

# **Report to Congress: The Child Welfare System Response to Sex Trafficking of Children**

**December 2018**



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

Prepared on behalf of the Children's Bureau by RTI International.

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## EXECUTIVE SUMMARY

**Background.** Sex trafficking of children is a growing public health and social justice concern. This report to Congress addresses three topics of particular relevance for efforts to prevent trafficking<sup>2</sup> of minors and respond to victimized children: (1) children who run away from foster care and their risk of trafficking victimization; (2) state efforts to provide specialized services and placements to children who are sex trafficking victims;<sup>3</sup> and (3) state efforts to reduce children’s risk of trafficking by supporting lasting connections to caring adults. Information in this report is based on research literature, published reports, state reports to the Administration for Children and Families (ACF) for federal fiscal years 2017 and 2018, state child welfare agency websites, and national data systems on children in foster care and those reported to have run away from foster care.

### Human Trafficking Defined

- ◆ Sex trafficking is a commercial sex act (as defined by the TVPA) induced by force, fraud, or coercion, *or in which the person induced to perform such act has not attained 18 years of age*; or
- ◆ Labor trafficking consists of the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

(Source: TVPA;<sup>1</sup> italics added)

**Federal Policy Context.** Two federal laws define the child welfare system’s role with respect to trafficking, consistent with the victim-centered approach defined by the Victims of Trafficking and Violence Protection Act of 2000 (Pub. L. 106-386), often referred to as the Trafficking Victims Protection Act (TVPA). The 2014 Preventing Sex Trafficking and Strengthening Families Act (Pub. L. 113-183) amended the Social Security Act to require state child welfare agencies to identify, document, and respond to children in their placement, care, or supervision who are identified as victims of sex trafficking or at risk of sex trafficking. The 2015 Justice for Victims of Trafficking Act (JVTA) (Pub. L. 114-22) amended the Child Abuse Prevention and Treatment Act (CAPTA) to require state child welfare agencies to consider any child victim of sex trafficking or severe forms of trafficking (i.e., labor trafficking) as a victim of child abuse and neglect (i.e., child maltreatment). In response to these mandates, states are redefining policy definitions of child maltreatment and implementing training, prevention, screening, and service programs.

**State Policy Context.** State Safe Harbor laws formalize the shift to treating trafficked minors as children in need of services rather than as criminals. As of 2017, more than two-thirds of states had passed laws that provide prosecutorial immunity for certain offenses, establish diversion from the justice system into the child welfare or other service systems, or both (National Conference of State Legislatures, 2017b). State laws vary in terms of which offenses are

<sup>1</sup> Division A of the Victims of Trafficking and Violence Protection Act of 2000, Public Law 106-386, is the Trafficking Victims Protection Act (TVPA), which has been amended in reauthorizations.

<sup>2</sup> The term “trafficking” refers to sex trafficking in this report, unless otherwise specified.

<sup>3</sup> Persons who have experienced trafficking may be referred to as “victims,” based on their legal status or “survivors,” in recognition of their strength and ongoing healing.

covered under immunity, requirements for immunity and diversion, and the maximum age to which provisions apply (ranging from 16 to 24 years). Although Safe Harbor laws are consistent with the intent of federal law, their potential impacts may be limited if adequate victim-centered services are not available. At least 21 states had incorporated sex trafficking into their statutory definitions of sexual abuse as of 2016 (Child Welfare Information Gateway, 2016).

**Understanding Minor Victim Sex Trafficking.** Sex trafficking has severe and long-lasting impacts and disproportionately affects the most vulnerable children and youth (National Research Council, 2013). Estimates of the number of minor victims vary with definitions, sources, and methodologies. Labor trafficking is less well documented, but occurs in diverse sectors, including forced illegal activities and domestic servitude (Administration for Children and Families, 2013). Trafficked youth are at risk of significant health impacts, including injury, unplanned pregnancies, and sexually transmitted diseases, as well as mental health impacts such as depression, substance abuse, self-destructive behavior, and suicidality. The social impacts of trafficking include isolation from families, lost educational opportunities, and stigma. Research suggests that the most important risk factors for minor victim sex trafficking include runaway behavior and trauma associated with experiences of child maltreatment (Choi, 2015).

### **Children Who Run Away from Foster Care and Their Risk of Trafficking Victimization**

**Factors Associated with Runaway Behavior.** Children and youth who run from foster care placement are a focus of concern due to their increased risk for trafficking victimization. Nearly half of older youth in foster care have run away at least once, and many youth have run away multiple times (Courtney, Terao, & Bost, 2004). Research suggests that runaway behavior is more common among females than males; among older foster youth; and among lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth (Courtney & Zinn, 2009; Taylor, 2013). Runaway episodes are more common among youth with histories of substance use disorders, certain mental health issues, and trafficking victimization (Courtney & Zinn, 2009; Crosland & Dunlap, 2015; O'Brien, White, & Rizo, 2017). Child welfare experiences have also been found to be associated with increased risk of running from foster care, including multiple foster care placements, prior runaway history, placement in group and residential care facilities rather than in foster care or relative homes, and placements that separate sibling groups (Courtney, Skyles, Miranda, Zinn, Howard, & Goerge, 2005b; Kim, Chenot, & Lee, 2015; Lin, 2012).

**Why Youth Run from Foster Care.** Motivations for youth running away from foster care can vary with age and other individual factors (Finkelstein, Wamsley, Currie, & Miranda, 2004; Karam & Robert, 2013). Motivations include both “pull factors,” which cause youth to run *to* something, and “push factors,” which cause youth to run *from* something. Youth may run to reunite with family or friends or to gain access to sex, drugs, or alcohol. They may run to get away from aspects of their placement such as caregivers, restrictive rules, or bullying. Placement issues may be more problematic in group and residential care, where more youth live together, with more structure and less personal attention.



**Consequences Associated with Running from Foster Care.** All youth are at risk of trafficking victimization during runaway episodes when they lack resources for basic needs such as food and housing. Foster youth have particular vulnerabilities, with fewer resources or family relationships to which they can turn while running. Consequences associated with runaway episodes include negative outcomes related to health, safety, education, employment, and justice system involvement, as well as increased risk of trafficking victimization (Crosland & Dunlap, 2015; Morewitz, 2016; Sarri, Stoffregen, & Ryan, 2016). The National Center for Missing and Exploited Children reports that 19 percent of runaway reports for foster youth (29 percent of reports for girls and 3 percent for boys) are assessed as likely victims of sex trafficking, based on case information reported by social service or law enforcement agencies (RTI International, 2017b). Males may be underrepresented among those identified as victims because they are less likely to be involved with pimps, and thus less likely to be identified by law enforcement (Curtis et al., 2008). In addition to trafficking victimization, risks associated with runaway episodes include health impacts, academic difficulties, juvenile justice system involvement, and isolation from supportive adults (Biehal & Wade, 1999; Finkelstein et al., 2004; Fong & Berger Cardoso, 2010; O'Brien et al., 2017; Sarri et al., 2016; Skyles & Smithgall, 2007).

**Efforts to Reduce Runaway Behavior.** The current body of evidence on research-informed approaches for reducing running from care is preliminary. Several intervention strategies have been designed to reduce running from foster care, including two research-informed programs. In the Behavior Analysis Services Program, workers engage youth in assessing triggers and underlying reasons for running, then implement modifications to address those factors (Clark et al., 2008). The program was associated with a reduction in both the number of runaway episodes and the time on runaway status, relative to a matched comparison group. The Children and Residential Experiences (CARE) program uses training and technical assistance to support workers in group and residential care facilities in developing programs that are relationship-based, trauma-informed, developmentally-focused, family-involved, and competence-centered (Izzo, Smith, Holden, Norton, Nunno, & Sellers, 2016). The CARE program was associated with decreased runaway behavior as well as fewer incidents of aggression and property destruction; it has been classified as “promising research evidence” by the California Evidence-Based Clearinghouse for Child Welfare.<sup>4</sup>

Several other approaches to addressing factors associated with runaway behavior have been implemented, but have not been evaluated. Legislatively supported approaches include maintaining educational stability when youth move between foster homes (as required by the Subtitle VII-B of the McKinney-Vento Homeless Assistance Act of 1987) and allowing foster parents greater flexibility in decisions about youth’s activities (as required by the “reasonable and prudent parenting standard” provisions of the Preventing Sex Trafficking and Strengthening Families Act). Child welfare agencies can address youth’s dissatisfaction with their placements

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<sup>4</sup> “Promising research evidence” is defined by the Clearinghouse as research study outcomes that have been published in a peer-reviewed journal. <http://www.cebc4cw.org/program/children-and-residential-experiences-care/>

by using family-based placements rather than group and residential care, placing youth in their own communities, and involving youth in placement decisions. Other opportunities to reduce runaway behavior include counseling and therapy, enhanced activities to alleviate boredom, and strengthening relationships with caring adults.

Child welfare agencies are working to mitigate the risks that youth experience during runaway episodes with efforts focused on youth who have histories of runaway behavior. Strategies include providing youth with information about the risks of trafficking involvement and options for staying safe, and instructing service providers to welcome youth back without judgment after they return. Several state agencies assess youth for possible trafficking victimization after they return from runaway episodes (Michigan Department of Health and Human Services, 2015; Missouri Department of Social Services, 2016; Office of Children and Family Services, 2016).

### **State Efforts to Provide Specialized Services and Placements to Children Who Are Sex Trafficking Victims**

**Child Welfare Agencies' Role in Addressing Sex Trafficking.** Child welfare agencies have rapidly expanded their capacity to identify and serve victims of sex trafficking in recent years. This increasing role responds to legislative mandates, reflects the frequent co-occurrence of sex trafficking and other forms of child maltreatment (see, for example, Choi, 2015; National Research Council, 2013), and builds on existing relationships between child welfare agencies and other providers who encounter trafficking victims. Practice models are developing rapidly as child welfare agencies train workers, implement prevention programs, screen children for trafficking victimization, document identified victimization, and provide specialized services. As in other areas, child welfare services apply a trauma-informed approach to support healing, and frequently rely on collaborative strategies.

**Training on Human Trafficking.** At least 38 states and the District of Columbia have enacted laws that require training on human trafficking for first responders, including law enforcement, juvenile justice, and child welfare professionals (National Conference of State Legislatures, 2017b). All state child welfare agencies report planning or having conducted human trafficking training for their staff. Participants include investigative workers, case managers, supervisors, and administrators. At least 27 states and the District of Columbia offer, or plan to offer, training about trafficking for a broad range of child welfare personnel including county, regional and state program administrators, directors, contracted social service agency staff, group home and shelter staff, and foster parents.<sup>5</sup> Training varies in terms of length, format, and whether it is optional or required. Most states report using training materials that they develop themselves. At least 11 states report using curricula from national resource centers and advocacy organizations, such as the one developed by the Capacity Building Center for States<sup>6</sup>.

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<sup>5</sup> Information from states' Annual Progress and Service Reports (APSRs) for Federal Fiscal Year (FFY) 2017 and FFY 2018, with additional details from state child welfare agency websites.

<sup>6</sup> <https://capacity.childwelfare.gov/states/focus-areas/preventing-sex-trafficking/>

**Prevention Programs.** Child welfare agencies implement prevention programs to inform youth about the risks of trafficking, raise awareness of recruitment tactics used by traffickers, and build resilience through self-esteem and critical thinking skills. The most widely used program, *My Life, My Choice*, has trained facilitators in child welfare agencies and other settings in 29 states.<sup>7</sup> An ongoing evaluation will establish the evidence base for this prevention curriculum.<sup>8</sup> Other child welfare agencies have developed and implemented their own prevention curricula, although many of these curricula have not been formally evaluated. Agencies may offer training to youth identified as high risk based on runaway and other behaviors, youth in group and residential care facilities, or youth in life skills programs preparing older youth for independent living.

**Screening to Identify Sex Trafficking Victimization.** Screening is an essential first step in connecting victims with needed services. Child welfare agencies use a variety of approaches to screen for trafficking. Among the 28 states and the District of Columbia that reported actively screening children at intake, investigation, or assessment, at least 24 use tools developed within the child welfare agency or task force, rather than by external service providers or researchers. Some screening tools are based on behavioral or situational indicators that can be noted during conversations, observed during interactions, or identified from case records. Other tools involve standardized interview questions. In tiered screening approaches, positive responses on a brief tool trigger more in-depth screening. At least 13 states use or plan to implement tailored screening tools when a youth returns from a runaway episode. Despite widespread use of screening tools, few have undergone validation tests to assess their effectiveness in differentiating between children who have or have not experienced trafficking (Dank, Yahner, Yu, Vasquez-Noriega, Julia, & Pergamit, 2017). None has been conclusively validated with a child welfare population.

**Documenting Trafficking in Child Welfare Data.** State and national data are needed to inform prevention and service planning. Efforts to document trafficking within statewide child welfare information systems are ongoing. As of 2017, at least 29 states report having created, or planning to create, child maltreatment allegation categories for human trafficking within their child welfare information systems and for reporting to the National Child Abuse and Neglect Data System (NCANDS). Allegations are defined as sex trafficking (19 states), separate allegation categories for sex trafficking and labor trafficking (8 states), and human trafficking of unspecified type (2 states).<sup>9</sup> As a result of statutory changes to CAPTA, NCANDS implemented a maltreatment type code to identify victims of sex trafficking and data collection rule changes.

**Service Responses for Trafficking Victims.** Child welfare agencies are developing and adapting services to meet the therapeutic and safety needs of trafficked and at-risk youth. The most frequently reported service responses are specialized case management; specialized

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<sup>7</sup> <http://www.fightingexploitation.org/>

<sup>8</sup> NIJ grant 2014-R2.CX-0005

[https://www.illinois.gov/dcf/aboutus/newsandreports/Documents/Statewide\\_CAN\\_Prevention\\_Plan\\_2016.pdf](https://www.illinois.gov/dcf/aboutus/newsandreports/Documents/Statewide_CAN_Prevention_Plan_2016.pdf)

<sup>9</sup> Information from states' APSRs for FFY 2017, with additional details from state child welfare agency websites.

placement resources; and partnerships with trafficking-specific providers, including survivor-led programs.

