since housing is the first service that needs to be secured, it often takes collaboration of several parties including DCF, CBCs, law enforcement, among others. Due to the limited amount of programs for this population, quite frequently the only available residential placement is across the state. Several law enforcement officers mentioned that this geographical distance poses difficulty to investigations and building cases. This geographical distance creates barriers for case managers as well. Case managers who serve as the child’s legal guardian cannot be as present when the child is located several hours away. If a parent is involved with the child this distance makes visitation nearly impossible. Additionally, moving a child across the state can disrupt therapy services if there is an existing counselor that has been working with the youth.

Funding

Since the passage of the Trafficking Victims Protection Act in 2000, millions of dollars have been raised to eradicate sex trafficking both domestically and internationally (Brennan, 2014). Despite the astronomical budgets, lack of funding is always mentioned in regards to this
population. In order to provide context to the struggles in Florida it is important to look at previous funding trends for eliminating sex trafficking.

The Bush administration provided a hefty budget to combat international trafficking and a rather small one for the issues domestic victims or persons already in the US were facing. The White House webpage (2006) reports that in his 2003 address to the United Nations, Bush promised a budget of $50 million for Brazil, Cambodia, Indonesia, India, Mexico, Moldova, Sierra Leone and Tanzania. Later in the same website it reads, “Since 2001, the President's budget has provided more than $295 million to support anti-trafficking programs in more than 120 countries” (The White House, 2006).

The website claims that 80 percent of trafficked persons are female and of those 70 percent are trafficked for commercial sex (The White House, 2006). Currently, Polaris Project reports that 32 percent of trafficked persons (adults and minors globally) are engaged in commercial sex (Polaris Project, 2016). Additionally, many scholars have noted that it is nearly impossible to accurately estimate human trafficking due to its clandestine nature (Jordan et al., 2013; Kaplan & Kemp, 2015). However, Jordan et al. estimated that there are 199,000 incidents of sexually exploited children in the US each year and twice as many are at-risk for becoming exploited. Measured against today’s statistics, the Bush administration’s numbers are skewed although they did support more than $35 million to 36 faith-based and community organizations across the county to aid victims of trafficking. Meanwhile, Bush announced that the Department of Justice (DOJ) would make available $14 million to law enforcement agencies and service providers, and as many as 25 communities across the country will be eligible to receive this funding (The White House, 2006). It is unclear how these 25 communities were selected and if they were based on a high incidence of human trafficking cases.
The recent assemblage of abolitionists, faith-based organizations, and socially conservative policymakers have produced campaigns that sensationalize sex trafficking and often conflate it with human trafficking overall, impacting US-backed initiatives to combat the issue abroad (Kinney, 2013). This has resulted in the “gag policies” attached to grants for development and aid distributed internationally. Provisional funding is provided only if the recipients support the anti-prostitution, anti-trafficking initiatives. These types of donor restrictions pose public health concerns in regards to abortion and HIV/AIDS (Brennan, 2014; Dewey, 2012; Kinney, 2013).

While policies tied to abolitionist ideologies are problematic, at least some level of funding was made available. The FSHA did not have any accompanying funding at the time it was passed. The only section (7) related to funding states that a person who solicits, induces, entices, or procures another to commit prostitution, lewdness, or assignation shall be fined a penalty of $5000 wherein the first $500 will go to a circuit court to cover fees and the remainder will go to “Operations and Maintenance Trust Fund of the Department of Children and Family Services for the sole purpose of funding safe houses” (Florida Safe Harbor Act of 2013). According to a civil society member, only two fines have been collected since the passing of Safe Harbor. These fines are difficult for the state to obtain because buyers can only be charged after a second offense.

Buyers are usually picked up during stings organized by the FBI or local law enforcement agencies. Unfortunately, due to cost and safety measures these stings do not happen frequently, reported a law enforcement participant. Another noted that only one prostitution sting had been done in the last two years. In fact, several law enforcement officials mentioned that the costs of investigating human trafficking cases have deterred many departments. Agencies have been
shifting their focus away from these cases due to their time consuming nature. Those who work human trafficking cases are also responsible for a regular case load and often dedicate off-the-clock hours. This can be said for service providers and law enforcement alike.

**Gaps in Services**

When asked what other programs are needed in Florida for both dependent and non-dependent sexually exploited minors, respondents mentioned addressing root causes, prevention programs, residential placement for non-dependent youth, parental/caregiver support, substance abuse with trauma informed focus, increased training for professionals, “john schools,” secure facilities, services for boys and LGBTQ youth.

A civil society member spoke frankly about the shortcomings of education-based programs that tell children the horrors of human trafficking. She noted that this approach will not deter youth from engaging in transactional sex when they cannot feed themselves or purchase diapers for their children. Until we address root causes of vulnerability including child maltreatment, abandonment, homelessness, previous sexual abuse, and poverty, which can be attributed in part to structural violence described above, we will continue working downstream. She also called for programs that support various cultural understandings of sex. This means moving away from abstinence only and religiously motivated sex education. The Shock Education program offered through the Thirteenth Judicial Circuit of Hillsborough County addresses these taboo topics in modules such as Detention Prevention, Choices & Consequences, Teen Dating, Cyber Bullying, & Sexting, STI & STD Healthy Lifestyle & Relationships, Substance Abuse, and CSEC & Human Trafficking. This is a valuable program available to children and their parents, although since they are still involved with the DOJ/DJJ we may be catching them upstream of DMST yet still not addressing root causes.
As previously discussed, state funding is only reserved for dependent youth thus the majority of programs, especially residential and inpatient, are only accessible to those in child welfare. This poses two distinct problems a) non-dependent youth go without adequate services and continue to be involved in commercial sex, or b) they are sheltered into child welfare in order to receive access to services. The latter is far less common if a parent is involved because judges prefer to maintain parental rights and avoid shelter orders if the child has a suitable home. This leaves non-dependent children severely underserved. Several participants have called for shared funding whether federal or state that is designated for CSEC as opposed to dependent/non-dependent. This is also due to the fact that dependent children who have not been identified as human trafficking victims sometimes end up being placed in specialized facilities or safe houses, which reduces the availability of CSEC designated spaces for trafficking victims.

A civil society member mentioned that there is a significant need for parental and caregiver support. In many cases a parent, grandparent, or other family member is still involved with the child even if they are residing in a safe house or foster home. These situations are extremely stressful and confusing for all parties and resorting to one’s traditional parenting model is often not effective. The participant explained that the Crisis Center of Tampa Bay had an outpatient counseling program where the child would see a therapist and the parent would see another then once a month everyone would meet together. Unfortunately, this program no longer exists and parents wait in the lobby for their children. It is frequently parents who reach out to law enforcement when they notice their daughter exhibiting unusual behavior. I was informed by a service provider that there are a handful of CACs across the state that do in fact offer counseling for parents but they are seldom.
The need for substance abuse programs came up frequently during my interviews. It was mentioned that most programs are not equipped to handle a child with a substance use/abuse issue. This makes the placement far more selective and excludes this subset of the population. For the substance abuse facilitates that do exist it is more common for staff to see drug users have a choice in the matter. Similarly to other drug users, sexually exploited youth do use drugs to cope but traffickers also provide drugs in many cases to make female victims easier to manipulate and more dependent. It would be beneficial to CSEC and other patients for substance abuse clinics and inpatient facilities to become more trauma informed.

In additional to these professionals, it is crucial for others to be appropriately trained on DMST. Several professions come into contact with CSEC such as pediatricians, nurse practitioners, first responders, medical students, educators, and school staff, among others. Knowing the signs, the proper questions to ask, who to contact, and how to treat these children. Training and awareness raising has certainly been on the agenda for many agencies although the curricula is inconsistent or not tailored to the profession. Instead of solely focusing on awareness, we must equip individuals with skills to better manage these situations.