- **Specialized case management.** Although case management is a core service of child welfare, some states have adopted specialized case management to ensure that trafficking victims receive consistent support and are connected to needed services. States achieve this through specific protocols defining protocols for supervision, placement, and service coordination. At least one state has established contracts with an external provider to provide specialized case management for all children who are victims of, or at risk of, sex trafficking (State of Georgia, n.d.).
- **Specialized placement resources.** Challenges of providing out-of-home placements for trafficked youth include protecting against contact with traffickers, reducing risks of runaway behavior, addressing caregiver concerns about sexual acting-out, and ensuring culturally competent care for LGBTQ youth. Several states have contracted with provider agencies to offer specialized group and residential care for child trafficking victims. At least two states plan to place trafficked children in treatment foster care homes, which provide family-based care for children with serious emotional or behavioral needs, and another state has developed specialized foster homes for sex trafficking victims.<sup>10</sup>
- **Trafficking-specific providers.** Child welfare agencies can expand their expertise by partnering with organizations whose primary focus is on human trafficking, including survivor-led or survivor-informed organizations. Services provided by trafficking-specific organizations include outreach to youth who may be trafficking victims; training for caseworkers and caregivers; and referrals for specialized clinical services, group support services, and mentoring.

**Collaborative Efforts.** A multidisciplinary approach that engages a network of stakeholders has been used when responding to sex trafficking of minors. Many of these collaborative efforts are funded by ACF through the Children’s Bureau and by the Department of Justice through the Office for Victims of Crime. Task forces and working groups facilitate information sharing, align policy and practice, assess service needs, and recommend protocols. They may collectively take on efforts such as reviewing, adapting, or recommending screening tools for use across their jurisdictions. Human trafficking coordinators in some states serve as focal points for coordination efforts, frequently from within child welfare agencies. Coordinated response models establish cross-agency shared protocols for identifying and serving trafficking victims. At the individual case level, multidisciplinary teams work to share information and coordinate responses to individual children.

### **Lasting Connections to Caring Adults**

Supportive adult relationships can serve as a buffer against life challenges and promote resiliency for youth, which may in turn reduce risks of trafficking victimization. Among former foster youth, social support has been linked to better outcomes in education, employment, and

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<sup>10</sup> Information from states’ APSRs for FFY 2017 and FFY 2018, with additional details from state child welfare agency websites.

emotional and social development, as well as lower incidence of unplanned pregnancy, substance use, and criminal justice involvement (Courtney, Dworsky, Brown, Cary, Love, & Vorhies, 2011; Courtney, Dworsky, Cusick, Havlicek, Perez, & Keller, 2007; Wagner & Wonacott, 2008). However, children served by the child welfare system face several challenges in forming and maintaining such bonds, due to their experiences of trauma and disruption (Avery & Freundlich, 2009).

Child welfare policy has long recognized the importance of maintaining and building lasting relationships. These efforts often include placing children with family members when possible, and supporting relative guardianships for children who cannot return to their parents. For older youth, recent policies have prioritized increasing the number of youth who leave foster care with adult connections and incorporating social support to prepare youth for independent living.

Several practice innovations support state efforts to strengthen connections to caring adults, particularly for older youth.

**Extended Foster Care Programs.** Extended foster care programs allow states to use Title IV-E funds to support foster care, adoption assistance, or relative guardianships for youth. This extra time can allow youth to build social and emotional resources as they continue to mature. At least 25 states and the District of Columbia offer extended Title IV-E foster care, as do others with state funds. Participating youth must be attending school, employed at least part time, or in programs supporting job readiness, if able.

**Transition Planning.** Transition planning helps youth as they plan for their exit from foster care, including identifying support from caring adults and service systems. The Preventing Sex Trafficking and Strengthening Families Act strengthened the planning process by prioritizing youth participation in the transition planning process. Structured processes to facilitate transition planning include Permanency Pacts, in which supportive adults pledge specific forms of assistance to youth, and Permanency Roundtables, a team-based approach to identifying barriers to permanency and strategies to address these.

**Mentoring Programs.** Mentoring programs pair youth with supportive adults who offer support and guidance based on their life experiences. Youth with mentors or similar close, positive, and stable relationships have been found to have better outcomes in many life areas. Formal mentoring programs intentionally match a youth with an adult mentor while natural mentoring relationships grow from within the youth's existing social network. Many state child welfare agencies partner with mentoring programs to pair caring adults with youth who are in, or transitioning out of, foster care.



# 1. INTRODUCTION

## 1.1 Background

Sex trafficking of minors is a growing public health and social justice concern (Institute of Medicine and National Research Council of the National Academies [IOM], 2013; Rothman et al., 2017). The Victims of Trafficking and Violence Protection Act of 2000, commonly referred to as the Trafficking Victims Protection Act (TVPA), defines severe forms of human trafficking as labor trafficking, “the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery”; and sex trafficking, “in which a commercial sex act is induced by force, fraud, or coercion, or *in which the person induced to perform such act has not attained 18 years of age*” (italics added).<sup>1</sup> Note that trafficking does not necessarily involve physical restraint or movement of victims across state or national borders.

This report to Congress summarizes current understanding and efforts in three topics of relevance for efforts to prevent minor-victim sex trafficking and respond to those affected, shown at right. As mandated by Section 105 of the Preventing Sex Trafficking and Strengthening Families Act of 2014<sup>2</sup> (PSTSFA), this report addresses (1) children who run away from foster care and their risk of trafficking victimization, (2) state efforts to serve children who are sex trafficking victims, and (3) state efforts to support long-term connections to caring adults for children in foster care.

**Public Law 113-183, §105. Increasing Information on Children in Foster Care to Prevent Sex Trafficking**

[T]he Secretary of Health and Human Services shall submit to the Congress a written report which summarizes the following:

- (1) Information on children who run away from foster care and their risk of becoming sex trafficking victims, using data reported by States under section 479 of the Social Security Act and information collected by States related to section 471(a)(35) of such Act, including—
  - a. characteristics of children who run away from foster care; potential factors associated with children running away from foster care (such as reason for entry into care, length of stay in care, type of placement, and other factors that contributed to the child’s running away);
  - b. information on children’s experiences while absent from care; and
  - c. trends in the number of children reported as runaways in each fiscal year (including factors that may have contributed to changes in such trends).
- (2) Information on State efforts to provide specialized services, foster family homes, child care institutions, or other forms of placement for children who are sex trafficking victims.
- (3) Information on State efforts to ensure children in foster care form and maintain long-lasting connections to caring adults, even when a child in foster care must move to another foster family home or when the child is placed under the supervision of a new caseworker.

### 1.1.1 Terminology

Language used in discussing human trafficking varies by source and context. In describing research or service programs, this report retains terms used in original texts. Among the terms that vary in use, “human trafficking” is an encompassing term that can include either sex or labor

<sup>1</sup> Public Law 106-386 and subsequent reauthorizations, §103, para. 8.

<sup>2</sup> Public Law 113-183; provisions of this legislation are described in Section 1.2.

trafficking. For the sake of brevity, “trafficking” refers to sex trafficking unless otherwise specified, consistent with the focus of this report.<sup>3</sup> “Commercial sexual exploitation of minors (CSEC)” is the legal equivalent of minor-victim sex trafficking as defined by the TVPA (IOM, 2013, p. 21). Likewise, the term “survival sex,” the exchange of sexual acts to meet basic needs, falls under the legal definition of sex trafficking when it involves a minor (IOM, 2013).

Terminology used to describe individuals also varies. This report uses the term “minor” and “child” interchangeably to reflect the legal definition of a person under age 18. Researchers and service providers frequently use “youth” or “young person” to refer to older children and adolescents. Children who have experienced trafficking are often described as “victims,” consistent with recognition of the harm they have experienced and their rights to services in both the criminal justice and child welfare systems. However, “survivor” is often the preferred term among those who have been trafficked and their advocates, in recognition of their strength and lifelong healing process (President’s Interagency Task Force to Monitor and Combat Trafficking in Persons [President’s Interagency Task Force], 2013). Lastly, the report uses the terms “pimp” and “trafficker” interchangeably to depict an individual who exploits a minor engaged in commercial sex with or without force, fraud, or coercion, given these conditions need not be present to establish human trafficking of a minor (Swaner, Labriola, Rempel, Walker, & Spadafore, 2016).

The child welfare field has its own terminology to describe how its agencies define, identify, and respond to child maltreatment. Many of these are used in describing the risks of human trafficking among children served by the child welfare system as well as efforts to prevent and address human trafficking. A glossary of child welfare terms appears on the following page.

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<sup>3</sup> Labor trafficking of domestic children does occur and includes reported incidents in traveling sales crews, restaurants, agriculture, and begging rings (Children's Bureau, 2013).



### Glossary of Child Welfare Terms

- ◆ **Adoption:** The social, emotional, and legal process through which children who will not be raised by their birth parents become full and permanent legal members of another family.
- ◆ **Aging out:** Aging out of the foster care system refers to a young person reaching the age of 18 or 21, depending on state regulations, and therefore no longer being eligible for services or adoption.
- ◆ **Birth parent:** The child’s biological mother or father.
- ◆ **Case plan:** A living document that describes the outcomes, goals, and tasks concerning a child’s care while in placement.
- ◆ **Concurrent planning:** A case planning approach that involves considering all reasonable options for permanency at the earliest possible point following a child’s entry into foster care and simultaneously pursuing those that will best serve the child’s needs. Typically, the primary plan is reunification with the child’s family of origin. This primary and an alternative permanency goal are pursued at the same time, with full knowledge of all case participants.
- ◆ **Foster care:** A 24-hour substitute care for children placed away from their parents or guardians, and for whom a state agency has placement and care responsibility. This includes, but is not limited to, placements in foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities, child care institutions, and preadoptive homes.
- ◆ **Guardianship:** A judicially created relationship between a child and caretaker that is intended to be permanent and self-sustaining, as evidenced by the transfer to the caretaker of the following parental rights with respect to the child: protection, education, care and control of the person, custody of the person, and decision-making.
- ◆ **Kinship care, Relative care, Kinship foster care:** Arrangements that occur when child welfare agencies take custody of a child after an investigation of abuse and/or neglect and place the child with a relative (kin) caregiver who is an approved placement based on the assessment standards developed by the agency.
- ◆ **Legal guardian:** An adult to whom the court has given parental responsibility and authority for a child. Appointment as guardian requires the filing of a petition and approval by the court and can be done without terminating the parental rights of the child’s parents.
- ◆ **Long-term foster care:** The placement of a child in foster care for an extended period of time.
- ◆ **Out-of-home care:** Also called foster care, including family foster care, kinship care, treatment foster care, and residential group care.
- ◆ **Permanency:** A legally permanent, nurturing family for every child and youth. A child in foster care is determined to have achieved permanency when the child is discharged from foster care due to reunification, adoption, or legal guardianship.
- ◆ **Placement stability:** Ensuring that children remain in stable out-of-home care, avoiding disruption, removal, and repeated placements that have harmful effects on child development and well-being.
- ◆ **Resilience:** The ability to adapt well to adversity, trauma, tragedy, threats, or even significant sources of stress. Resilience in children enables them to thrive, mature, and increase competence amid adverse circumstances.
- ◆ **Resource family:** Includes foster/adoptive parents, foster parents, and relative or kin caregivers.
- ◆ **Reunification:** The process of returning children in temporary out-of-home care to their families of origin. Reunification is both the primary goal for children in out-of-home care, as well as the most common outcome.
- ◆ **Subsidized guardianship:** A program to provide financial assistance and social services for relatives who take guardianship of children who can no longer live with their parents.

Source: Child Welfare Information Gateway. Glossary (n.d.)

## **1.2 Methods**

This report to Congress draws on several sources to describe state responses to the requirements of the PSTSFA. These sources include research literature and published reports, data provided to the Administration for Children and Families' (ACF) Children's Bureau by state child welfare agencies in their Annual Progress and Service Reports (APSRs) for federal fiscal year (FFY) 2017 and 2018, and information published on state agency websites.<sup>4</sup> Data describing state efforts to combat child trafficking draw extensively from research and a summary report by the National Conference of State Legislatures (NCSL, 2017b).

Additional data come from two national reporting systems supported by the Children's Bureau: Adoption and Foster Care Analysis and Reporting System (AFCARS) and National Youth in Transition Database (NYTD). AFCARS collects case-level data from state and tribal Title IV-E agencies on all children in foster care and those who have been adopted with Title IV-E agency involvement. AFCARS data used in this report describe the demographic characteristics of children missing from a foster care placement at a single point in time, the final day of FFY 2015 (Children's Bureau, 2017a). NYTD surveys youth who were in foster care around the time of their 17th birthday (baseline) and at 2-year intervals, with a new baseline cohort fielded every 3 years (Children's Bureau, 2012). NYTD data used in this report includes youth demographics and six self-reported outcomes: financial self-sufficiency, experience with homelessness, educational attainment, positive connections with adults, high-risk behavior, and access to health insurance.

Information on reports of children who run away from foster care and their risk of trafficking victimization is based on data from the National Center for Missing and Exploited Children (NCMEC). NCMEC is a nonprofit organization that serves as the national clearinghouse and resource center for families, victims, private organizations, law enforcement, and the public on issues relating to such children. Through its toll-free hotline, NCMEC receives reports on missing children from law enforcement, parents, guardians, social services, and the public. It assesses each report for the risk of child sex trafficking victimization based on specific case information. For this report to Congress, NCMEC shared de-identified data on 44,000 runaway episodes, reported between July 2012 and June 2017, among children who were in care of a social service agency at the time of the missing child report (RTI International, 2017b). Data include child demographic characteristics; dates for each missing episode, report, and recovery; prior runaway episodes; endangerment indicators; and recovery location.

## **1.3 Policy Context**

The TVPA marked a fundamental shift toward a victim-centered approach to young persons engaged in commercial sex. At the federal level, ACF and other agencies support state policy and practice efforts. In addition, two pieces of legislation (discussed in Section 1.3.1) have

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<sup>4</sup> State measures to address trafficking are developing rapidly, and APSRs for FFY 2019 are likely to describe additional activities.

defined the role of the child welfare system with respect to minor victims. States have enacted and continue to enact legislation and policy in response to federal law, as described in Section 1.3.2.

### ***1.3.1 Federal Resources and Legislation***

As the response to trafficking shifts away from the criminal and juvenile justice systems, the child welfare system has become central to addressing minor trafficking victims. Responsibilities for ACF and other governmental and non-governmental agencies are identified in the Federal Strategic Action Plan, a cross-agency federal plan outlining a five year path for strengthening coordination, collaboration, and capacity for supporting victims of human trafficking (President’s Interagency Task Force, 2013). In response, ACF developed resources to support state policies and services for minor trafficking victims and those at risk of trafficking. At the federal level, ACF established the Office on Trafficking in Persons in 2015 as the lead agency addressing trafficking within the U.S. Department of Health and Human Services (HHS) (ACF, 2017). Priority goals for this office include developing a national victim services system, guiding data-informed policy and programming, and integrating anti-trafficking messaging into prevention communications for service providers and the public.

Two federal laws have defined the role of the child welfare system in response to sex trafficking of minors. The PSTSFA, signed in 2014, spells out the child welfare system’s responsibilities regarding trafficking among children in its care. The law requires states to develop and implement policies to identify, document, screen, and serve children who have been trafficked or are at risk of sex trafficking. The PSTSFA further mandates that agencies report child victims of sex trafficking to law enforcement and annually report data on the number of child trafficking victims to the federal government. Child welfare systems are also required to develop and implement protocols to locate children who are missing from out-of-home care and assess whether they have experienced trafficking while missing. Key provisions of the PSTSFA regarding minor-victim trafficking are summarized in the following text box.

**Key Provisions of the Preventing Sex Trafficking and Strengthening Families Act  
(Pub. L. 113-183) Related to Minor-Victim Trafficking**

**Sec. 101: Identifying, Documenting, and Determining Services for Children and Youth at Risk of Sex Trafficking:** Requires states to identify, collect, and report data and determine appropriate services for victims of sex trafficking or those at risk of sex trafficking. This requirement only applies to children for whom the state has responsibility for placement, care, or supervision, including those children who have an open case but who were not removed from the home, children from foster care who have run away (under age 18, or under age 21 if the state has extended foster care), and those receiving services under the Chaffee program.

**Sec. 102: Reporting Instances of Trafficking:** Requires state agencies to inform law enforcement within 24 hours of receiving information on any child or youth who has been identified as a sex trafficking victim. States must also report the total number of youth sex trafficking victims to the Secretary of HHS. The Secretary must in turn report this number to Congress and make the information public on the HHS website.

**Sec. 103: Including Sex Trafficking Data in the Adoption and Foster Care Analysis and Reporting System (AFCARS):** Requires that the annual number of children in foster care who are identified as sex trafficking victims, either before or while they were in foster care, be included in AFCARS.

**Sec. 104: Locating and Responding to Children Who Run Away from Foster Care:** Requires states to develop and implement plans to expeditiously locate any child missing from foster care; determine the primary factors that contribute to the child's running away or being absent from foster care; and determine the child's experiences while absent from foster care, including screening to determine whether the child was a victim of sex trafficking. Within 24 hours of receiving information on missing or abducted children, states must (1) report it to law enforcement authorities so the information can be entered into the National Crime Information Center database, and (2) report the same information to the NCMEC.

**Sec. 105: Increasing Information on Children in Foster Care to Prevent Sex Trafficking:** Requires HHS to report to Congress on the number of children who run away from foster care and their risk of becoming victims of sex trafficking; information on state efforts to provide specialized services, foster family homes, child care institutions, or other forms of placement for children who are sex trafficking victims; and information on state efforts to ensure children in foster care form and maintain long-lasting connections to caring adults, even when a child is placed under the supervision of a new caseworker.

Source: Children's Bureau (2015).

The Justice for Victims of Trafficking Act (JVTA; Pub. L. 114-22), signed in 2015, amended the Child Abuse Prevention and Treatment Act (CAPTA; Pub. L. 93-247, and subsequent amendments) with several provisions addressing minor victim human trafficking. Specifically, JVTA requires states to consider *all* children identified by a state as victims of sex trafficking or severe forms of trafficking to be victims of child abuse and neglect. The JVTA also permits states to extend their services to trafficked youth between 18 and 23 years of age.

In response to these mandates, many states have already developed and implemented policy, procedure, and systems changes. The 2015 National Convening on Trafficking and Child Welfare supported child welfare agencies in meeting their increased responsibilities with respect to minor trafficking victims. Hosted by the Children's Bureau and the White House, this meeting gathered representatives from 52 states and territories to support their implementation of PSTSFA mandates. During the meeting, state teams worked on action plans to identify and respond to trafficked children and compiled resources to aid in developing action plans and to support implementation, including guidance for child welfare agencies responding to child sex

trafficking (Administration on Children, Youth and Families, 2013). ACF continues to support states through resources and support provided by the Capacity Building Center for States.

**Key Provisions of the Justice for Victims of Trafficking Act (Pub. L. 114-22) Related to Child Welfare<sup>5</sup>**

The JVTa amended CAPTA to require that states consider children who are victims of sex trafficking or severe forms of human trafficking as victims of child abuse and neglect.

- The JVTa requires states to do the following:
  - Describe in their state plans provisions and procedures for identifying and assessing reports involving known or suspected child sex trafficking victims.
  - Describe in their state plans provisions and procedures for training child protective service workers on identifying, assessing, and providing comprehensive services to children who are sex trafficking victims, including coordinating with law enforcement and other providers.
  - Collect and report to the National Child Abuse and Neglect Data System the number of children who are victims of sex trafficking.
  - Consider any child who is identified as a victim of sex trafficking or severe forms of trafficking, as defined by the TVPA, as a victim of child abuse and neglect.
- The JVTa allows states to include trafficked youth between the ages of 18 and 23 in their definitions of victims of child abuse and neglect.

Source: Shared Hope International (2015b).

**1.3.2 State Safe Harbor Laws and Maltreatment Definitions**

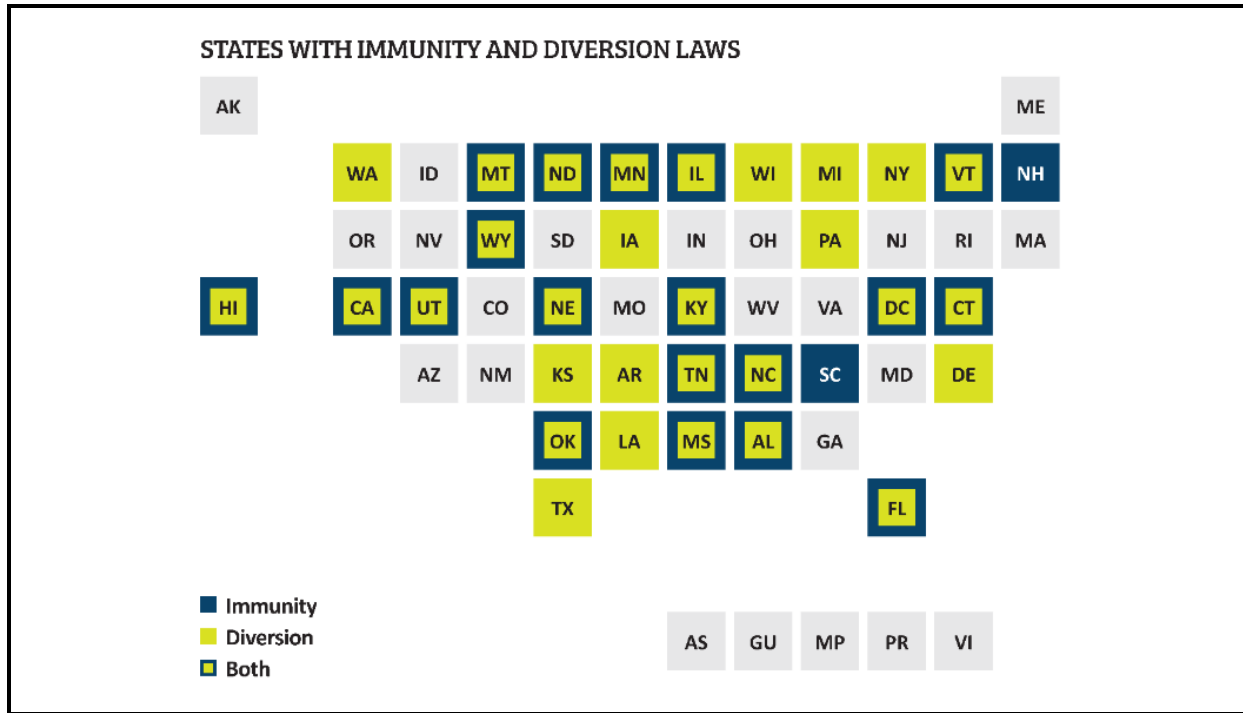
State policies increasingly focus on treating trafficked minors as vulnerable children in need of rehabilitative services rather than as criminals (Barnert, Abrams, Azzi, Ryan, Brook, & Chung, 2016). Such policies are often reflected in legislation known as Safe Harbor laws (NCSL, 2017b). Although state provisions vary, these laws provide prosecutorial immunity to minor victims of trafficking for certain offenses they were forced to commit while being trafficked, or establish diversion programs and pathways to redirect commercially sexually exploited youth from the justice system into the child welfare system, appropriate services, or both (Geist, 2011).

State Safe Harbor laws are consistent with, but in some cases pre-date, the federal laws described in Section 1.3.1. New York enacted the first such law in 2008, prescribing diversion of commercially sexually exploited youth from the juvenile justice system into child welfare and specialized services. By 2017, more than two-thirds of states had adopted Safe Harbor laws that define the legal status of trafficked minors and afford varying degrees of protection (NCSL,

<sup>5</sup> Child welfare-related provisions of the Justice for Victims of Trafficking Act are included in Title XIII: Ensuring a Better Response for Victims of Child Sex Trafficking.

2017b; Wasch, Wolfe, Levitan, & Finck, 2016). Figure 1-1 depicts NCSL data on states with immunity or diversion laws.

**Figure 1-1. States with Immunity and Diversion Laws**



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Immunity and Diversion Provisions

As of April 2017, at least 20 states and the District of Columbia have passed Safe Harbor laws providing prosecutorial immunity for trafficked youth, according to NCSL. Under these laws, minors cannot be charged with certain statutorily specified crimes, which vary by state. However, some states also specify conditions for eligibility. For instance, Kentucky, Montana, North Dakota, and Oklahoma require proof that a minor is a victim of trafficking before allowing criminal or juvenile court immunity. Oklahoma drops criminal charges if, at a show-cause hearing, it is determined that the minor is a victim of human trafficking. By contrast, in Tennessee, Illinois, Nebraska, and North Carolina, if law enforcement determines that a person suspected of prostitution is a minor, the minor is automatically immune from prosecution for prostitution. At the time of the NCSL review, Illinois and Tennessee were the only states that decriminalized juvenile prostitution for all minors under age 18 years (versus, for example, youth under age 16 years in other states) (Barnert et al., 2016).

Some state laws provide trafficked youth with immunity from crimes other than prostitution and related charges, if they were committed as a “direct result” of being trafficked. In Montana, Nebraska, and North Dakota, these provisions apply to offenses such as misdemeanor forgery or

theft. Other states, such as South Carolina and Wyoming, provide immunity for offenses committed as a “direct result” of, or “incidental” or “related to,” trafficking victimization. Washington vacates convictions arising from offenses committed “as a result of being a victim of trafficking, promoting prostitution, or promoting commercial sexual abuse of a minor” (Washington State Legislature, 2017).

At least 29 states and the District of Columbia offer diversion to services for at least some trafficked youth, as documented by NCSL. These laws vary with regard to whether the child is designated as a youth in need of services, the age at which such designation occurs, and whether youth must first admit guilt or be charged with a crime before they can receive services. For example, in New York, diversion is available for 16- and 17-year-olds if, after they admit guilt, the judge converts the charge into a Person in Need of Supervision proceeding where social services can be accessed. In Vermont, human trafficking victims under age 18 years may be treated as the subject of a Child in Need of Care or Supervision proceeding. In Minnesota, youth aged 24 years or younger are eligible for all “services, support, and programs provided . . . and all shelter, housing beds, and services provided by the commissioner of human services to sexually exploited youth and youth at risk of sexual exploitation” (State of Minnesota, 2017).

At least 18 states and the District of Columbia (included in the preceding tallies) provide trafficked youth both immunity and diversion. For example, laws in Minnesota and Illinois establish decriminalization plus diversion, prescribing plans for availability of placements, services, and funding for diversion. Minnesota’s statute not only extends diversion for youth up to age 24 years of age, but also includes a comprehensive description of multidisciplinary child protection teams. These teams assist local child welfare agencies, law enforcement, or private organizations in developing a program of outreach services for sexually exploited youth (Office of the Revisor of Statutes, 2017).