Another interesting program that surfaced in my discussions with participants was the lack of “john schools.” A “john”\textsuperscript{12} refers to an individual who purchases or exchanges sex for money or goods. John schools have been used across the county for decades as part of rehabilitation attempts. When individuals are arrested for soliciting a prostitute they can be required to participate in a john school as part of their sentence while other schools are designed to be diversion programs, which result in dropped charges. Most frequently john schools are one day, eight hour programs that cover topics such as health consequences, impact on communities,

\textsuperscript{12} John is a colloquial term used to explain someone who purchases sex. Please see the terminology guide in Appendix A for more information.
impact on survivors (including testimony), sex trafficking, dynamics of pimping, sex addiction, among others (Shively et al., 2013). The modules are usually taught by civil servants, such as public health professionals, law enforcement, and prosecutors. John schools are funded through the fines that johns pay when arrested and Shively et al. (Florida Safe Harbor Act of 2013) noted that some classes have documented revenue of $40,000 which is used to fund services for victims/survivors. According to Demandforum.net (n.d.), an Abt Associates and National Institute of Justice initiative, there are nine john schools in Florida in Hillsborough, Pinellas, Palm Beach, and Miami-Dade counties. Several law enforcement participants noted that we are not utilizing john schools in Florida but they believe it may help since buyers often are unaware of commercial sexual exploitation of minors or adults for that matter.

During the first phase of research only one participant mentioned the lack of services for LGBTQ youth and boys as a limitation. However, one year later when I interviewed participants for the second phase this gap in services was notably one of the most common complaints I heard from service providers and civil society members. The focus at a national level has been on girls and campaigns often feature young (younger than the average age of entry), white, girls as the symbol of innocence, diverting attention away from sexually exploited boys, transgender, gender non-conforming, and queer youth. While it is true, based on national (Polaris Project, 2016) and state\textsuperscript{13} hotline data, that more girls than boys are trafficked domestically it is a gross misrepresentation of those who are actually exploited. Low income and marginalized populations are inherently more vulnerable and susceptible to this type of exploitation. It is rarely privileged children from suburbs being trafficked as popular media would have you believe. Queer youth are already seen as sexually deviant in the United States so it is not a stretch to ignore their

\textsuperscript{13} State level data for Florida was obtained through personal communication during a phase II interview.
exploitation (Mogul et al., 2012). There is serious lack of training and services offered to support this subset of the CSEC population. As previously mentioned, LGBTQ youth experience unique circumstances such as increased homelessness due to family estrangement, or mental health problems due to discrimination and stigma (Jordan et al., 2013; National Coalition for the Homeless, 2014).

Research has demonstrated that runaway and homeless youth are at increased risk of becoming involved in sex and labor trafficking (Bardine, 2015; Jordan et al., 2013; Kaplan & Kemp, 2015; Mir, 2013; Varma et al., 2015). In 2015, the Runaway and Homeless Youth and Trafficking Prevention Act failed to pass the Senate (Bardine, 2015). This would have reauthorized the Runaway and Homeless Youth and provided federal grants for community based programs that assist homeless, LGBTQ, CSEC and those at the intersection of all three. After further investigation I found nine organizations/coalitions\(^{14}\) that provide direct services such as medical care, shelter, education, counseling, and support groups to LGBTQ youth in Florida. It is unclear if they have any specific training or services that are CSEC specific. Community collaborations are crucial in order to close this service gap.

**Best Practices**

Despite limited funding and high costs there should be a move towards improving existing services through training and restructuring programs as opposed to starting from scratch. Most sexually exploited minors, whether dependent or non-dependent, have been in contact with social services before the public was aware of human trafficking. For example, the ALPHA houses of Hillsborough and Pinellas counties have been serving pregnant teens who are homeless or in crisis since 1981 and 1979, respectively. According to a participant, the ALPHA House of

\(^{14}\) These organizations have been added to the map under a LGBTQ Services layer.
Pinellas recently received a grant to improve security measures in order to counteract sex trafficking recruitment and contact with exploiters.

Citrus Health Network in Hialeah, Florida has expanded their services to meet the needs of this population. They are recruiting and training foster families to take sexually exploited youth. Foster parents are able to receive additional support in the form of therapy. Citrus is one of the few facilitates in Florida that provides residential services to homeless LGBTQ youth through their foster care program. Another team at the University of South Florida is working with Citrus to document their efforts. This collaboration will result in one of the few evidence-based practices of DMST in Florida. Once this data is published it will serve as an extraordinary resource for other organizations to adapt their programs.

Similarly, Devereux Florida has established a CSEC arm of their work. Their CSEC program has therapeutic group homes consisting of lockdown and open campuses. They are unique in being able to provide 24 hour nursing care, a K-12 accredited school onsite, and trauma focused cognitive behavioral therapy to residents. Devereux is also involved in training foster parents to take DMST youth. They also provide individual and family outpatient counseling services through their DELTA counseling program. Although I do not have access to results from their CSEC program, I consider it to be an exemplary program as it offers the wrap around services listed above.

Chrysalis Health, located throughout South Florida, has developed Systematic Approach for Exploited and Traumatized Youth (SAFETY). This system combines motivational interviewing/stages of change and cognitive behavioral therapies. This therapeutic model can be adapted for outpatient or residential programs. Chrysalis provides residential group homes and

---

15 Secure facilities, as discussed in the previous chapter, were frequently mentioned in the second phase of research. See Chapter V Recommendations for more information.
emergency shelter to dependent children or youth in transition however they do not have CSEC specific placements.

Not only are these programs examples of best practices across the state, but they have developed curricula that can be easily adopted by other social service providers. Adding a specialized CSEC component to various residential, mental health, and substance abuse programs could address several of our current gaps in Florida. This can reduce the vast funding needs of establishing new programs from the ground up. The level of intersectionality between DMST, child abuse, homelessness, foster care, and domestic violence is so high that many professionals working in programs across the state have already encountered CSEC. Most existing services in Florida are well established with reliable funding streams in an increasingly competitive market. Improving these existing services to meet the needs of sexually exploited youth is a feasible place to start.

**Interactive Asset Map**

Assets in the form of programs and services were plotted using an interactive Google map. This map reflects various services in layers including but not limited to residential placement, mental health services, substance abuse centers, child protection teams, community based care agencies, and other health care providers. Each service plotted on the map includes an address, contact number, and other details about who is served and whether they accept Medicaid or no insurance. This information is a combination of what can be found on organizations websites as well as information that was verified over the phone by staff. This map provides a spatial reference and is the first tool of its kind to be provided to law enforcement and service providers for Florida. This map is not publicly accessible via the Internet; rather it has to be shared with users. The map has been shared with all participants of this study in hopes that law
enforcement, service providers, and civil society members can utilize this resource to better serve Florida’s CSEC population. It was my intention to not only raise awareness of services across the state but also to assist in community building between professionals working with the CSEC population in Florida. It was created in Google Maps, as opposed to geographic information systems software, so that users can continue sharing and adding to the map as services develop and transform across the state. A sample image of the map can be found in Appendix D.
CHAPTER V:
DISCUSSION & RECOMMENDATIONS

This study examined the impact of the FSHA on the state in terms of procedural changes for professionals and identification and service provision for trafficked youth. This research culminated in information regarding the outcomes of the FSHA as of 2016. All participants commented on the policy and procedural changes that have affected their work with the population since 2013. This most frequently included mention of increased DCF involvement so that a guardian can be assigned/located, to determine residential placement for the child if outside of the care of a family member, and to coordinate with law enforcement on potential investigations of traffickers.

It is clear that law enforcement has responded in various ways across the US. Several states that have implemented safe harbor laws and also put training into place for law enforcement (Jordan et al., 2013). While this is a necessary step, it is a slow process of changing perceptions from “bad kid” to an exploited child in need of services (Jordan et al., 2013; Thakor & Boyd, 2013). Law enforcement has become an increasingly crucial player in providing referrals to child welfare and to other services. Based on my findings the arrest-to-protect pipeline is still being employed by law enforcement across the state due to lack of secure alternatives for youth. This practice was highly contested by Musto (2013). An alternative to this practice is suggested below. Additionally, various law enforcement agencies have offered training to their employees but it should be more consistent across that state (Dickey, 2011).
As noted earlier, certain professions that encounter exploited youth are undertrained on identification and treatment (Cole & Sprang, 2015; Hornor, 2015; Jimenez et al., 2015; Kaplan & Kemp, 2015; Shared Hope International, 2015b; Titchen et al., 2015; Varma et al., 2015). Training for first responders, law enforcement, and health practitioners should be increased across the state. Scholars have offered suggestions for how to accomplish this. Hornor (2015) constructed a questionnaire for nurse practitioners that offers suggestions to implement into visits. This is further discussed in the funding and training recommendation below.