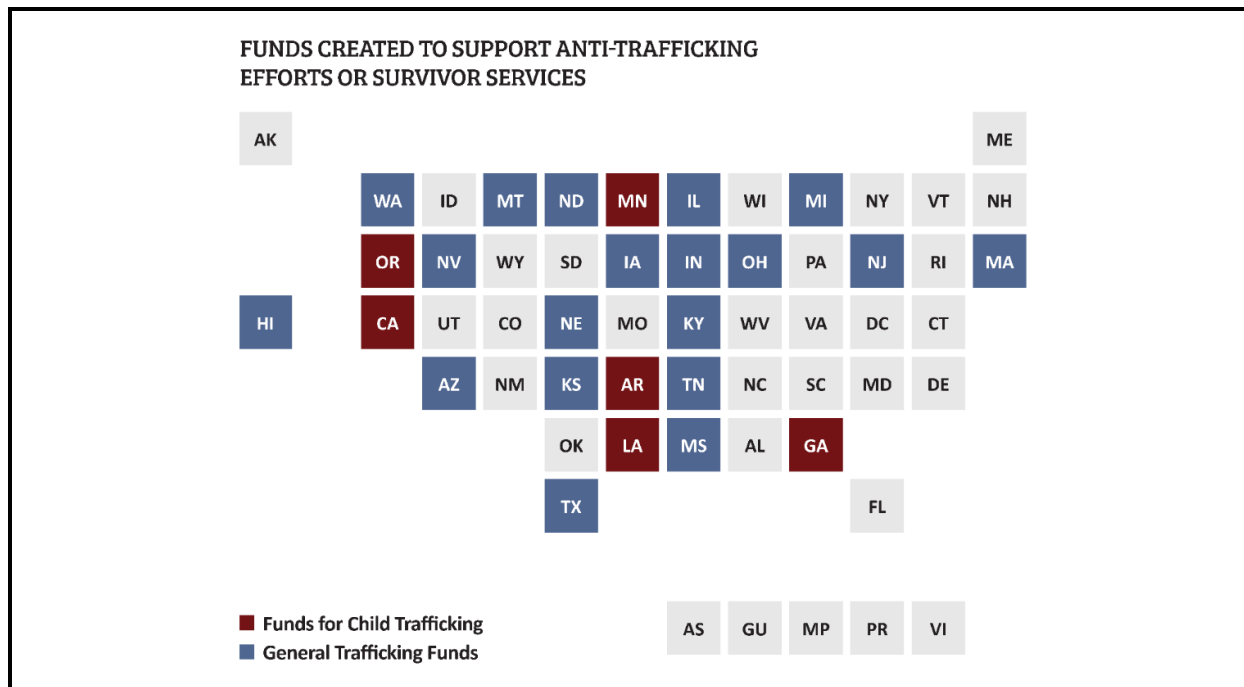
Decriminalization and diversion measures established within Safe Harbor laws have great potential to improve the health and well-being of vulnerable youth. However, the exact provisions that best protect children from sexual exploitation are not yet clear (Barnert et al., 2016), particularly given that there has been a dearth of research and evaluation to guide best practices. Preliminary evidence from a National Institute of Justice-funded study suggests that granting prosecutorial immunity to minor victims of trafficking is associated with more arrests and prosecutions of traffickers, possibly because minors may be more likely to cooperate with investigations and legal proceedings given Safe Harbor guarantees (Bouche, Farrell, & Wittmer, 2016). The results of two active research projects, sponsored by the Office of Juvenile Justice and Delinquency Prevention, will add to the growing discourse regarding the impact of Safe Harbor legislation on minors, particularly as the laws relate to victim service delivery and arrests for juvenile prostitution (Prevention, 2017).

*Impact of Safe Harbor Laws*

Further research is essential to understanding whether and under what circumstances Safe Harbor laws are having the intended impact on youth. Recent studies suggest these laws can have unintended consequences if adequate placements and services are not available outside of the justice system. Across nine states with Safe Harbor laws, many interviewees reported believing that detention is a better alternative when diversion programs are insufficient and community resources for placing victims safely are limited (Barnert et al., 2016). Overburdened state agencies often find connecting minor victims of trafficking with services—let alone nonexistent specialized services—an “impossible task” (Shared Hope International, 2015a, p. 2). However, actions and policies that support detaining victims of commercial sexual exploitation and sex trafficking may further harm already traumatized youth (IOM, 2013). Until appropriate services are available, and clear diversion criteria established, law enforcement agents, child welfare providers, and other stakeholders are likely to encounter challenges in implementing Safe Harbor laws (Barnert et al., 2016).

Many Safe Harbor laws establish fines for trafficking offenses and funding for victim services. These funds include specific allocations addressing child trafficking in at least six states, as shown in Figure 1-2. Funding sources for these allocations include legislative appropriations, fines for trafficking offenses, and forfeited proceeds. According to NCSL, all states have criminal penalties for traffickers, and at least 44 include increased penalties for perpetrators of trafficking-related offenses involving minors (NCSL, 2017b). Other strategies for funding services for child victims include federal victims’ funds granted to states under the Victims of Crime Act, which are financed by fines and penalties paid by convicted federal offenders.



**Figure 1-2. State Funds Supporting Anti-trafficking Efforts or Survivor Services**

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### *State Statutes Defining Human Trafficking as Child Maltreatment*

States define child abuse and neglect in statute and regulation, within broad definitions established by CAPTA. As noted earlier, the JVTA amended CAPTA to specify that any child identified as a victim of sex trafficking or severe forms of trafficking is a victim of child maltreatment. A 2016 review found that most states have amended their statutory definitions to conform with this law (CWIG, 2016). At the time of this review, 22 states and the District of Columbia defined children who are victims of human trafficking or sex trafficking as victims of child maltreatment. An additional 22 states did not include the term “trafficking” in their statutory definitions, but do include consistent terminology such as prostitution, participation in pornography, or commercial sexual exploitation. Furthermore, seven states defined child maltreatment in statutes as including labor trafficking or forced labor. These definitions are likely to have changed in response to JVTA requirements that took effect in May 2017 (Administration for Children & Families (ACF), 2015).

Provisions of these laws vary. For example, a few states define any individual who causes a child to be trafficked as responsible for the child, regardless of whether that person otherwise meets the definition of parent or caregiver. Alaska specifies that believing a child to be older than 18 does not constitute a defense against being charged with a trafficking offense. California specifies that children who receive food or shelter in exchange for a sexual act fall within the definition of sex trafficking victims.

## **1.4 Understanding Minor-Victim Sex Trafficking**

### ***1.4.1 Extent of Minor-Victim Sex Trafficking***

Estimates of the number of minor victims of trafficking are elusive, and reflect variations in definitions, sources, and methods. Reports to hotlines, child welfare agencies, and criminal justice systems are all likely to undercount child trafficking. The National Human Trafficking Resource Center received 1,630 reports of potential human trafficking in which victims were under 18 years of age during calendar year 2015 (National Human Trafficking Resource Center, 2016).<sup>6</sup> Among these hotline reports, 85 percent were identified as potential sex trafficking. Because many child welfare agencies are still developing capacity to identify and report human trafficking, only a few states reported more than 100 allegations in 2016, including Connecticut, Illinois, Maryland, and Texas. However, one state, Florida, reported nearly 2,000 allegations.<sup>7</sup> Criminal justice data represent only a small portion of identified victims, and are not available at the national level. The Uniform Crime Reporting Program began collecting data on human trafficking in 2013. However, the number of reported offenses and arrests remains low because many of the participating law enforcement agencies have yet to implement their human-trafficking reporting processes (Farrell & Reichert, 2017, p. 92).

Research on minor-victim sex trafficking does not support estimates of the number of victims. Several studies describe the prevalence of trafficking victimization within specific youth subpopulations, but these do not support extrapolation to a larger population. The largest and most rigorous of these estimated that there are more than 10,000 youth (aged 13–24 years) involved in sex trades nationwide, based on respondent-driven sampling and 949 interviews with youth engaged in commercial sex (Swaner et al., 2016). However, this study’s methodology was unlikely to capture some populations of minor trafficking victims, including those not engaged in street-based commercial sex. Two studies using child welfare data report that allegations for sex and labor trafficking involve fewer than 1.2 percent of children (Gibbs, Henninger, Tueller, & Kluckman, 2018; Havlicek, Huston, Boughton, & Zhang, 2016). However, data used in both studies represent the very earliest stages of identifying trafficking and cannot be interpreted as representing prevalence within the child welfare population.

Labor trafficking of domestic children has received far less attention than sex trafficking, but is included in the JVTA. Coerced labor has been reported in studies of runaway and homeless youth (Murphy, 2016; Roe-Sepowitz, Bracy, Hogan, & Brockie, 2017) and in data from one state’s child welfare system (Gibbs et al., 2018). Sectors in which labor trafficking of children and youth occur include drug sales and other illegal activities, travelling sales crews, agricultural work, hotels and restaurants, and begging (Administration for Children, 2013; Polaris Project, 2015). Labor trafficking can co-occur with sex trafficking, coerced by the youth’s pimp (Gibbs,

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<sup>6</sup> Since 2017, this hotline has been known as the National Human Trafficking Hotline.

<sup>7</sup> Data compiled from FFY 2017 Annual Progress and Service Reports (APSRs).

Walters, Lutnick, Miller, & Kluckman, 2015), or occur independently of sex trafficking (Florida Department of Children and Families, 2013).

### ***1.4.2 Impact of Trafficking Victimization***

Trafficking victimization can have severe effects across all domains of life, both immediate and long-term.<sup>8</sup> Although research on the physical health consequences of child sex trafficking is limited, these impacts are suggested by studies of similar populations, including adult trafficking victims and survivors of sexual abuse. Child and adult trafficking victims experience immediate health impacts, including injuries from violence, reproductive health problems, unplanned pregnancies, and infectious diseases including human immunodeficiency virus (HIV) and other sexually transmitted infections. Longer-term health issues have been identified among survivors of sexual abuse, who share many characteristics with trafficking survivors; these include cardiovascular problems, gastrointestinal issues, and headache and other pain syndromes. Psychological impacts of trafficking victimization identified among young persons include elevated rates of depression, anxiety, substance abuse, self-destructive behavior, and suicidality. Children who have experienced trafficking can be at increased risk of re-exploitation because of isolation from family, entanglement with exploiters, lost educational opportunities, and stigma associated with trafficking that creates barriers to seeking services. In addition, the physical and health effects of prior childhood maltreatment may exacerbate the effects of subsequent trafficking victimization.

### ***1.4.3 Characteristics of Trafficked Minors***

Minor victims of trafficking are diverse. They include males and females of all races and ethnicities, socioeconomic classes, sexual orientations and gender identities, and family situations. Females are particularly likely to be identified as more vulnerable to trafficking, although this may reflect limited recognition of victimized males (Friedman, 2013; Gozdziaik & Bump, 2008, p. 94). Although various studies have identified children living in poverty (Logan, Walker, & Hunt, 2009); lesbian, gay, bisexual, and transgender youth (Martinez & Kelle, 2013); and minority-race youth (Reid & Piquero, 2014, p. 1768; Walls & Bell, 2011) to be at increased risk, these findings may reflect populations studied rather than underlying differences. A recent research review concluded that studies with the strongest levels of evidence suggest that such demographic characteristics are not independent risk factors for trafficking (Choi, 2015). However, they may be associated with more important risks, such as child maltreatment trauma and runaway behavior.

A history of child maltreatment is among the strongest risk factors for sex trafficking, with emerging evidence also highlighting the association of out-of-home placements with trafficking (Choi, 2015; IOM, 2013; Reid, Baglivio, Piquero, Greenwald, & Epps, 2017). Sexual abuse

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<sup>8</sup> Information on the consequences of trafficking victimization is summarized from an extensive review in IOM (2013 p. 21).

victimization is consistently associated with trafficking in studies of adolescents in the general population, runaway and homeless youth, and participants in social service programs (Fedina, Williamson, & Perdue, 2016, July 27; Roe-Sepowitz et al., 2014; Ulloa, Salazar, & Monjaras, 2016). Other studies have found trafficking to be strongly associated with child physical abuse, child neglect, and the experience of multiple forms of abuse (other than trafficking) (Gibbs et al., 2018; Reid, 2011; Tyler, Gervais, & Davidson, 2013; Ulloa et al., 2016).

#### ***1.4.4 Organization of this Report***

Runaway youth are at increased risk of trafficking victimization because of their lack of support systems and resources with which to meet survival needs (Martinez & Kelle, 2013). Studies of older foster youth find that nearly half report having run away from their placement at some point in their foster care experience (Courtney et al., 2004; Fasulo, Cross, Mosley, & Leavey, 2002). Studies of runaway populations suggest substantial over-representation of youth in foster care (Crosland & Dunlap, 2015). Children and youth who run away from foster care, their risks of trafficking victimization, and strategies to reduce runaway behavior are described in Section 2.

Children who experience sex trafficking have high rates of child welfare system involvement, frequently estimated between 33 percent and 50 percent (Dank et al., 2017; Roe-Sepowitz et al., 2014; Varma, Gillespie, McCracken, & Greenbaum, 2015). Reflecting the child welfare system's expanding role in responding to child sex trafficking, child welfare agencies are developing a range of strategies to prevent trafficking, identify trafficked children, and respond to children who are sex trafficking victims. These efforts are described in Section 3.

The presence of lasting relationships with caring adults may help protect young people against risks such as trafficking victimization. However, children and youth involved in the child welfare system can experience difficulties in forming and maintaining such relationships. Child welfare system efforts to strengthen lasting relationships with caring adults, both during and after placement in foster care, are described in Section 4.

## **2. CHILDREN WHO RUN AWAY FROM FOSTER CARE AND THEIR RISK OF SEX TRAFFICKING VICTIMIZATION**

### **2.1 Overview**

Children and youth who run from out-of-home placements have drawn increased attention in recent years. Running away is relatively uncommon among youth in the general population, with an estimated 6 to 7 percent of adolescents running from home each year (Sanchez, Waller, & Greene, 2006). However, youth in the child welfare system are believed to be particularly vulnerable to running because of prior disruptions in their living situation and, for many, their complex histories of abuse and neglect (Courtney et al., 2005b; Tucker, Edelen, Ellickson, & Klein, 2011).

Interest in runaway behavior reflects increasing awareness of the intersection of this issue with the child welfare system. In addition, running from foster care is associated with serious negative consequences. These include heightened risk of sexual exploitation and sex trafficking victimization,<sup>7</sup> as well as adverse health outcomes, risky substance use, academic disruption, and subsequent juvenile justice system involvement (Biehal & Wade, 1999; Finkelstein et al., 2004; Fong & Berger Cardoso, 2010; O'Brien et al., 2017; Sarri et al., 2016; Skyles & Smithgall, 2007).

Accurate prevalence estimates for youth who run from foster care are scarce. A study of 17-year-old foster youth in Illinois, Iowa, and Wisconsin found that 46 percent reported having run away from a foster care placement at least once (Courtney et al., 2004). Similarly, a study of youth in specialized foster care, a placement model typically used for youth with severe emotional or behavioral issues, found that 44 percent ran away at least once while in care (Fasulo et al., 2002). Several studies of the general runaway youth population also suggest a high prevalence of running among child welfare system-involved youth, as these youth were found to make up 13 to 18 percent of the runaway shelter and streets population (Crosland & Dunlap, 2015).