Cole and Spring (2015) described the geographic variation of DMST in terms of metropolitan, micropolitan, rural communities. Based on this study of Florida, I concur with their conclusions that exploitation occurs equally across these regions but awareness and services are more readily available in urban areas. Participants from rural areas of the state voiced this concern as a barrier to connecting youth with appropriate services. The following recommendation on service expansion attempts to address the gap.

All participants agreed that there is a direct correlation between youths’ socioeconomic status and their exploitation. Considering this point in my findings, I reflected on a variety of literature that attempts to explain the complex relationship between economic status, race, abuse, and other vulnerabilities. As noted by Jewkes et al. (2002), poverty increases the risk of sexual exploitation as a child of a poor parent may have less options in terms of supervision and child care. This cyclical relationship between poverty and violence forces women and children into occupations that carry a higher risk of sexual violence (Jewkes et al., 2002). Varma et al. (2015) and Mir (2013) also claim that abuse, neglect, domestic violence towards a parent, and substance abuse increase vulnerability of becoming exploited. This is supported by Erikson’s psychosocial development theory (1982) that explored vulnerability to exploitation on an interpersonal level
and the various points at which children can become more vulnerable through their developmental years.

Perspectives from practitioners in this study highlight the close interconnections between abuse, neglect, child welfare, and juvenile justice (Shinkle, 2007). These push factors are poverty, gender inequality, and lack of education and economic opportunity (Shinkle, 2007). Study participants and I agree that all trafficked youth we have encountered have been affected by all or a combination of these factors. By shifting the focus to structural violence and the root causes of vulnerability to exploitation, practitioners can better address the levels of intervention appropriate for the state. I concur with Shinkle’s (2007) assertion that reducing these push factors should be a long term goal in the field. If Florida were to undertake this analysis, the state could determine which social institutions and structures prevent people from meeting their basic needs (Galtung, 1969).

Based on participants’ responses it was clear that there is no general consensus on success in terms of delivery of services or progression through programs across the state. Success varied from length of time girls run away for, time in between runaway incidents, how long they stay in school, contact with the exploiter, removing inappropriate pictures of oneself from social media, not cutting for a week, or attending and participating in therapy. This study presented “best practices” such as, ALPHA House, Citrus Health Network, Devereux, and Chrysalis Health identified by participants. Despite the fact that these organizations have developed curricula that can be easily adopted by other social service providers, this opportunity opens the door to research and evidence based practices for service provision.

This study can be used as a platform for community based participatory research to involve more stakeholders such as parents, activists, trafficked persons, DCF and DJJ
representatives (Israel et al., 2001). I did not approach participants or lines of inquiry in a
traditional top-down approach utilized by organizations and bureaucratic institutions. Neither
was I able to conduct purely bottom-up research as other anthropologists have done (Brennan,
2005). Rather, I have managed a common ground approach of ‘studying through.’ This
perspective has allowed me to continue bridging the gap between various levels of stakeholders
as previous scholars have initiated (Dickey, 2011). Based on my findings, I do think that a
community based approach to addressing trafficking is possible in Florida if we continue to
move in a collaborative direction. It is my intention that this interactive map of services will
assist in the effort.

The following recommendations are the product of careful consideration from both
phases of this study. After reflecting on the data produced from this study, it became clear that
the participants were calling for very similar changes as noted in the existing literature from an
array of disciplines. Some of the subsequent recommendations come directly from participants,
who are professionals in law enforcement, service provision, and civil society working directly
with sexually exploited minors. Other recommendations are based on my analysis and synthesis
of what has occurred since the passing of the FSHA and the direction(s) the state, agencies, and
organizations need to move towards.

The recommendations offered below, which are supported by several participants of this
study, include consistent comprehensive staffings, establishing a secure assessment facility, a
drop-in center accessible to central Florida, increased funding and training statewide, and service
expansion. It is important to note that these recommendations are specific to the state of Florida
and the issue of DMST. The suggestions scholars called for, as discussed in Chapter II, include
early detection and intervention (Cole & Sprang, 2015; Jimenez et al., 2015; Jordan et al., 2013;
Kaplan & Kemp, 2015; Leitch & Snow, 2013; Titchen et al., 2015), increased training for a variety of professions (Cole & Sprang, 2015; Hornor, 2015; Jimenez et al., 2015; Kaplan & Kemp, 2015; Shared Hope International, 2015b; Titchen et al., 2015; Varma et al., 2015), and the need for innovative strategies to address the issue (Gibbs et al., 2014; Gibbs et al., 2015; Hickle & Roe-Sepowitz, 2014). This study has contributed to both anthropological and public health literature on domestic minor sex trafficking. I agree with Dyer et al. (2012) that an applied anthropological perspective is critical to the study of trafficking. Drawing on training from both disciplines, I was able to serve as a cultural broker, identifying stakeholders across the state, navigating the myriad of agencies, and strengthening the community of professionals working with the CSEC population through tool production. Further, I conclude that it is necessary to be critical of labeling children and youth as victims because they have their own experiences and agency (Agustin, 2007; Jeffery & Candea, 2006); we as researchers or practitioners should not reduce them to passive subjects but allow them to speak for themselves however possible.

I recognize that since the passing of the FSHA the state has been working downstream of the issue and overlooking the root causes. If we, as a community of researchers, applied social scientists, and professionals, shift our focus towards structural violence (Farmer, 2004; Galtung, 1969) and the multitude of circumstance that increase vulnerability this will likely lead to innovative strategies of prevention. Additionally, I have framed sex trafficking as a health issue as opposed to a social or moral concern in order to motivate the state and the public to consider the need for increased mental health, sexual and reproductive health, and substance abuse services for girls, boys, and LGBTQ youth.

It is my intention to offer suggestions that may improve the current systems and procedures affecting the CSEC population in some capacity and those professionals who work
with them. The state cannot effectively offer these children an alternative future if it is not appropriately prepared. It is clear that organizations across the state are excelling at identification; however, if adequate services are not in place than the state is ultimately failing these children. As a civil society member noted, we cannot prosecute this issue away, rather it requires a multifaceted approach. The following should be considered in amending existing CSEC legislation so that the state may better serve this population.

**Comprehensive Staffing**

The Florida Safe Harbor Act of 2013 requires a sexually exploited child six years or older to be assessed for safe house placement. Such assessment should include current and historical information of the child from law enforcement reports, psychological and psychiatric evaluations, therapists’ notes, guardian ad litem documentation, and any other information from a professional who has had contact with the child. This assessment should occur in the form of a comprehensive staffing. Once a child is identified as commercially sexually exploited the key players must come to the table to determine the best plan for each child. Child Protective Investigators (CPI), law enforcement, local community based care agencies (CBC), guardian ad litem (Galtung), attorney, therapist or counselor, and residential placement representatives should be among those at the staffing. The staffing should address the risk of runaway behavior, the risk of recruiting other youth into the life, level of attachment to third party trafficker (exploiter), level and type of trauma endured, nature of the child’s interactions with law enforcement, length of time exploitation occurred, and the extent of substance use and abuse (Committee on Children, Families, and Elder Affairs, 2014). At this time, residential placement should be determined. If no identified CSEC beds are available, the team should arrange services
for the child at traditional placements. This holistic approach to a child’s assessment does happen in some cases but we need to move towards mandating this process for every child.

Secure Assessment Facility

Traffickers use various forms of manipulation and control including grooming techniques (Leitch & Snow, 2013) in which they target youth’s vulnerabilities and create bonds based on those needs. Minors are often conditioned to reject assistance and revert back to the life they know on the streets. This conditioning encourages runaway behavior. Safe houses as described in the FSHA and HB 7141 (Ch. 2014-224) are not lockdown placements. Most placements in Florida are considered at-will, meaning that if a child desires to runaway staff can only use de-escalation techniques to prevent the run.

Lockdown facilities can assist to stabilize a child. Currently the secure facilities in Florida are operated through the Department of Juvenile Justice or mental health institutions. Florida must work towards establishing a non-delinquency, secure, lockdown facility for minors. The FSHA intends to decriminalize these children and rather recognize their victimization and offer services. Since the passing of the legislation, law enforcement is prohibited from arresting minors on prostitution charges (Florida Safe Harbor Act of 2013). Many acknowledge the need to remove a child from an unsafe environment. A secure facility where no charges need to be filed could serve as an intermediate until appropriate residential placement is secured. The facility would allow CPIs, law enforcement, forensic interviewers, local CBCs, GALs, and other key actors access to the child and could host the aforementioned comprehensive staffing.