Data from the Adoption and Foster Care Analysis and Reporting System (AFCARS) provides some information about youth who run from foster care. As shown in Figure 2-1, AFCARS reports show that 1.2 percent of foster care youth (7,842) were reported as being on runaway status at the end of 2015, down from a high of 2.4 percent in 2005 (RTI International, 2017a). It is important to recognize that these AFCARS incidence figures may greatly underestimate the extent of this runaway behavior, as they reflect only those youth who were on runaway status at the end of the report period, but not youth who ran from a placement at some other point during the report period. Similarly, studies based on AFCARS data describe the characteristics of youth who are missing from care on a given day (Kim et al., 2015; Lin, 2012), which may be different

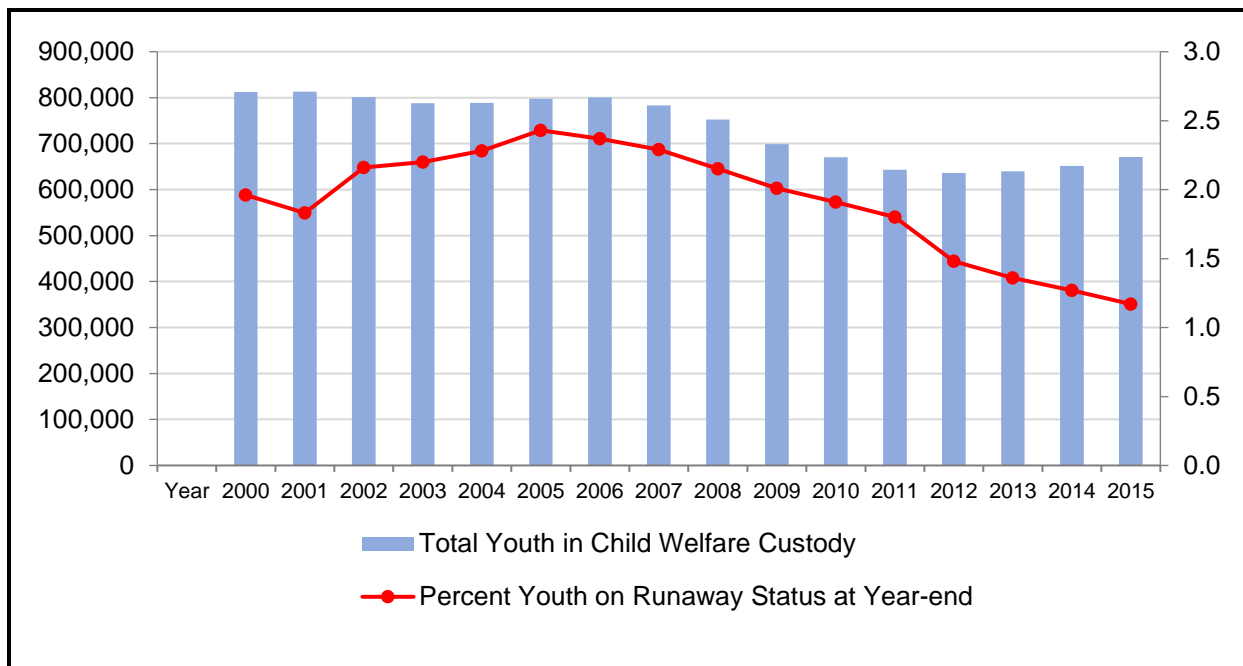
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<sup>7</sup> As noted earlier, this report uses “trafficking” to refer to sex trafficking, unless specifically referring to both sex and labor trafficking.

from the characteristics of youth with missing from care episodes over a period of time (Courtney, 2009).

Among states, the percentage of runaways in 2015 relative to the overall foster care population ranged from a low of 0 percent in Connecticut to a high of 1.89 percent in California and Arizona. However, child welfare agencies vary in how they define runaway youth. For example, some agencies report any child who leaves a placement without consent as a runaway. Others require that the child be missing without consent for a minimum period, such as 24 hours, before they are reported as a runaway (Morewitz, 2016). The lack of consistent definition of “runaway” status among states limits our ability to determine whether this range indicates true differences in incidence, or differences in states’ definition and reporting practices.

**Figure 2-1. Percentage Youth on Runaway Status at End of Federal Fiscal Year, 2000–2015**



Source: RTI International 2017a, RTI International 2017b

A robust body of literature has found an association between running away and heightened risk of trafficking victimization for youth in the child welfare system and others (Crosland & Dunlap, 2015; Greene, Ennett, & Ringwalt, 1999; Havlicek et al., 2016; National Research Council, 2013; O'Brien et al., 2017; Varma et al., 2015). In response, the Preventing Sex Trafficking and Strengthening Families Act (PSTSFA), signed into law in 2014, includes several provisions specific to children who run. As previously noted, Sections 101, 102, 103, and 104 of the PSTSFA mandate state compliance in identifying, documenting, and determining appropriate services for youth at risk of sex trafficking; reporting sex trafficking; including sex trafficking in annual data submissions; and locating youth who run from care.

## 2.2 Factors Associated with Youth Who Run from Foster Care

Response and prevention require an understanding of the at-risk population. A growing body of literature has identified risk and protective factors associated with youth who run from foster care and trends in these factors over the last two decades, as shown in the text box at right.

### 2.2.1 Individual Characteristics

*Sex.* Virtually all research on this topic finds that females have an increased likelihood of running from out-of-home placements compared to males, and this holds true for both initial and subsequent runs (Bowden & Lambie, 2015; Connell, Katz, Saunders, & Tebes, 2006; Courtney et al., 2005b; Crosland & Dunlap, 2015; Fasulo et al., 2002; Kim et al., 2015; Lin, 2012; Morewitz, 2016; Sarri et al., 2016). National report-level data from the National Center for Missing and Exploited Children (NCMEC) show that female youth made up more than three-fifths (61.4%) of reported runs from foster care between 2012 and 2017.<sup>8</sup> Additionally, female foster runaways are more likely than their male counterparts to have a history of prior runs, indicating that female youth are at higher risk of both initial and subsequent runs from foster care (RTI International, 2017b). Increased risk of running among females has been found to be especially pronounced during the first month of a placement (Courtney et al., 2005b).

The factors driving this gender difference are not clear. Fasulo et al. (2002) suggest that females may feel a greater sense of attachment to their families of origin and therefore run to return to them; they may be more likely to run to maintain a romantic relationship in the community; or they may be more inclined to run to care for others, such as a substance-abusing biological parent or an at-risk younger sibling. However, these theories have not been tested.

*Age.* Findings are mixed on the relationship between age and risk of running from foster care. Multiple studies of foster youth have found that the likelihood of running away increases with age (Baker, Wulczyn, & Dale, 2005; Bowden & Lambie, 2015; Connell et al., 2006; Courtney & Zinn, 2009; Crosland & Dunlap, 2015; Kim et al., 2015; Lin, 2012; Morewitz, 2016; Nesmith, 2006; Sarri et al., 2016; Skyles & Smithgall, 2007), even when accounting for county variation (Kim et al., 2015). One study of 11- to 18-year-olds in foster care found that for every year increase in age, individual risk of running increased by 18 percent (Nesmith, 2006). Evidence

### Factors Associated with Running from Foster Care

#### Risk Factors

- ◆ Sex (female)
- ◆ Age (older)
- ◆ Race and ethnicity (minority)
- ◆ Sexual orientation (LGBTQ)
- ◆ Substance use
- ◆ Mental health
- ◆ Sex trafficking victimization
- ◆ Foster care placement instability
- ◆ History of running away
- ◆ Type of out-of-home setting (residential)
- ◆ Timing of foster care (earlier in placement)

#### Protective factors

- ◆ Placement with siblings
- ◆ Change in permanency plan

<sup>8</sup> As noted in Section 1.2, NCMEC analyses reported here represent missing child reports for children in care of a social service agency, but not the number or characteristics of the runaway children themselves.

also suggests that length of run increases with age (Courtney et al., 2005b), which may indicate that older youth are particularly vulnerable to adverse consequences associated with being on the run (Courtney et al., 2005b; Crosland & Dunlap, 2015). However, findings from one study indicate that risk of running peaks in the mid-teenage years (14, 15, and 16 years of age), with lower rates of running among those younger than 14 and older than 16 (Biehal & Wade, 2000; Fasulo et al., 2002; Sunseri, 2003).

Although most of the literature finds an association between older age and higher risk of running, NCMEC data suggest that younger foster youth require attention as well. Data from recent years indicate that runs among this population appear to be increasingly common. Reported runaways involving youth aged 12 to 14 years have increased as a percentage of all reported foster care runaway cases since 2012, even as this age group has steadily decreased as a percentage of the overall foster youth population since 1995 (RTI International, 2017a, 2017b). The National Runaway Switchboard reported in 2008 that among general population youth, those under the age of 12 comprised the fastest-growing group of callers to their line, indicating a potential rise in running among even younger individuals (Crosland & Dunlap, 2015).

*Race and Ethnicity.* The relationship between race or ethnicity and risk of running from foster care is somewhat complex, but the majority of studies indicate an increased risk of running among minority (nonwhite) youth. Some studies found increased odds of running for a range of minority youth (African American, Hispanic, Native American, and Asian/Pacific Islander) when compared to White youth (Connell et al., 2006; Lin, 2012). Other studies looked at risk of running only among certain racial and ethnic minorities, and found increased risk among African American and Hispanic youth (Courtney & Zinn, 2009) and American Indian youth (Nesmith, 2006), compared to White youth. Courtney and Zinn's findings of increased risk of running among African American and Hispanic youth were limited to first runs; the association was not seen among subsequent runs (Courtney & Zinn, 2009). According to national 2015 NCMEC and AFCARS data, African American youth have disproportionately high rates of runaway reports compared to the racial distribution of youth in foster care, whereas White and Hispanic youth have disproportionately low rates. However, runaway reports among Hispanic youth increased from 2015 to 2017, whereas reports among African American and White youth decreased during this period. The trends are consistent with demographic shifts among the overall child welfare population (RTI International, 2017a, 2017b).

The relationship between race or ethnicity and risk of running is far from settled. A few studies found no significant association between any race and likelihood of running away after accounting for other factors (Fasulo et al., 2002; Kim et al., 2015). Kim et al. (2015) noted that racial or ethnic differences in runaway behavior disappeared after controlling for county variation in risk of running, and suggested that the spatial distribution of racial or ethnic minorities and the concentration of poverty and other risk factors may confound this relationship. Deeper understanding is needed on whether minority youth enter foster care with more risk factors for running (Bowden & Lambie, 2015). Placement setting also may confound this



relationship, as African American youth are disproportionately served in residential placements, which some studies found to be a risk factor for running (Lin, 2012).

*Sexual Orientation and Gender Identity.* Lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth are more likely than heterosexual youth to run from home in the general population, and preliminary evidence suggests a similar pattern among the foster care population. A large, longitudinal study of youth in state custody assessed runaway behavior among youth with issues related to sexual development, defined broadly as “difficulties related to sexual development, including sexual behavior, sexual identity, sexual concerns, and the reactions of significant others to any of these factors” (Taylor, 2013). Such youth were 17 percent more likely than other youth to run from care and were also more likely to have an increased number of days on the run. These findings are consistent with findings that youth in the general population who identify as LGBTQ are overrepresented in the homeless population, and are more likely than youth who identify as heterosexual to be runaways or throwaways (i.e., evicted from their homes by parents; Cochran, Stewart, Ginzler, & Cauce, 2002; Corliss, Goodenow, Nichols, & Austin, 2011; Whitbeck, Chen, Hoyt, Tyler, & Johnson, 2004). Sexual orientation and gender identity may be particularly critical factors to examine among runaway youth, because they often emerge in middle to late adolescence—a time of high running risk (Nesmith, 2006).

*Substance Use.* Substance use, and particularly substance-related disorders, including alcohol use disorder, are identified as risk factors for running from foster care in a variety of studies (Courtney & Zinn, 2009; Crosland & Dunlap, 2015; Lin, 2012). Some researchers have suggested that substance use disorders increase the likelihood of running from care because they promote conflict between youth and their caretakers, or because youth run from care to access drugs and alcohol (Courtney & Zinn, 2009; Lin, 2012). One study of youth in a residential treatment setting found that risk of running increased as substance use increased, but decreased when substance use became severe enough to have a disabling effect, suggesting a potentially complex—and nonlinear—relationship between substance use and running from care (McIntosh, Lyons, Weiner, & Jordan, 2010).

*Mental Health.* Evidence is mixed as to whether mental health diagnoses are associated with increased risk of running from foster care. One large study found that presence of certain diagnosed mental health conditions (including sexuality-related disorders, eating disorders, and adjustment reaction disorders) increased youths’ likelihood of running from care, whereas other conditions (schizophrenia and other psychoses; anxiety, somatoform, dissociative, and personality disorders; and attention-deficit/hyperactivity disorder) were associated with decreased risk of running (Courtney & Zinn, 2009). Another group of researchers found that youth who ran from care were significantly more likely to have higher rates of suicidal ideation compared to youth who did not run (English & English, 1999). However, other studies found no association (Connell et al., 2006) or a reverse association, where presence of mental health conditions and emotional disturbances indicated a reduced likelihood of being missing from care

(Kim et al., 2015; Lin, 2012). The term “mental health” covers a broad swath of conditions and clinical presentations, making it difficult to specify how various mental health conditions affect youths’ patterns of running from care.

*Sex Trafficking Victimization.* A 2017 study found that, among youth with child welfare system involvement, those with a history of domestic minor sex trafficking were significantly more likely than those without a trafficking history to report running from a foster care placement (O'Brien et al., 2017). Notably, running away is also a known risk factor for trafficking victimization (Greene et al., 1999; Institute of Medicine and National Research Council of the National Academies, 2013; Morewitz, 2016). There is a need for further research to explore associations and casual relationships between these two factors.

### **2.2.2 Contextual Factors**

*Foster Care Placement Instability.* A history of multiple foster care placements, including both repeated removals from home and repeated placements within removals, is associated with an increased likelihood of running from care (Biehal & Wade, 2000; Bowden & Lambie, 2015; Connell et al., 2006; Courtney et al., 2005b; Crosland & Dunlap, 2015; Fasulo et al., 2002; Kim et al., 2015; Lin, 2012; Morewitz, 2016; Skyles & Smithgall, 2007). Courtney and Zinn found that with every additional placement, youth in foster care experienced a nearly 70 percent increase in risk of subsequent runs (Courtney & Zinn, 2009; Lin, 2012). Kim et al. (2015) similarly found that both the number of removals and placements during the last removal episode increased the risk of being missing from care, even when controlling for other factors. Lin et al. (2012) found that youth who were missing from care had experienced an average of six prior placement settings, compared to three prior settings for youth who were not missing from care. The study also found that each additional removal from home led to a 23 percent increased risk of running from foster care, and each additional placement led to a 4 percent increased risk.