A child should be placed in the secure facility upon (a) removal from trafficker/exploitation; (b) persistent runaway behavior (three or more incidents); (c) continual substance abuse; (d) exhibiting violence towards other youth and/or staff of residential
placements. A stay should not be less than seven days and not exceed thirty days. During this time, a child should be properly assessed using the approved intake tool. If the child has a history of substance abuse and is believed to be under the influence, inpatient services should be provided at the facility. Substance abuse counselors shall work with the rest of the child’s team in order to determine a plan for outpatient services upon change in placement.

This secure assessment facility shall be designed to stabilize, prepare for long-term placement, and prepare for court cases. It shall in no way be punitive. This facility will serve the CSEC population without burdening the juvenile justice system and court system with inappropriate placement, treatment, and expungement of records.

**Drop-In Center in Tampa Bay**

Safe houses and safe foster homes as established through the FSHA are only one component on a continuum of care. While they serve as short-term placements for some, they are not an appropriate fit for every DMST child. A drop-in center could reach five times as many children as a residential program for roughly half the annual budget (Personal communication, May 4, 2015). Residential programs operate on a half-a-million-dollar budget, making a drop-in center the more economical choice at $250,000. This recommendation is modeled after Kristi House Project GOLD Drop-in Center in Miami, Florida.

A drop-in center should be established in the Tampa Bay area due to its high instances of DMST cases. A central location can serve youth in Hillsborough, Pinellas, Pasco, Polk, and Manatee counties. It should be funded through the local CAC in order to serve non-dependent, dependent including runaways, and homeless youth. Since it will not be a residential placement it will not need to be licensed through DCF and thus offers increased flexibility. The center should provide beds for temporary emergency shelter. Basic needs can be met through offering meals,
showers, fresh clothes and laundering services. The center shall offer a variety of programs and monetary incentives for participation in the services. This will hopefully deter youth from engaging in survival sex for money or goods (Latimer, n.d.).

Individual and group trauma informed therapy should be offered several times a week. It may also be helpful to organize a survivor’s support group, which promotes self-identification and coping skills. Arts and crafts is another way to achieve therapeutic self-expression (McEachran, n.d.), it should available as a recreational activity.

This population often lacks access to health care, specifically sexual and reproductive health. The center can help fill this gap by offering sexual education, over the counter contraceptives, and by partnering with an OB/GYN that can offer medical services. Drop-in centers can address substance abuse issues through outpatient services, clinic referrals, and narcotics anonymous. The center can partner with existing drug rehabilitation programs such as Phoenix House, Florida.

The Center should strive to develop youth’s life management skills in order to prepare them for independent living. Life management skills should be taught through module-based workshops such as: (a) Managing Money, (b) Employability Skills, (c) Nutrition and Cooking, (d) Independent Living Skills, (e) Healthy Relationships, (f) Parenting Skills, (g) Hygiene, (h) Environmental Responsibility, (i) Exploring Educational Opportunities, and (j) First Aid and CPR.

While educational information is given in a life management skills module, the center should have a more intensive program to address the unique and varied educational needs of this population. Information regarding options, opportunities, and scholarships shall be readily available. This is to include GED programs, high school, credit recovery, trade schools, and
community colleges. The center should provide enrollment assistance as well as guidance counselors to advise students. Tutoring services should be offered for middle and high school curriculum as well as test preparation.

When appropriate the center should provide transportation to youth in the community who wish to seek/attend services. Transportation could be offered to/from court appearances, medical appointments, school, and other instances where regular and reliable transportation may not be available. The Center should work closely with local CBCs in order to be familiar with the CSEC population, referrals, training etc.

**Funding and Training**

The Safe Harbor Act states that sexually exploited children need (a) counseling, (b) health care, (c) substance abuse treatment, (d) educational opportunities, and (e) safe environments (Florida Safe Harbor Act of 2013). Until recently most organizations have relied heavily on private grants in order to offer these services. On Monday, June 27, 2016 Governor Rick Scott announced that the state is investing 6.8 million dollars into safe houses and human trafficking programs (WCTV Eyewitness News, 2016). There are seven recipients to this funding as well as an additional 2.3 million dollars to expand PACE Center for Girls, a statewide program that offers alternative education, counseling, transition services, and service learning opportunities (WCTV Eyewitness News, 2016). This is a great step in improving direct services for the population although the state and local agencies may need to consider adding/adjusting funds for training professionals into their budgets. The State should increase training for all individuals and agencies that address child welfare needs of the CSEC population. The FSHA lists these as runaway and homeless youth program providers, probation departments, community-based care agencies, social services, guardian ad litem programs, public defenders,
state attorney’s office, child advocates, healthcare professionals and service providers. While the general information regarding the population should remain the same there is no uniform curriculum that will properly prepare each of these stakeholders. Training and practice should be tailored to address the needs of each actor. The State should ensure that each district of Florida has sufficient experts that are able to train all necessary parties in their area.

Hillsborough County Sherriff’s Office has been training first responders on the signs and identification techniques for CSEC. It is important to continue this inter-agency/department collaboration across the state. Another group that needs immediate training is health professionals, specifically pediatric nurses and emergency department staff. Medical and public health students should be exposed to this issue when in school so that the next generation of health professionals is familiar with CSEC.

Various law enforcement agencies have offered training to their employees but it is not consistent. In 2011, Dickey called for the state to mandate an eight-hour training session for all law enforcement officers, new recruits to veterans, to educate them on ways to approach and investigate human trafficking cases. I agree that Florida should provide funding for continued law enforcement training. If it is not made mandatory it should at least be incentive based training. The FSHA has encouraged a new definition of these children; however, in order to prevent youth from falling through the cracks, we must properly educate law enforcement at various levels on victimization and appropriate ways to address this population.

**Service Expansion**

The preceding chapter discussed various services that exist, the barriers to connection youth to these services, remaining gaps, and best practices in service provision. If the state establishes more appropriate funding streams, we can collectively work towards establishing the
necessary services. Further, I recommend analyzing existing best practices in Florida and other states and conducting more evidence-based research with populations affected by sex trafficking. This will serve to improve the existing social services across the state in becoming more CSEC prepared. It is critical that we build more inter-agency collaboration in order to serve all subsets of the CSEC population including non-dependent, male, LGBTQ, and homeless youth.
REFERENCES


Committee on Children Families and Elder Affairs. (2014). *Bill analysis and fiscal impact statement for SPB 7088*. Florida Senate


Florida Safe Harbor Act of 2013, § Ch 2012-105 7(6).


Kretzmann, J. P., & McKnight, J. (1993). *Building communities from the inside out: A path toward finding and mobilizing a community's assets.* Chicago: The Asset-Based Community Development Institute, Institute for Policy Research, Northwestern University.


APPENDIX A:

TERMINOLOGY

Child Advocacy Center (CAC) - A children’s advocacy center is a child-focused, facility-based program in which representatives from many disciplines, including law enforcement, child protection, prosecution, mental health, medical and victim advocacy, and child advocacy work together to conduct interviews and make team decisions about investigation, treatment, management, and prosecution of child abuse cases.

Child Protective Investigator (CPI) – conducts investigations regarding allegations of abuse, neglect, abandonment, and/or special conditions for children. They work closely with law enforcement and in some counties work under Sheriff’s offices. They collect information through observation and interviews with the children, parents, relatives, neighbors, and other parties associated with the case, as well as analysis of criminal, past service history, and other records. They help identify needs and determine the level of intervention needed to include voluntary services or court-ordered dependency services. They manage and modify safety plans as necessary during the course of the investigation. They notify state attorney, law enforcement, child protection teams, and other required individuals as appropriate as well as schedule and gather information for and participates in case staffings.
Commercially Sexually Exploited Child (Commercial Sexual Exploitation of Children) – comprises sexual abuse and remuneration in money, goods, or services to the child for the sexual use of a child. The child is commodified and exploited through street prostitution, pornography, stripping/exotic dancing, escort services, private parties, gang-based prostitution, interfamilial exploitation and internet-based sex services.

Community-Based Care (CBC) - This restructuring of Florida’s Department of Children and Families combines the outsourcing of foster care and related services to competent service agencies with an increased local community ownership of service delivery and design. This statewide reform intends to increase accountability, resource development, and system performance. CBCs negotiate and contract with local, non-profit agencies to provide child welfare services in communities for children who have been abused, neglected, abandoned and/or sexually exploited.