*History of Running Away.* A history of previous runs from foster care placements is consistently associated with increased risk of subsequent runs (Courtney & Zinn, 2009; Nesmith, 2006; Taylor, 2013). One study found that youth with at least one previous run were 92 percent more likely to run again than youth with no prior runs (Nesmith, 2006). The association appears to strengthen as number of prior runs increases. For example, Courtney and Zinn (2009) found that each additional run increased the likelihood of a subsequent run by 25 to 116 percent (depending on number of prior runs). The association between prior and subsequent runs is notable, as many youth who run from care do so more than once. One study found that among youth who ran, nearly one-third ran multiple times, and that risk of running was highest during the period immediately following return to care after a run (Courtney et al., 2005b). As noted, NCMEC data find that female foster care runaways are more likely than males to have previously run from care (RTI International, 2017b).

*Type of Out-of-Home Setting.* The out-of-home setting in which a youth is placed also may affect the risk of running, although there is not consensus on the exact relationship involved.

After controlling for other factors, one large study found that placement with relatives was associated with a reduced risk of running from care for both first and subsequent runs, whereas placement in a residential setting substantially increased the risk (Courtney et al., 2005b). Consistent with these findings, another large, longitudinal study found that youth in group and residential care were more than two times more likely, and those in emergency shelter settings were more than nine times more likely, to be discharged from care due to having run away, compared to youth in relative foster care (Connell et al., 2006). The exception to this association was among youth in highly restrictive residential placement settings, such as corrections facilities and hospitals; these settings were associated with a reduced risk of runs, likely because of the increased difficulty of escaping (Courtney et al., 2005b). Connell et al. (2006) note that younger children are typically placed in relative or foster homes, while older youth are more often placed in group and residential care. Therefore, interactions between age and placement type may influence the relationships reported here.

*Timing of Foster Care Placement.* Risk of running has also been found to correlate with timing of placement, with a higher likelihood of running earlier in a placement. Multiple studies find that youth are more likely to run during the first few months of placement (Courtney & Zinn, 2009; Lin, 2012). One study also found another moderate increase in risk after approximately two years in a placement (Courtney & Zinn, 2009).

### **2.2.3 Protective Factors**

Information is limited on factors that can reduce incidence of running from foster care; however, several such protective factors have emerged as promising areas for further research. Placement with siblings is associated with reduced risk of runaway episodes (Courtney et al., 2005b). Compared to youth who were separated from siblings, those placed with their siblings were 36 percent as likely to have a first runaway episode and 61 percent as likely to have a subsequent run. This association appears to vary by placement setting, with greater risk reduction for youth in foster homes versus youth in residential facilities. Additionally, one study found that youth who experienced a change in their permanency plan during their time in foster care were 30 percent less likely than other youth to run from care. Although this association may seem paradoxical, as change can indicate the type of stress and instability that often precedes a run, the author of the study posits that “such changes may reflect the social worker’s efforts to recognize the youth’s evolving needs by tailoring the plan over time” (Nesmith, 2006, p. 602). In this sense, a change in permanency plans may reflect a youth-centered approach to promoting—and not reducing—placement stability.

## **2.3 Why Do Youth Run from Care?**

No single factor causes youth to run from foster care placements. However, several notable patterns have emerged in the research as possible drivers of such behavior. Motivations for running from care are often categorized as “pull” factors that cause youth to run *to* something (e.g., friends, family, excitement) or “push” factors that cause youth to run *from* something (e.g.,

caregivers, placement setting). Access to friends and romantic partners is one of the key identified reasons that youth run from care, and several studies have found that most runaways run to their family of origin or their friends and romantic partners (Courtney, Dworsky, Ruth, Keller, Havlicek, & Bost, 2005a; Finkelstein et al., 2004). Interviews with youth in foster care found that many describe intensely missing friends, family, and their home of origin, and some reported that a crisis with their family of origin prompted them to run home (Finkelstein et al., 2004). Youth also mentioned running to family, friends, and partners for special occasions and holidays (Karam & Robert, 2013). Researchers have argued that running from foster care can be considered a normal response to being separated from family and loved ones, and that youth run to renew these special relationships and reconnect with their natural environments (Karam & Robert, 2013).

Youth may also run to gain access to sex, drugs, and alcohol, either as the primary reason for their run or as activities to engage in while spending time with friends (Clark et al., 2008; Crosland & Dunlap, 2015). Interviews with youth who had a history of repeat running from foster care placements highlighted that most engaged in some drug use (ranging from casual drinking and marijuana use to drug dealing and more serious drug use) while away from care (Finkelstein et al., 2004).

Youth further report running to get away from aspects of their placements, including restrictive rules, caregivers or other youth, bullying, boredom, and isolation (Bowden & Lambie, 2015; Clark et al., 2008; Crosland & Dunlap, 2015; Finkelstein et al., 2004; Morewitz, 2016). Rules and restrictions are common sources of complaints among youth in foster care, and may represent an especially difficult adjustment for youth entering care from an unstructured environment without strong authority figures (Crosland & Dunlap, 2015). Youth with histories of repeat running from care report difficulty adjusting to required chores and having to ask caregivers for permission to go outside or get a snack (Finkelstein et al., 2004). Some cited these rules, and the punishments enacted if they were not followed, as motivating factors for running. In another study, youth expressed frustration with a lack of decision-making power in their placements and used terms such as “they put me” and “they decided I would go” (Karam & Robert, 2013).

Youth also cited problems with social stress, bullying, and clashes with other youth in their placements. These may be more of an issue in residential settings, where there are higher numbers of youth in care together and less personal attention from caregivers (Biehal & Wade, 2000; Finkelstein et al., 2004). Boredom is another potentially powerful reason why some youth run from foster care, as they are separated from their friends and families and often have few activities during evenings, weekends, and summers (Finkelstein et al., 2004). Placement settings vary in the degree of freedom offered to youth, and some residential facilities do not permit youth to leave for unscheduled activities without adult supervision. Staff at these placements acknowledged that boredom contributes to youth running, and noted that facilities can reduce

boredom by permitting time away from the facility to visit family and friends (Finkelstein et al., 2004).

Some youth appear to run for no discernable or clear-cut reason. Courtney et al. (2005b) report, “When asked why they run, [some youth spoke] generally about the need for a sense of freedom from stress and worry. . . . These [youth] uniformly felt un-cared-for and un-attached, and their runs seemed triggered by nearly random opportunities, such as an impulse to see the ocean or an invitation from friends or strangers” (pp. 66–67). Although this type of running could perhaps be categorized as running to freedom or running from a restrictive environment, it is important to recognize that the reasons for a youth’s run from care may not fit squarely into either category and may be a more complex expression of emotional ambiguity and difficult life experiences. In addition, researchers have found that youth who leave care to see friends or family are significantly older than youth who run for other reasons, suggesting that patterns of running and motivators to run may differ according to age and other individual factors (Biehal & Wade, 1999).

#### 2.4 What Are the Consequences of Running from Foster Care?

Running away has been associated with a variety of serious negative consequences for all youth and may be especially harmful to the already vulnerable population of foster youth.

Consequences of running include heightened risk of human trafficking, as well as poorer outcomes related to health, safety, education, employment, and subsequent criminal justice system involvement.

##### Consequences Associated with Running from Foster Care

- ◆ Sexual victimization and trafficking
- ◆ Health issues
- ◆ Academic consequences
- ◆ Juvenile justice system involvement
- ◆ Lack of supportive adult connections

***Sexual Victimization and Trafficking.*** Youth who run away, both from foster care and other settings, have increased vulnerability to victimization including sexual victimization and trafficking, partly because of their lack of resources and their need for basic items such as housing and food (Countryman-Roswurm & Bolin, 2014; Crosland & Dunlap, 2015; Greene et al., 1999; Morewitz, 2016; O’Brien et al., 2017). The Institute of Medicine and National Research Council also has identified running away as a risk factor for trafficking victimization (IOM, 2013). In a retrospective analysis of general population youth with a history of sex trafficking victimization, Varma et al. (2015) found that these youth were significantly more likely to have run from home compared to youth of similar age who had experienced sexual abuse or sexual assault, but not trafficking victimization (81% vs. 12%).

Research specific to foster youth supports the association between running away from foster care and heightened risk of domestic minor trafficking. Some authors note that pimps and others who facilitate trafficking of youth specifically target youth in foster care by offering housing, money, drugs, and alcohol (Biehal & Wade, 1999; Crosland & Dunlap, 2015; Fong & Cardoso, 2010; O’Brien et al., 2017). NCMEC (2017b) data found that among all reports of runaways from

foster care, 19 percent (comprising 29 percent of reports involving girls and 3 percent involving boys) are assessed to be likely victims of child sex trafficking. Assessment of likely trafficking victimization is based on multiple physical and behavioral indicators of trafficking. These indicators are drawn from information reported by the social service or law enforcement agency making the missing child report. Examples of indicators considered in assessing a child's risk of trafficking victimization include the following:

- Arrest on prostitution charges or identification during a prostitution-related sting by law enforcement.
- Placement of an ad on an “escort” website or other commercial sex advertising platform
- Disclosure by child of sex trafficking victimization.
- Confirmation by law enforcement or social worker that child was participating in services limited to sex trafficking survivors before running away.
- Recovery with a known trafficker.
- A combination of several indicators such as tattoos implying ownership, money, or commercial sex; or possession of hotel keys, prepaid cards, and/or unusual amounts of sexual paraphernalia.

NCMEC reports that although identification of boys has increased in recent years, they remain a small percentage of youth assessed as likely victims of child sex trafficking. Part of this is likely due to the fact that boys in the general population may be more likely than girls to be forced out of their homes by parents and therefore are less likely to be reported missing (Baack, Erickson, & Wisconsin Anti-Human Trafficking Task Force, 2016; Moore, 2005). Furthermore, male trafficking victims are less likely than female trafficking victims to be under pimp control, which is a primary means by which social services and law enforcement agencies identify likely victims (Curtis et al., 2008; Mitchell, Finkelhor, & Wolak, 2010). Male youth are therefore both less likely to be reported missing and less likely to subsequently be identified as trafficked.

Although all runaway youth are vulnerable to sexual exploitation, foster youth can have an increased susceptibility to trafficking victimization if they have fewer resources and family relationships to fall back on while on the run. High-risk behavior, such as heavy drug use, selling drugs, or being the victim or perpetrator of physical violence, can further increase a youth's vulnerability to trafficking; one study found that one-third of youth who run from foster care engage in such high-risk activities (Finkelstein et al., 2004). In the context of this discussion, it is important to note research (O'Brien et al., 2017) showing that domestic minor sex trafficking is a risk factor for running from foster care (i.e., foster youth with a history of sex trafficking victimization were more likely to report running from care than those without such history). The relationship between trafficking and running from care may be bidirectional, with each factor increasing the risk of the other. In this sense, running may perpetuate a dangerous cycle of subsequent victimization and subsequent running.

**Health Issues.** Runaway youth, both in foster care and the general population, have an increased risk of HIV, estimated in one study to be 15 times higher than that of youth who have not run (Booth, Zhang, & Kwiatkowski, 1999). This risk likely stems from a combination of sexual victimization and high-risk sex and drug behaviors. Youth who run from care may also face challenges with alcohol and other substance abuse. For some, this is a continuation of substance use patterns established prior to running; for others, it is the first experience with such behaviors (Biehal & Wade, 1999; Morewitz, 2016). Substance use and abuse can cause harm to youth, and—as highlighted earlier—can also promote additional negative consequences by making youth more vulnerable to subsequent victimization (Morewitz, 2016). National data on foster care runaways find higher rates of substance use among those with likely trafficking victimization than among those not at risk (63% vs. 49%) (RTI International, 2017b).

**Academic Consequences.** Running from foster care has been associated with negative academic consequences. Evidence suggests that youth in foster care already have poorer educational and employment outcomes than other youth, including lower rates of high school graduation and GED obtainment, and that running from care likely worsens these outcomes due to associated educational disruption (Courtney et al., 2005a). Youth in foster care consistently report that academic success is important for achieving material goals and creating positive futures, and some report that school acts as a motivator to return from a run (Skyles & Smithgall, 2007). However, frequent running is associated with poorer attendance, lower grades, decreased likelihood of completing education, and challenges with school reenrollment after returning to care (Biehal & Wade, 1999; Crosland & Dunlap, 2015; Skyles & Smithgall, 2007).

**Juvenile Justice System Involvement.** Runaway foster youth also may be at higher risk of entering the juvenile or adult justice system, especially youth who run from placement in residential or congregate care settings (Sarri et al., 2016). Research suggests that minority males have increased risk of both involvement with serious crimes and incarceration in the adult criminal justice system within two to three years of aging out of foster care, partly because of participation in “survival” crimes like robbery and drug dealing in the face of limited resources and job skills. Thus, the overrepresentation of minority men in the criminal justice system may have roots in their overrepresentation in the child welfare system (Sarri et al., 2016). Both justice system involvement and disruption or abandonment of education can limit youths’ ability to support themselves and increase their vulnerability to trafficking victimization.

**Lack of Supportive Adult Connections.** A further negative consequence of running from foster care is decreased bonding with supportive adult connections (Kaplan, 2004). Researchers have theorized that a lack of supportive adult relationships with foster parents and caregivers can contribute to running, and that running itself further weakens youths’ bonds with these adult authority figures (Biehal & Wade, 1999; Bowden & Lambie, 2015). Running may therefore contribute to a cycle of isolation as youth become increasingly disconnected from adult authority figures and positive adult connections.

## 2.5 What Opportunities Exist to Reduce the Risk of Youth Running from Care?

The prevalence of running from foster care and the specific risks involved present both challenges and opportunities for child welfare systems. Although research on strategies to prevent running from care is scarce, two research-informed programs show promise. Other programmatic responses addressing identified risks for running include educational support, enhanced activities and flexibility for older youth in foster care, counseling and therapy, targeting repeat runners, improving placement stability, and strengthening supportive adult connections.

### 2.5.1 Research-Informed Programs

The current body of evidence on research-informed approaches for reducing running from care is quite preliminary. The Behavior Analysis Services Program (BASP) is designed to reduce running from placements by assessing youths’ motivations for running, involving youth in the assessment process, and enhancing the value of placements for adolescents (Clark et al., 2008). In a pilot test of the BASP, 13 foster youth aged 12 to 17 years with a history of habitual runs from care underwent functional assessments. In these assessments, BASP behavior analysts worked closely with the youth to explore triggers and underlying reasons for their running. Behavior analysts and caseworkers then implemented tailored interventions to stabilize the youths’ placements at home and in school, and to meet their current and longer-term needs. Table 2-1 outlines the array of interventions that were considered for each youth.

**Table 2-1. Possible Research-Informed Approaches Identified for Youth in BASP Pilot**

Category	Interventions
Preference strategies	<ul style="list-style-type: none"> <li>▪ Introduce more preferred activity equipment and materials (e.g., workout equipment, bicycles), activities (e.g., video games, sports, music), and extracurricular activities (e.g., attending sporting events or concerts) to increase the likelihood of youth engagement.</li> <li>▪ Establish safe visitation arrangements with preferred persons (e.g., parents, siblings) to allow the youth access to them without having to run.</li> </ul>
Living arrangements	<ul style="list-style-type: none"> <li>▪ Involve the youth in determining their preferred type of living situation or specific living setting.</li> <li>▪ Arrange access to a more preferred placement.</li> <li>▪ Make available an array of “youth-preferred” living situations (e.g., supervised apartments, dorm-type settings) for older youth.</li> </ul>



<b>Category</b>	<b>Interventions</b>
Incentive arrangements	<ul style="list-style-type: none"> <li>▪ Establish a “behavioral contract” so a youth can earn rewards based on individual target behaviors such as requesting permission to go places, reporting whereabouts, not running away, or completing school homework.</li> <li>▪ Establish allowances for assuming responsibilities around the house.</li> <li>▪ Create a flexible fund for personnel to use with youth to support these types of incentives and activities.</li> <li>▪ Support older youth in their interests in exploring and getting jobs.</li> </ul>
Train and coach personnel	<ul style="list-style-type: none"> <li>▪ Conduct training and consultation with caregivers, caseworkers, resource coordinators, and supervisors to enhance their ability to provide a more reinforcing approach and environment for the youth.</li> <li>▪ Provide training to caseworkers and supervisors on the Positive Parenting Tools to enhance their ability to interact with youth in ways that will more fully engage young persons.</li> <li>▪ Improve personnel’s competencies with these transition-age youth by (a) increasing the rate of positive social descriptive praise and associated reinforcers, increasing sincere care statements, and decreasing the rate of coercives; (b) increasing the opportunity for youth to talk about how things are going (e.g., what’s happening in their daily life, problems or concerns they might have); (c) identifying youths’ interests, goals, and dreams; (d) supporting their pursuit of these (e.g., get an after-school job, opportunity to earn a driver’s license); and (e) providing more engaging activities and activity materials in their living situations.</li> <li>▪ Enhance the abilities of caseworkers and their supervisors to be able to (a) receive contacts from youth on runaway in inviting and reinforcing ways; (b) conduct informal functional assessments with youth regarding their reasons for running away; and (c) identify preferences of youth that might provide information regarding preferred placements or other strategies to make it likely that they would be more engaged and stick around.</li> <li>▪ Provide guidance to foster care caseworkers and supervisors to enhance their coaching skills for assisting foster, adoptive, and natural parents in using improved interactional skills with young persons.</li> </ul>

Source: Clark et al. (2008)

Youth who participated in the BASP were matched to a comparison group of foster youth with similar percentage time on runaway status, but who received typical foster-care services. The BASP group experienced a statistically significant decrease in length of runaway status from baseline to one year post intervention, from 38 percent of days on runaway status to 18 percent. Youth in the matched comparison group had no significant change in length of runaway status.

Although both groups saw a decrease in number of runaway episodes between the baseline and post intervention period, the difference was significantly larger for the BASP group. The BASP group also saw a significantly larger decrease in the number of placement changes from baseline to post-intervention. This evidence supports the role that behavior-analytic assessments and interventions can play in reducing the percentage of days on runaway and the frequency of runs, and in improving the stability of placements for youth who have a history of running away from foster care (Clark et al., 2008). Helping youth identify their preferred living situations—and then stabilizing them in such settings through individualized approaches—can be a first step toward developing positive foundations and social networks that will promote later life success.

A second study evaluated the effects on runaway behavior of the Children and Residential Experiences (CARE) program, which helps group and residential care agencies use evidence-informed principles to guide programming and enrich the relational dynamics through targeted staff development and ongoing reflective practice. CARE has been classified as “promising research evidence” by the California Evidence-Based Clearinghouse for Child Welfare, which provides information on identifying and implementing evidence-based child welfare practices (2018). In this study, 11 agencies received three years of training and technical assistance from trained CARE consultants, who supported them in developing programming that is relationship-based, trauma-informed, developmentally focused, family-involved, competence-centered, and ecologically oriented (i.e., enriches the physical and social environment to create a therapeutic setting). Agency leadership and key staff also participated in a five-day training program on CARE principles. Across the first cohort of agencies, small but significant decreases in runaway behavior were observed, with an average decrease in runaway incidence rates of 4 percent per month. Significant decreases were also seen in incidents of aggression toward staff and property destruction (Izzo et al., 2016). The authors state that this study supports the idea that interventions focused at the staff and organization level can significantly reduce the prevalence of disruptive and dangerous behaviors in group and residential care settings, including runaway behavior.

### ***2.5.2 Promising Approaches***

In addition to the research-informed approaches described above, several policy and programmatic approaches focus on reducing runaway behaviors. These approaches address factors associated with risks for, or consequences of, runaway episodes. However, their effectiveness has not been evaluated.

#### ***Educational Support***

Educational support systems may reduce runaway behavior by helping at-risk foster youth maintain regular school attendance and reach their education goals. Many foster youth report that educational achievement is a high personal priority, and research finds that a desire to attend school can reduce runaway behaviors and motivate youth to return from runs (Skyles & Smithgall, 2007). However, resources to support educational goals for this vulnerable

population of youth are limited. Foster youth may need help in navigating the educational system, especially getting reenrolled in school systems after a run or a placement change. Enrollment support may require increased collaboration among school systems, case workers, and foster parents to promote quicker entry into schools after a foster placement. In addition, promoting school as a positive aspect of youths' lives may prevent youth from running from placements. Many runaway youth have educational goals, feel pride in academic achievements, and want to be in school. Caseworkers could reinforce these positive instincts by specifically calling out youths' academic achievements in their case files (Skyles & Smithgall, 2007).

Subtitle VII-B of the McKinney-Vento Homeless Assistance Act of 1987 (Pub. L. 100-77) provides relevant educational support and protections for some youth in foster care. It aims to increase school stability—including enrollment, attendance, and educational success—among youth experiencing homelessness and those awaiting foster care placement. All youth who have run from foster care and are living in a homeless situation are eligible for assistance under this act, along with certain other youth in child welfare custody. States and localities have varying interpretations of the eligibility criteria for youth awaiting placement; some include all youth in out-of-home care, whereas others include a smaller subset of youth (Julianelle, 2009). Youth covered under the McKinney-Vento program have a legal right to remain in one school (the “school of origin”) despite changes in their foster care placement. They have a right to transportation to the school of origin, and immediate access to that school, regardless of whether school records and documentation are complete. These provisions can be important for foster youth who experience multiple placement changes. Youth are also eligible for support from school counselors and social workers; immediate access to uniforms, shoes, supplies, and free school meals; and academic support such as tutoring and credit recovery programs to help them meet course requirements for high school graduation.

Barriers to implementation of the McKinney-Vento Act's protections include a lack of data with which to identify eligible youth in some states and jurisdictions (Julianelle, 2009). However, coordinated information sharing between child welfare and education agencies can facilitate this process. One example is in Connecticut, where the Department of Children and Family Services created a form that caseworkers submit to involved school districts whenever a youth enters care or changes placement, indicating the address of the child's placement, the status of the biological parents' rights, whether the youth requires or may require special education, information about requests for educational records, and the caseworker's name and phone number. Anchorage, Alaska; Pima County, Arizona; Ann Arbor, Michigan; and Fairfax County, VA have all developed protocols for information sharing as well (Julianelle, 2009).

### *Enhanced Activities and Flexibility*

Another promising approach for preventing and reducing runaway behavior is to provide more activities and greater flexibility, especially among older youth. Several experts have suggested that foster agencies and child welfare systems may be able to reduce running by reducing

unprogrammed “downtime” and providing more activities, including support for participation in after-school sports and extracurricular activities (Finkelstein et al., 2004; Skyles & Smithgall, 2007). For example, some residential placements in New York City allow youth to sign themselves out for social events like going to the movies, which may reduce their desire to run away to access entertainment and socialize (Finkelstein et al., 2004). Activities during summer months are likely to be especially important, as youth report more boredom during this period when school is not in session (Fasulo et al., 2002). In addition, interviews with foster youth with a history of running from care highlight that running can stem from a desire to escape restrictive environments that limit young adults’ agency and freedom of movement (Finkelstein et al., 2004; Karam & Robert, 2013). Research suggests that foster homes and residential facilities might consider offering youth greater flexibility around curfews and opportunities for evening or overnight planned leave (Crosland & Dunlap, 2015; Finkelstein et al., 2004; Morewitz, 2016). Giving youth more independence and control over their social lives may reduce their desire to experience such independence by running.

The reasonable and prudent parent standard established by the PSTSFA is defined as the careful and sensible parenting decisions that maintain a child’s health, safety, and well-being while also supporting their cognitive, emotional, physical, and behavioral growth. A caregiver must use this standard when determining whether to give foster children permission to engage in sports, field trips, overnight activities, and other social and extracurricular events, all of which are considered valuable for youth development and socialization. This law was preceded by several relevant state efforts, including Florida’s 2013 “Normalcy Bill” (officially, the Quality Parenting for Children in Foster Care Act), which similarly provided foster youth and their caregivers with greater freedom to engage in “normal” child and adolescent activities such as sleepovers, school trips, camps, and sports. The law originated in response to criticism by youth and caregivers of existing policies that prevented youth from partaking in these activities without permission from child welfare agencies, case workers, or courts. The Normalcy Bill shifts responsibility for approving activities to foster parents and caregivers, using the same criteria that a “careful and sensible parent” would use, and therefore reduces barriers to participating in the types of activities that may deter running. A 2004 California law had similar aims, stating that foster youth should be provided with “the same academic resources, services and extracurricular and enrichment activities as all other children.”

### *Counseling and Therapy*

Several studies have also documented the potential value of counseling and therapy in reducing runs. This includes both family therapy, with either the foster family or the family of origin, and individual therapy (Crosland & Dunlap, 2015; Fasulo et al., 2002; Morewitz, 2016). Although many youth in foster care can benefit from therapy in light of their complex histories, individual psychotherapy in particular has been found to correlate with reduced risk of running from care (Fasulo et al., 2002). Some evidence also suggests that family therapy can reduce risk of running away, although these studies have not focused specifically on youth who run from foster care

(Crosland & Dunlap, 2015). Regardless of the type of therapeutic intervention, therapy may help youth develop a greater sense of security and well-being in their current placement setting, making them less inclined to run. Therapy also may allow them to develop skills for verbalizing and constructively responding to emotional distress, rather than expressing it through running, and may allow a therapist to monitor running more closely and intervene to prevent it as needed (Fasulo et al., 2002).

*Focusing on Repeat Runners*

Foster youth with histories of runaway behavior are at particularly high risk of future running (Courtney & Zinn, 2009; Nesmith, 2006; Taylor, 2013). Therefore, focusing on this subpopulation is an efficient and targeted use of resources. The period of time immediately after a youth returns from a runaway episode is a critical time for engagement, and interventions can commence immediately upon return (Courtney et al., 2005b). However, this approach requires a youth to have run from care at least once, so it can be considered a strategy for reducing, but not eliminating, runs. Many states have policies and resources in place to intervene with foster youth who have one or more prior runs; examples of such policies are included in Table 2-2. Other groups of foster youth at high risk of running might be targeted for intervention prior to their first run, including females, older youth, and youth with known behavioral health problems, including substance use and certain mental health diagnoses.

**Table 2-2. Selected State Policies around Foster Youth with Prior Runs**

<b>States Agency</b>	<b>Policy/Resource</b>
Missouri Department of Social Services (DSS; 2016)	DSS’s Child Welfare Manual includes protocol for repeat runaway youth, noting that “children who have run away multiple times are at an increased risk for involvement in commercial sexual exploitation.” DSS suggests (though does not mandate) that youth with multiple runs from care be referred to the Child Advocacy Center for a forensic interview to assess possible trafficking victimization.
<b>States Agency</b>	<b>Policy/Resource</b>
Hawaii Department of Human Services (n.d.)	Protocols for youth with prior runs from care include providing these youth with information around risks of being absent from care, steps they can take to stay safe during their absence, and a Safety Card that includes contact information for resources such as the child welfare services hotline, 24/7 suicide crisis hotline, 24/7 National Runaway Safeline, Sexual Exploitation Tipline, and Planned Parenthood.

States Agency	Policy/Resource
New York State Office of Children and Family Services (OCFS; 2016)	OCFS has published suggestions for service providers who work with youth at high risk of running from care, including <ul style="list-style-type: none"><li>▪ obtaining input from youth in their placement planning,</li><li>▪ providing factual and nonthreatening information about what can happen if a youth leaves without consent,</li><li>▪ working with youth to create safety plans for what to do if they leave care and feel unsafe, and</li><li>▪ welcoming youth back warmly and without judgment when they return after running away.</li></ul> OCFS also has a published administrative directive that details legal requirements for reporting and responding to unauthorized absences from care, and mandates for foster parents and caseworkers to respond to youths' needs after a run. These include identifying any needed rehabilitative services, identifying the reasons for leaving, and addressing what supports and actions are needed to help prevent future running. OCFS also mandates screening for sex trafficking within five days of returning from a run.
Michigan Department of Health and Human Services (2015)	Offers a conversation guide to help service providers discuss factors that contributed to youth being absent from care and ways to address these factors, and assess risk of trafficking victimization while absent.