Community kids – Children in the care of parents or a family member. They are not wards of the state and, therefore the Department of Children and Families is not responsible for them.

Department of Children and Families (DCF) – For the purposes of this thesis, I am referring to the Florida Department of Children and Families, specifically. The Department offers many programs and services, including community-based care, child welfare, children’s legal service and foster care.
Department of Homeland Security (DHS) – DHS, in addition to the FBI, handles domestic minor trafficking cases.

Department of Juvenile Justice (DJJ) – The Florida Department of Juvenile Justice’s mission is to increase public safety by reducing juvenile delinquency through effective prevention, intervention, and treatment services.

Dependency – This term is used when a child is removed from parental care and placed in the care of the state.

Domestic Minor Sex Trafficking (DMST) – is the commercial sexual abuse and exploitation of minors through buying, trading, selling, or facilitating the sale of their sex acts. DMST involves American-born and lawful permanent residents, who are used in the commercial sex industry and are under the age of 18 at the time of victimization.

Guardian ad Litem (Galtung) – a program designed to advocate for Florida’s abused, abandoned, and neglected children.

Human Trafficking Screening Tool (HTST) – this tool was developed by Florida’s Department of Children and Families and other agencies to comprehensively assess minors for potential forced labor, wage theft, sexual exploitation, and/or gang affiliation.
**John** – A colloquial term used to describe an individual who purchases/trades sex for money or goods. While buyers are most often men, women purchase sex as well.

**Safe Foster Home** – Placement with foster parents who are specifically trained of the needs of CSEC population.

**Safe House** – A living environment that has set aside gender-specific, separate, and distinct living quarters for sexually exploited children, who have been adjudicated dependent or delinquent and need to reside in a secure residential facility with staff members who are awake 24 hours a day.

**Shelter(d)**- To remove a child from parental care and place them with child welfare.

**The Life** – The subculture of prostitution, including the rules, hierarchy, authority, language, and structure.

**Trafficker (Exploiter)** – A person who buys, sells, or trades a person for sexual exploitation. Traffickers may be familial or non-familial persons and may be referred to as third party trafficker.

**Trafficking Victims Protection Act (TVPA)** – This Act was enacted in 2000 and reauthorized in 2008 by the US Congress. It provides the tools to combat trafficking in persons both worldwide and domestically. The Act authorized the establishment of an office and task force to monitor and combat human trafficking and assist in the coordination of anti-trafficking efforts. See TVPA section of the thesis for more detail.
**Trauma Informed Care (TIC)** – is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. It emphasizes physical, psychological, and emotional safety in order to help build a sense of control and empowerment.
APPENDIX B:  
INTERVIEW GUIDE PHASE I

Redefining Sex Trafficking of Domestic Female Minors through Florida Safe Harbor Act

Primary Investigator: Brianna O’Steen

These questions may be reworded or asked in a different order to appropriately correspond to each interview.

1. What is your position/job title? How long have you held the position? What is your background and training?

2. How did you first get involved with the CSEC population, and why? How are you currently involved with the CSEC population?

3. What do you know about specific programs in place for these victims and their special needs?
   a. Are these programs perceived to be successful in terms of severing the child’s relationship with her exploiter?
   b. What is the frequency of runaways and other critical incidents?
   c. What is the level of recruitment into the ‘life’ by girls in these placements?
   d. How are the girls progressing through the stages of recovery?

4. What other programs or alternative forms of rehabilitation are needed, in your opinion?
5. What is the average age range of the domestic minor sex trafficking victims you have encountered?

6. What is the racial/ethnic breakdown of these girls?
   a. Do you perceive there to be a correlation between victim’s socioeconomic status and victimization?

7. What geographic areas of Florida are these girls from and where are they discovered?

8. Do you use initial screening and assessment instruments to identify youth as sexually exploited/trafficked?
   a. Who developed the initial screening and assessment instruments you use (DCF, other agency, in house)?
   b. Do you think these instruments are effective? Why or why not?
   c. How would you suggest improving the instruments?

9. Are you aware of any rules and requirements that have been developed regarding the use of screening and assessment instruments and the reporting of data collected through them?
   a. What effect have these changes had?

10. What reports (evaluations and treatment plans) are due to DCF by residential placement and when?
    a. 5 days for therapy evaluation?
    b. 10 days for treatment plan?

11. Once identified as victims of commercial sexual exploitation, what is your understanding of the next step in processing the minors?
    a. Where are they placed?
b. What about sexually exploited girls not in foster care system that cannot be placed in safe houses provided under FSHA and HB 7141?

12. Have safe houses and other foster placements evolved to better serve the CSEC population? If so, describe.

13. What do you see as biggest limitations/greatest needs in your work with this population?
   a. What are the legal restrictions on providing care to minors?

14. Previously, it has been often argued that arresting minors for prostitution was the only, or the best, way to protect them and physically remove them from unsafe environments. Do you feel that the Florida Safe Harbor Act has effectively offered alternatives to the arrest to protect practice?

15. What is meant by “specialized intensive training” as mentioned in the Florida Safe Harbor Act (HB99)?

16. Who, which professionals, must undergo this “specialized intensive training?”
   a. Have you been able to receive any CSEC specific training/information? If so, how?

17. What common challenges do you face in fulfilling protocols?

18. Overall, how has the passing of the Florida Safe Harbor Act affected your work?

19. Can you identify best practices/positive examples from programs going on in other states or countries as a comparison to Florida?
APPENDIX C:
INTERVIEW GUIDE PHASE II

Redefining Sex Trafficking of Domestic Female Minors through Florida Safe Harbor Act

Primary Investigator: Brianna O’Steen

These questions may be reworded or asked in a different order to appropriately correspond to each interview.

1. What is your position/job title? How long have you held the position? What is your background and training?

2. Have you been able to receive any CSEC specific training/information? If so, describe?
   a. Has your training included information on community kids?

3. How did you first get involved with the CSEC population, and why?
   a. How are you currently involved with the CSEC population?

4. In your work, have you encountered community kids who have been sexually exploited?

5. Are they typically sheltered or do they remain in familial custody?

6. What are common procedures/protocols when handling a new non-dependent case?

7. Are CSEC community kids identified in the same ways as dependent children?
   a. Are instruments or tools, such as Intervene used?

8. What do you know about specific programs in place for these victims and their special needs?
9. Do you know of any existing services for community kids? If so, describe.

10. What are the barriers to securing services for community kids?
   a. Legal barriers?
   b. Funding?

11. What other programs or services are needed, in your opinion?
   a. For dependent children?
   b. For community kids?

12. If a community kid’s parent/guardian cannot be located is there an emergency placement plan?

13. What do you see as the biggest limitations/greatest needs in your work with community kids?

14. Does the Florida Safe Harbor Act or other legislation acknowledge the needs of community kids similarly to dependent children?

15. Previously it was reported by the FBI that 70% of the CSEC population was already in the child welfare system and 30% were community kids. Since the passing of the FSHA, have you seen a shift?

16. Can you identify best practices/positive examples of providing care to sexually exploited community kids either within Florida or elsewhere?

17. If possible, what would you change about the ways dependent and/or non-dependent CSEC cases are handled?

18. Do you have any questions for me?
APPENDIX D:

INTERACTIVE MAP
APPENDIX E:

IRB APPROVALS
11/24/2014

Brianna O'Steen, B.A.
Anthropology
4202 East Fowler Ave
Tampa, FL

RE: Expedited Approval for Initial Review
IRB#: Pro00019795
Title: Redefining Sex Trafficking of Domestic Female Minors through Florida Safe Harbor Act

Study Approval Period: 11/18/2014 to 11/18/2015

Dear Ms. O'Steen:

On 11/18/2014, the Institutional Review Board (IRB) reviewed and APPROVED the above application and all documents outlined below.

Approved Item(s):
Protocol Document(s):
Redefining Sex Trafficking of Domestic Female Minors through Florida Safe Harbor Act Protocol

Consent/Assent Script(s):
Redefining Sex Trafficking of Domestic Female Minors through Florida Safe Harbor Act Verbal Informed Consent

It was the determination of the IRB that your study qualified for expedited review which includes activities that (1) present no more than minimal risk to human subjects, and (2) involve only procedures listed in one or more of the categories outlined below. The IRB may review research through the expedited review procedure authorized by 45CFR46.110 and 21 CFR 56.110. The research proposed in this study is categorized under the following expedited review category:

(6) Collection of data from voice, video, digital, or image recordings made for research purposes.

(7) Research on individual or group characteristics or behavior (including, but not limited to,
research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

Your study qualifies for a waiver of the requirements for the documentation of informed consent as outlined in the federal regulations at 45CFR46.117(c) which states that an IRB may waive the requirement for the investigator to obtain a signed consent form for some or all subjects if it finds either: (1) That the only record linking the subject and the research would be the consent document and the principal risk would be potential harm resulting from a breach of confidentiality. Each subject will be asked whether the subject wants documentation linking the subject with the research, and the subject’s wishes will govern, or (2) That the research presents no more than minimal risk of harm to subjects and involves no procedures for which written consent is normally required outside of the research context.

As the principal investigator of this study, it is your responsibility to conduct this study in accordance with IRB policies and procedures and as approved by the IRB. Any changes to the approved research must be submitted to the IRB for review and approval by an amendment.

We appreciate your dedication to the ethical conduct of human subject research at the University of South Florida and your continued commitment to human research protections. If you have any questions regarding this matter, please call 813-974-5638.

Sincerely,

[Signature]

John Schinka, Ph.D., Chairperson
USF Institutional Review Board
APPENDIX F:

HUMAN TRAFFICKING SCREENING TOOL
Human Trafficking Screening Tool (HTST) Instructions

This guide\(^1\) is designed to help child welfare and delinquency professionals screen for possible youth victims of human trafficking. The tool, in its entirety, should be used by the Department of Children and Families’ Child Protective Investigators, the Sheriff’s Offices Child Protective Investigators and Community-Based Care Lead Agency staff or their contracted providers as outlined below. Human trafficking may be suspected for a number of reasons.

Department of Children and Families

The following indicators will trigger Child Protective Investigators (CPI) to conduct the HTST with a child or victim listed in their report. Only staff who have completed the Specialized Human Trafficking training may complete the tool. A non-specialized CPI who recognizes any of the below indicators on a child or victim in an investigation is to request a specialized CPI to administer the screening tool. If the child is a current confirmed victim of human trafficking (within 6 months) and a new intake is received, the HTST does not need to be administered on that child unless needed to enhance the investigation.

Community-Based Care Lead Agencies

When a child on a Family Case Manager’s (FCM) caseload has any of the following indicators, the FCM will refer the child to the Community-Based Care Lead Agency’s designated specialized screener to conduct the HTST. If a dependent child already has a current designation in FSFN as confirmed commercially sexually exploited child (CSEC) involved on the person management page, the HTST does not need to be utilized on that child.

Indicators:

- Youth’s acknowledgement of being trafficked.
- Report of human trafficking by parent/guardian, law enforcement, medical or service provider, teacher, child protective services, and/or juvenile probation officer.
- History of running away or getting kicked out 4+ times.
  
  \(\text{Definition of running away or getting kicked out of home: Include times the youth did not voluntarily return within 24 hours, and include incidents not reported by or to law enforcement.}\)
- Child is 12 or older and has a history of allegations of sexual abuse (with or without findings) or a disclosure of sexual abuse by the child.
- Current incident or history of inappropriate sexual behaviors (not limited to prostitution).
- Child known to associate with confirmed or suspected CSEC youth.
- Child is recovered from runaway episode in a hotel or known area of prostitution.
- Child has no knowledge about the community he/she is located in.
- Child is not allowed or unable to speak for him/herself and may be extremely fearful.
- Child has no personal items or possessions (including identity documents if foreign born - labor trafficking.)
- Child appears to have material items that he or she cannot afford (e.g. cell phones, expensive clothing, tablets, etc.)
- Child shows signs of being groomed (i.e. hair done, nails done, new clothing, etc. that child cannot afford or justify how paid for.)

---

\(^1\) The contents of this guide and the screening tool were informed by the research and reporting of the Vera Institute (2014) Screening for Human Trafficking: Guidelines for Administering the Trafficking Victim Identification Tool (TVIT), the Polaris Project (see www.PolarisProject.org), and the Covenant House (2015) Human Trafficking Interview and Assessment Measure.
Human Trafficking Screening Tool | Administration Guide

- Suspicious tattoos or other signs of branding (e.g., tattoos of the trafficker’s names, dollar signs, diamonds, stars, etc. May also have certain designs/logos on nails, jewelry, etc.)
- Child associates and/or has relationships with age-inappropriate friends, boyfriends, and/or girlfriends.
- Child has inappropriate, sexually suggestive activity on social media websites and/or chat apps.

To ensure that the tool is administered effectively, all screeners should follow the screening protocol set forth in this guide. It is important for screeners to understand that questions designed to screen for human trafficking are invasive by nature and may reveal that a youth is suffering from the effects of exposure to trauma. As such, screeners must take care to create a safe environment in which they establish rapport and trust with the youth. Additionally, screeners should be prepared to call upon therapeutic and legal staff in responding to the needs of trafficking victims.

Youth may be reluctant to respond due to a lack of trust, fear of consequences related to disclosure, and/or not viewing themselves as a victim. Strengths-based, non-judgmental, and trauma-informed approaches should be used to engage youth in a conversation to secure answers to the questions within the tool, rather than reading items verbatim. Motivational interviewing techniques may also be used to gently question inconsistencies and encourage disclosure. The guidelines that follow provide instruction for following the screening protocol for administering the HTST and should be adhered to each time a screening is conducted.

HTST Screening Protocol

Screening Preparation

The screening should be conducted in a safe and non-threatening environment. Screeners should be well-prepared, should be comfortable working with victims of trauma, and should recognize the need to ask questions in an appropriate manner that is sensitive to the needs of youth. The following guidelines should be followed when preparing to conduct a HTST screening:

 располагать

 располагать

 располагать

 располагать

 располагать

 располагать

 располагать

 располагать

 располагать

 располагать

 располагать

 располагать

 располагать

 располагать

 располагать

 располагать

 располагать

 располагать

 располагать

 располагать

 располагать

 располагать

 располагать

 располагать

 располагать

 располагать

 располагать

 располагать

 располагать

 располагать
Recognize that dressing in uniforms, suits, or other formal attire may cause youth to fear that you are with immigration services or other enforcement agencies.

Use strengths-based and trauma-informed care approaches during the screening, allowing youth to lead the direction of the conversation.

The screening process may need to take place over multiple contact points if the screener judges that the youth needs more time. The screener may postpone the discussion to a later time when the youth is ready to discuss his/her experiences. When a youth displays acute signs of anxiety, the screener should consider contacting a trained mental health professional to complete a session with the youth.

The screening tool contains a number of techniques used to help screeners administer the tool properly. Screeners should be familiar with these techniques which include the following:

Instructions to screeners are provided in the HTST in *italics* throughout the tool. These instructions guide screeners to sub-questions that may need to be asked, sections that require information to be filled in, and questions that include prompts for further explanation.

Introductory comments and questions to youth are in **bold** *typeface*. Introductory comments should be read to the youth. Screeners should use a conversational approach to secure answers to the HTST questions, being sensitive to the needs of youth who may be suffering from the effects of exposure to trauma.

Sections A, B, H, and I are preceded with the instruction — *(DO NOT READ TO YOUTH)* — these sections are intended to be completed by the screener and not asked of the youth.

Please use the lines provided within the tool to record youth’s responses to open-ended questions or any additional information that has been disclosed to you that is specific to your determination of the child’s involvement.

At the end of selected questions, you will see this symbol ✧ which asks that screeners code for the likelihood that the youth’s responses suggest any evidence of the problem targeted by the preceding item(s). An example is provided below:

✧ Evidence of Unsafe Living Environment: *(Check* one*) Yes_____ No_____
Human Trafficking Screening Tool | Administration Guide

Item-by-Item Guide for Administering the Tool

Section A is to be completed by the screener and not asked of the youth.

Section A – Background Information

1. Date of Screening: ___ / ___ / ___ (MM/DD/YYYY)

2. Location of screening: ________________________________

3. Screener Name: ________________________________

4. Reason for Screening: (Check all that apply)
   - Youth’s acknowledgement of being trafficked.
   - Report of human trafficking by parent/guardian, law enforcement, medical or service provider, teacher, child protective services, and/or juvenile probation officer.
   - History of running away four or more times, or getting kicked out. (Definition of running away or getting kicked out of home: Include times the youth did not voluntarily return within 24 hours, and include incidents not reported by or to law enforcement.)
   - Child is 12 or older and has a history of allegations of sexual abuse (with or without findings) or a disclosure of sexual abuse by the child.
   - Current incident or history of inappropriate sexual behaviors (not limited to prostitution.)
   - Child known to associate with confirmed or suspected CSEC youth.
   - Child is recovered from runaway episode in a hotel or known area of prostitution.
   - Child has no knowledge about the community he/she is located in.
   - Child is not allowed or unable to speak for him/herself and may be extremely fearful.
   - Child has no personal items or possessions (including identity documents if foreign born - labor trafficking.)
   - Child appears to have material items that he or she cannot afford (e.g. cell phones, expensive clothing, tablets, etc.)
   - Child shows signs of being groomed (i.e. hair done, nails done, new clothing, etc. that child cannot afford or justify how paid for.)
   - Suspicious tattoos or other signs of branding (e.g. tattoos of the trafficker’s names, dollar signs, diamonds, stars, etc. May also have certain designs/logos on nails, jewelry, etc.)
   - Child associates and/or has relationships with age-inappropriate friends, boyfriends, and/or girlfriends.
   - Child has inappropriate, sexually suggestive activity on social media websites and/or chat apps.

5. Mode of Screening:
   - Interview completed without need for an interpreter.
   - Interview completed with the assistance of a certified interpreter.
   - Interpreter needed, but unavailable
Section B is to be completed by the screener and not asked of the youth.

Section B – Demographic Information

6. Youth’s Name: ________________________________

7. FSFN Child ID #: ________ ________ ________ ________

8. Intake #: ________ ________ ________ ________

9. DCF FSFN case ID #: __________________________

10. SSN (last four digits): ________ ________ ________

11. Sex: ______

12. Race/Ethnicity: ________________________________

13. Preferred Language: ____________________________

Begin the screening by reading the following introductory comments to the youth:

This is an interview to better understand your current situation and experiences. I will be asking you questions about yourself. Try to be as honest as you can. This might be a difficult conversation. You do not have to answer anything you don’t want to answer. You can take a break at any time, ask to finish at a later time, or stop the session. I want you to know that you can trust me and that your safety is my priority. The only individuals who will have access to the information you provide are professionals who are working to help you. Before we get started, do you have any questions?

Section C – Youth Personal Background

I’d like to begin with some general questions about you and your personal background.

14. What is your date of birth? ______ / ______ / ______ (MM/DD/YYYY)

14a. (If youth does not know, ask): Approximately how old are you? __________________________

15. Where were you born? ________________________________

16. What city do you currently live in? ________________________________

16a. (DO NOT READ TO YOUTH) Was youth arrested outside the city in which he/she resides?

○ No
17. Do you go to school?
   - No (If 'no,' skip to item 18)
   - Yes (If 'yes,' proceed to item 17a below)
   - Refused to answer

17a. Where do you go to school? (Fill in. If school entered, ask item 17b)

17b. How many days have you attended school in the last two weeks?
   - 0 days
   - 1-5 days
   - 6-10 days
   - Not applicable/school not in session

Section D – Living Conditions

Next, I'd like to talk to you about where you live and the people you live with.

18. So, tell me about your current living situation. What type of place do you live in?
   (Screener may prompt the youth by listing examples from below) (Check all that apply)
   - House
   - Apartment
   - Group/foster home
   - Car/van
   - Shelter
   - Rehabilitation facility
   - Hotel or motel
   - Part of a residence – garage, basement, shed
   - Squat
   - Traveling/in-between residences
   - Homeless
   - Refused to answer
   - Other (Fill in)

19. Who lives with you? (Check all that apply)
   - Father
   - Mother
   - Both parents
   - Guardian
20. Do you pay for where you live?
   - No (If ‘no,’ skip to Item 26)
   - Yes (If ‘yes,’ ask Item 25a below)

20a. **How do you pay for where you live?** *(Check all that apply)*
   - Parents/relatives
   - Friends
   - Romantic partner
   - Myself through employment/job
   - Myself through selling drugs
   - Myself through stealing
   - Myself through engaging in sexual acts for money/material gain
   - Panhandle/beg
   - Refused to answer
   - Other *(Fill in)*

21. Have you ever had any contacts or visits from the Department of Children and Families? *(Note, youth may use other terminology including HRS, CPS, CBC, and/or The State)*
   - No
   - Yes
   - Refused to answer

> **Evidence of Unsafe Living Environment:** *(Check one)*  Yes____ No_____

**Section E – Work Information**

Now, I'd like to ask you some questions about work situations. What I mean by “work” is anything you have done where you have received something of value, like money, food, clothing, a place to stay, drugs, or gifts, in exchange for your efforts. This could include a more typical job like working at a fast-food restaurant or store, but may also include things that some kids have to do to survive when away from their homes, anything where you were given something of value for your efforts. So, your boss may have been a typical employer or may have been a family member, friend, boyfriend or girlfriend, or someone you lived with or had a relationship with.
22. So, do you have a job or did you have one before coming here?
   ○ No ("If no, skip to Item 35")
   ○ Yes ("If yes, continue to Item 23 below")

23. What type of work do you do? (Check all that apply)
   □ Agricultural/farm work
   □ Housekeeping/janitorial work
   □ Door-to-door sales
   □ Restaurant work
   □ Construction
   □ Retail
   □ Nails/hair
   □ Massage
   □ Personal dancing, stripping, or similar activity
   □ Refused to answer
   □ Other (Fill in) ____________________________

24. How much money do you make an hour? (Screener may ask relative to the minimum wage rate)
   ○ Below minimum wage (Minimum wage is $8.05/hour in Florida)
   ○ At or above minimum wage but less than $15 an hour
   ○ $15-$25 an hour
   ○ More than $25 an hour
   ○ Does not know
   ○ Refused to answer

25. Does your boss or supervisor owe you money?
   ○ No
   ○ Yes
   ○ Refused to answer

26. Do any of your family members owe your boss money?
   ○ No
   ○ Yes
   ○ Refused to answer

   Screener may prompt for something else that is owed like a favor, house, property, or land

27. Have you ever worked or done something for your boss without getting the payment that you thought you would get?
   ○ No ("If no, skip to Item 33")
   ○ Yes ("If yes, ask Item 32a through Item 32c below")
O Refused to answer

27a. What kind of work was it? ____________________________

27b. What payment did you expect? ____________________________

27c. What did you receive? ____________________________

☞ Evidence of Deceptive Payment Practices: (Check one)  Yes_____ No_______

28. Do you live and work at the same place?

  O No
  O Yes
  O Refused to answer

29. Can you quit or could you have quit your job at any time without punishment from your boss or supervisor?

  O No
  O Yes
  O Refused to answer

☞ Evidence of Forced Labor: (Check one)  Yes_______ No_______

30. So, do you currently have a boyfriend or girlfriend?

  O No (If ‘no,’ skip to Item 21)
  O Yes (If ‘yes,’ ask Item 20a and Item 20b below)
  O Refused to answer

  30a. How old is he/she?

    O Less than 10 years old
    O 10 to 15 years old
    O 16 to 17 years old
    O 18 to 21 years old
    O 22 years or older
    O Refused to answer

  30b. How did you meet?

    O Through a friend
    O At school
    O Through a family member
    O Online (Facebook, Internet, game console)
32. Do you get on the Internet, Wi-Fi, or use phone or tablet apps?

- No (If ‘no,’ skip to item 19)
- Yes (If ‘yes,’ ask item 18a below)
- Refused to answer

32a. What kind of sites or apps do you use? (Check all that apply)

- Twitter
- Instagram
- Snapchat
- Online game chat
- Instant messaging
- Facebook
- Tinder
- Craigslist
- Backpage
- Other apps or sites (fill in) ______________________
- Refused to answer

33. Have you ever agreed to meet someone you met online or through the Internet or through a phone app?

- No
- Yes (If ‘yes,’ prompt by saying, Tell me more about that.)
- Refused to answer

Evidence of Unsafe Online Activity: (Check one) Yes_____ No_____

34. Do you have any tattoos?

- No (If ‘no,’ skip to item 22)
- Yes (If ‘yes,’ ask item 21a through item 21c below)
- Refused to answer or responded no, but staff observed tattoos (If selected, ask items 21a through 21c below)
34a. What is the tattoo(s)? (Screener may respond to this item based on youth response and/or based on observation of the tattoo.) (Check all that apply.)

☐ Dollar/currency sign, money bags
☐ Star/heart
☐ Male name
☐ Female name
☐ Nickname or street name
☐ Refused to answer
☐ Other (Describe) ________________________________

34b. What does your tattoo(s) mean? (Check all that apply)

☐ Family connection
☐ Personal meaning (Fill in) ________________________________
☐ Romantic partner’s name
☐ Gang-related
☐ Suspected trafficker’s name/initiais
☐ Forced branding/ownership
☐ No meaning
☐ Don’t know the meaning
☐ Refused to answer
☐ Other (Fill in) ________________________________

34c. Who was with you when you got your tattoo(s)? (Check all that apply)

☐ Family member
☐ Friend
☐ Romantic partner
☐ No one
☐ Suspected trafficker
☐ Gang member
☐ Refused to answer

☐ Other (Fill in) ________________________________

35. Do you have any scars or brands that were made intentionally, not from an accident or injury? (Screener should respond based upon youth answer and/or observation of visible scars)

☐ No (If ‘no,’ skip to item 23)
☐ Yes (If ‘yes,’ ask Item 22a)
☐ Refused to answer
☐ Screener observes mark(s), but youth denies mark(s) made intentionally
35a. Who was with you when you got your brand(s) or when you received the scar?  
(Check all that apply)  
☐ Family member  
☐ Friend  
☐ Romantic partner  
☐ No one  
☐ Suspected trafficker  
☐ Gang member  
☐ Refused to answer  
☐ Other (Fill in) ________________________________

Evidence of Forced Tattooing/Branding: (Check one) Yes _______ No _______

Section F – Leaving or Running Away from Home

I'd like for you to think about the past 12 months and times when you have been away from home.

36. Have you run away, stayed away, or left your home without permission in the past year?  
☐ No (if 'no,' skip to Item 37)  
☐ Yes (If 'yes,' ask Items 36a through 36k below)  
☐ Refused to answer

36a. How many times have you run away or left without permission?  
☐ 1 to 5 times  
☐ 6 to 10 times  
☐ 11 to 20 times  
☐ More than 20 times  
☐ Refused to answer

36b. How long were you gone the last time you left home?  
☐ 1 to 6 days  
☐ 1 to 4 weeks  
☐ 2 to 3 months  
☐ 4 months or longer  
☐ Refused to answer
Evidence of Excessive Running Away: (Check one) Yes_______ No_______

36c. Where did you go when you left? (Check all that apply)
- Friend's place
- Relative's place/other biological parent's place
- Romantic partner's place
- Motel/hotel
- Street
- Out of town
- Pro-social adult's place
- Anti-social adult's place
- Street gang
- Refused to answer

36d. While you were away, how did you support yourself? (Check all that apply)
- Family/relatives took care of me
- Friend(s) took care of me
- Romantic partner helped
- Worked (legal employment/jobs)
- Money through drugs
- Money/material gain/favors from prostitution, stripping or similar activities
- Didn't stay away long enough to need support
- Stealing
- Government assistance
- Panhandling
- Borrowed money from friends
- Trafficker/pimp
- Refused to answer
- Other (Fill in) ____________________________

36e. While you were away, were you in control of your own money?
- No
- Yes
- Refused to answer

36f. Who were you with while you were away? (Check all that apply)
- No one
- Friends
- Romantic partner
- Suspected trafficker/pimp
36g. Did that person(s) ever give you things like money, drugs or clothes?
   ○ No
   ○ Yes
   ○ Refused to answer

محاذاة:  
إذن للدعم المثير للشك أثناء الجلوس (اختار إحدى الأطراف):  
لاستمع:  
لا:  
صاخب.

36h. Did you leave town while you were away from home?
   ○ No
   ○ Yes
   ○ Refused to answer

محاذاة:  
إذن للانزلاق أثناء الجلوس:  
لا:  
صاخب.

36i. While you were away, did anyone you were with not allow you to go back home?
   ○ No
   ○ Yes
   ○ Refused to answer

محاذاة:  
إذن للإجبار أثناء الجلوس:  
لا:  
صاخب.

Sometimes, people find themselves in situations where they feel unsafe, threatened, controlled or even tricked into doing something they didn't want to do. I am going to ask you a few questions about things that might have made you feel unsafe, threatened, controlled or tricked into doing something you didn't want to do.

36j. While you were away, did you experience anything that made you uncomfortable?
   ○ No
   ○ Yes; if so, what? (Fill in)______________________________
   ○ Refused to answer

محاذاة:  
إذن للانزلاق أثناء الجلوس:  
لا:  
صاخب.

36k. Sometimes, young people who are away from home can be taken advantage of and asked to do sexual activities in exchange for something of value. These activities can include dancing, stripping, posing for photos, or sex of any kind. While you were away, did anyone ever ask you to do something like that?
   ○ No
   ○ Yes.
Evidence of Sexual Activities for Money, Support or Gifts: (Check one)  Yes_____ No_____

37. Have you or someone else received something of value like money, a place to stay, food, clothes, gifts, favors, or drugs in exchange for you performing a sexual activity?
   O No
   O Yes
   O Refused to answer

Evidence of Compensation for Sexual Activity: (Check one)  Yes_____ No_____

Section G – Sexual Exploitation/Coercion/Control

38. In thinking about your past experiences, has anyone ever locked doors or windows or anything else to stop you from leaving work or home?
   O No
   O Yes
   O Refused to answer

Evidence of Inability to Leave: (Check one)  Yes_____ No_____

39. Has anyone ever forced you to get or use false identification, like a fake ID or fake green card?
   O No
   O Yes
   O Refused to answer

Evidence of Forced Identity Deception: (Check one)  Yes_____ No_____

40. Has anyone ever pressured you to touch someone physically or sexually when you didn’t want to?
   O No
   O Yes
   O Refused to answer
41. Has anyone ever asked/made you do anything sexually that you didn't want to do?
   □ No
   □ Yes
   □ Refused to answer

42. Has anyone in your home ever done anything sexually to you that you didn't want?
   □ No
   □ Yes
   □ Refused to answer

Evidence of Sexual Exploitation: (Check one)  Yes_____  No_____

When you think about the future, what do you want to do when you get older? (Fill in)  

Screener, close out the interview by saying the following to the youth:

I want to thank you for being open with me and answering these questions. Do you have any questions, or is there anything that you would like to talk about?

Section H – Parent/Guardian Information

Section H is to be completed by the screener.

43. Did you speak with the child's parent(s) or guardian(s)?
   □ No
   □ Yes (If yes, to whom did you speak?) ________________________________

If yes, then ask parent/guardian items 44-47.

44. Does the parent/guardian report that youth has a cell phone that a third party/trafficker pays for or might be paying for?
   □ No
   □ Yes

45. Does the parent/guardian report that youth returns home from running away with hair/nails done, new clothing or money that were not provided by the parent/guardian?
46. Does parent/guardian report that youth has internet postings or text/cell phone messages that indicate youth may be exchanging sex for something of value to him/her?
- No
- Yes

47. If youth has a tattoo of someone else's name, does guardian verify this person is who youth says the person is?
- No
- Yes

Evidence of Potential Trafficking: (Check one) Yes_____ No_____

Section I – Post-Screening Assessment

Section I is to be completed by the screener.

48. Did you observe any nonverbal indicators of past victimization? (If so, explain) ________________

49. Did you observe any indicators that the youth's responses may have been false? (If so, explain)

50. Indicate the likelihood that the youth is a victim of trafficking:
- Definitely not
- Likely not
- Not sure
- Likely is
- Definitely is
51. Provide at least three reasons for your answer in Item 50:

1. 
2. 
3. 

If you answered "not sure," "likely is," or "definitely is":

For CBC staff - call the Florida Abuse Hotline at 1-800-962-2873 and schedule a Multidisciplinary Team (MDT) staffing as soon as possible or as is required by CFOP 175-14. If the child is a possible or confirmed CSEC victim, place the appropriate designation in FSFN.

For DCF staff - schedule an MDT staffing as soon as possible or as is required by CFOP 175-14. Please add the appropriate human trafficking maltreatment code to your investigation, if not already included.

Reminder: If you have personal knowledge that the youth is a victim of human trafficking, you must call the Florida Abuse Hotline.

52. What kind of service referrals, if any, will you make for the youth? (You may include MDT service referrals.)

1. 
2. 
3. 
4. 
5. 