Placement Setting and Stability

Evidence consistently demonstrates that placement setting and placement instability profoundly affect runaway behavior. In fact, one study concluded that “the most important prevention [for running] is to stabilize foster care placements” (Lin, 2012, p. 813). As noted in Section 2.2, youth in group and residential care settings and emergency shelters have significantly higher rates of runaway behavior compared to those in family foster care (Connell et al., 2006; Courtney et al., 2005b; Crosland & Dunlap, 2015). Youth with multiple prior placements also have higher rates of running from care; several studies have found a dose-response relationship whereby each additional removal and placement is associated with an increase in running risk (Courtney & Zinn, 2009; Lin, 2012). The goal of targeting youth with multiple prior placements, and those placed in residential care facilities, is to implement runaway prevention efforts among high-risk youth before their first run.

This evidence provides strong support for the importance of stabilizing youth in their placement settings to reduce the risk of running from care. One aspect of this is finding “culturally suitable placement settings” that take into account factors such as race, ethnicity, and sexual orientation, along with the youth’s opinions on their preferred living situation (Connell et al., 2006; Crosland & Dunlap, 2015; Sarri et al., 2016). Placing youth, especially older youth, in a family-like

environment rather than a residential setting may help reduce the “pull” factors that drive these youth to run home to their families of origin (Lin, 2012). Although it is likely unfeasible to shift all youth in residential facilities to foster family placements, efforts to create a more family-like environment, with personalized staff attention, may help to reduce the higher rates of running from residential care. As Courtney et al. (2005b) explained, “Efforts to prevent runaway should target residential care, if for no other reason than the fact that nearly one-half of first runs and more than two-fifths of subsequent runs come from residential care” (p. 40).

Placement stability is a critical goal of all child welfare systems, and many states have explicit policies around promoting stable placement in all settings. Given the established association between placement instability and running from care, it is not surprising that a number of states (including Michigan and New York) have protocols for interviewing youth after running from care that include questions about their preferred placement setting (Michigan Department of Health and Human Services, 2015; OCFS, 2016). States can also emphasize placement of children in their communities of origin, when possible. The North Carolina Division of Social Services (2012) child welfare policy manual notes a need to “[r]ecruit and support foster homes in communities from which foster children come into care,” as a means of preventing running away among youth in child welfare placements.

### *Supportive Adult Connections*

Lastly, it is critical to examine the role of supportive adult relationships in promoting placement stability and reducing the risk of running among youth in foster care. Multiple studies find that building positive adult relationships and forming meaningful connections with foster parents and caregivers is key to promoting stability within a placement setting (Biehal & Wade, 2000; Bowden & Lambie, 2015; Lin, 2012). Interviews with foster youth highlight the role that these adults play in fostering a sense of stability, with one youth stating, “If I had a nice placement that actually really, really, really cared about me and not just the money . . . and keeping me at school, talking to me on a more philosophical level. . . . Them the things that would have kept me in placement for real” (Courtney et al., 2005b; Finkelstein et al., 2004). In multiple studies, youth consistently reported that they wanted to be placed in a setting with people who cared about them, understood them, and took the time to know them as individuals (Courtney et al., 2005b; Finkelstein et al., 2004). The individualized, behavior-analytic approach piloted by Clark and colleagues (2008) stresses the importance of youth developing strong, stable social networks with family and community members, which can result from working to identify their preferred living situations and stabilize them in these settings. Research suggests a benefit to working with foster families and residential caregivers to create supportive relationships in the current placement setting, and with the youth’s family of origin, to maintain positive familial dynamics while in care (Crosland & Dunlap, 2015; Fasulo et al., 2002; Finkelstein et al., 2004).

State efforts around fostering positive adult connections range from more informal guidance, such as a New York OCFS directive to service providers that encourages creating an

environment where youth feel safe, supported, and cared for, to more formal mentoring and visitation initiatives. Detailed information about state efforts in this area are discussed in Section 4.



### **3. STATE EFFORTS TO PROVIDE SPECIALIZED SERVICES AND PLACEMENTS FOR CHILDREN WHO ARE SEX TRAFFICKING VICTIMS**

#### **3.1 Overview**

In recent years, child welfare practice has rapidly expanded its capacity to identify and address sex trafficking of minors. This process reflects both legislative mandates at federal and state levels, and increased recognition that sex trafficking of minors, at its core, is a form of child abuse. Child welfare agencies are well positioned to identify minors who are victims of sex trafficking or at risk of becoming victims, and already work closely with the range of providers needed to address trafficking (Hannan, Martin, Caceres, & Aledort, 2017). In addition, child welfare agencies serve as “gateway providers” of a range of services for trafficking victims and those at risk of human trafficking (Dorsey, Kerns, Trupin, Conover, & Berliner, 2012), ensuring that they have access to appropriate placements and other needed services (IOM, 2013).

The challenges associated with identifying and meeting the needs of sex trafficking victims are great. These include, but are not limited to, a lack of clear understanding of best practices related to victim screening and identification, inconsistent protocols among responding agencies (e.g., law enforcement, child welfare), resource limitations, and the challenge of engaging minors in service delivery. Child welfare agencies and other stakeholders are working to develop the capacity to identify and serve victims of sex trafficking by training multiple audiences who interact with children who may be victims (Section 3.2). Reflecting their role in the prevention of maltreatment, child welfare agencies are implementing prevention programs to reduce vulnerability among at-risk children (Section 3.3). To meet legislative mandates to identify youth who have experienced trafficking, agencies are implementing screening procedures (Section 3.4) and documenting identified victimization (Section 3.5). For children who have been trafficked, service responses include case management, specialized out-of-home placements, and external trafficking-specific services, including those that are survivor informed or led (Section 3.6). Child welfare agencies frequently engage in multidisciplinary and multi-sectoral collaboratives in order to build capacity to address child trafficking (Section 3.7).

#### **3.2 Training Child Welfare Workers and Others**

Many states now require training on human trafficking for public employees and other mandated recipients, which varies by state. The National Conference of State Legislatures (NCSL) reports that at least 38 states and the District of Columbia require training on human trafficking for specific employees, with 15 states and the District of Columbia specifically addressing child trafficking (NCSL, 2017b). Recipients most often include personnel in child welfare, law enforcement, juvenile justice, schools, and social services. At least six states include employees of certain private industries, such as the hospitality business, in their training requirements.

Reflecting positive responses to the Truckers Against Trafficking campaign,<sup>9</sup> at least four states include training related to human trafficking in requirements for commercial drivers' licenses.

Training content varies with the intended audience, but most often includes general awareness of trafficking, recruitment techniques of traffickers, risk factors for children in child welfare and others, and trauma bonds with traffickers (NCSL, 2017b). Practice-specific content may include identification of sex trafficking situations, legal duties of child-serving agencies and law enforcement personnel, and best practices for serving trafficked youth, among many others. Training on human trafficking is well-established within child welfare agencies, whether required by state law or agency policy. Child welfare agencies in all states and the District of Columbia and Puerto Rico reported past, ongoing, or planned training on human trafficking in their FFY 2017 and/or 2018 Annual Progress and Service Reports (APSRs) to ACF. Nearly all describe training for child welfare agency staff, as shown in Table 3–1. Training audiences within child welfare agencies include investigative workers, case managers, supervisors, and administrators.

In at least 16 states and the District of Columbia, training is offered to foster parents and contracted service providers in foster care placement agencies, residential facilities, and youth shelters. Several states reported providing foster parents with in-service trainings on human trafficking. For example, in the District of Columbia, the Child Welfare Training Academy has developed a curriculum and training entitled Understanding and Preventing Human Trafficking in Child Welfare. The six hour in-service training is designed for public and private agency social workers, family support workers, and resource parents. Other states reported ongoing or planned training for supervisors and staff within contract provider agencies such as group and residential care facilities, and shelters. For example, the Illinois child welfare agency provides contract agencies with six hours of trainings regarding the agency's rules and procedures related to human trafficking. Missouri reported plans to provide training to agencies that serve former foster youth through the Chaffee Foster Care Independence Program.

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<sup>9</sup> <https://truckersagainstrafficking.org/>

**Table 3–1. Child Welfare Agency Human Trafficking Training by State**

State	Training Program Source			Timing of Training (if specified)	CW Personnel Specified			
	Existing Training	State or Agency-Developed	Not Specified		Caseworker	Supervisor	Other CW*	Not Specified
Alabama	X <sup>1</sup>			Pre-service				X
Alaska			X					X
Arizona		X			X	X	X	
Arkansas	X <sup>2</sup>	X			X	X		
California		X			X	X	X	
Colorado	X <sup>2</sup>	X			X	X	X	
Connecticut	X <sup>3</sup>	X		Pre-service In-service	X	X	X	
Delaware		X		Pre-service In-service				X
District of Columbia		X		Pre-service	X		X	
Florida		X			X	X	X	
Georgia		X			X	X	X	
Hawaii			X					X
Idaho	X							X
Illinois	X	X		Pre-service In-service	X	X	X	
Indiana		X			X	X <sup>+</sup>	X	

State	Training Program Source			Timing of Training (if specified)	CW Personnel Specified			
	Existing Training	State or Agency-Developed	Not Specified		Caseworker	Supervisor	Other CW*	Not Specified
Iowa		X			X	X	X	
Kansas	X <sup>4</sup>			Pre-service	X	X	X	
Kentucky			X	Pre-service In-service				X

Table 3–1. Child Welfare Agency Human Trafficking Training by State (continued)

State	Training Program Source			Timing of Training (if specified)	CW Personnel Specified			
	Existing Training	State or Agency-Developed	Not Specified		Caseworker	Supervisor	Other CW*	Not Specified
Louisiana	X	X			X			
Maine		X		Pre-service In-service	X (only pre-service required)			X (additional staff not specified)
Maryland	X <sup>2</sup>	X		Pre-service (in process <sup>a</sup> )	X	X	X	
Massachusetts	X <sup>5</sup>	X		Pre-service In-service	X	X	X	
Michigan			X					X
Minnesota		X						X
Mississippi		X						X
Missouri			X					X

Training Program Source				Timing of Training (if specified)	CW Personnel Specified			
State	Existing Training	State or Agency-Developed	Not Specified		Caseworker	Supervisor	Other CW*	Not Specified
Montana			(planned)		(planned)	(planned)	(planned)	
Nebraska			X	In-service	X	X	X	
Nevada			(planned)					(planned)
New Hampshire	X			Pre-service In-service				X
New Jersey	X <sup>6</sup>	X			X		X	
New Mexico		(in process <sup>b</sup> )						(in process <sup>c</sup> )
New York		X			X	X	X	
North Carolina		X		Pre-service (caseworkers and supervisors) In-service (directors and program administrators)	X	X	X	

**Table 3–1. Child Welfare Agency Human Trafficking Training by State (continued)**

Training Program Source				Timing of Training (if specified)	CW Personnel Specified			
State	Existing Training	State or Agency-Developed	Not Specified		Caseworker	Supervisor	Other CW*	Not Specified
North Dakota		X					X	X
Ohio		X			X			

State	Training Program Source			Timing of Training (if specified)	CW Personnel Specified			
	Existing Training	State or Agency-Developed	Not Specified		Caseworker	Supervisor	Other CW*	Not Specified
Oklahoma		X		Pre-service In-service	X			
Oregon		X			X	X	X	
Pennsylvania		X			X	X	X	
Puerto Rico			X		X		X	
Rhode Island			X		X	X	X	
South Carolina		X			X	X	X	
South Dakota		X		Certification training				X
Tennessee	X <sup>7</sup>				X	X		
Texas		X		Pre-service In-service	X	X	X	
Utah		X			X			
Vermont	X <sup>2</sup>				X	X	X	
Virginia		X			X	X	X	
Washington			X		Minimum number of workers and supervisors with training specified per region.			
West Virginia			(planned)					(planned)
Wisconsin		X						X

**Table 3–1. Child Welfare Agency Human Trafficking Training by State (continued)**

State	Training Program Source			Timing of Training (if specified)	CW Personnel Specified			
	Existing Training	State or Agency-Developed	Not Specified		Caseworker	Supervisor	Other CW*	Not Specified
Wyoming		X		Pre-service	X	X	X	

Notes:

Source: Information in this table is from states’ Annual Progress and Service Reports (APSRs) for Federal Fiscal Year (FFY) 2017 and 2018, with additional details from state child welfare agency websites.

Highlighted cells (shaded green) indicate that based upon information gathered, these states *require* training.

\* “Other CW” includes, e.g., county, regional and state program administrators, directors, contracted social service agency staff (such as group and residential care facilities and shelter staff), foster parents.

+ Indiana requires a second HT training for case managers and case manager supervisors.

# Mandatory CSEC awareness training is provided to all Department of Children, Youth, and Families employees; Advanced CSEC training is provided to CPS workers (CPIs and Intake workers).

Footnotes indicate named, previously-developed training programs:

<sup>1</sup> Striving Toward Excellent Practice: STEP.

<sup>2</sup> Capacity Building Center for States’ *Child Welfare Response to Child and Youth Sex Trafficking*; as of 2017, Vermont reported that it was planning to use this curriculum.

<sup>3</sup> Train-the-trainer model for *Not a #Number* and *My Life My Choice*.

<sup>4</sup> Adapted the Train-the-Trainer Domestic Minor Sex Trafficking course from State of Connecticut Department of Children and Families

<sup>5</sup> As part of the Massachusetts Child Welfare Anti-Trafficking Grant, My Life My Choice training titled, *Understanding and Responding to Victims of Commercial Sexual Exploitation* is provided to Multidisciplinary Team (MDT) partner communities, Department of Children and Families staff, and service providers. MDT partners are also provided training on developing response protocols per the Support to End Exploitation Now (SEEN) Program.

<sup>6</sup> Two-day training on human trafficking developed by Polaris for the NJ Child Welfare Training Partnership.

<sup>7</sup> Overview on Child Sex Trafficking from the National Human Trafficking Resource Center.

Footnotes indicate training implementation expected soon, if not already (per FFY 2018 APSR):

<sup>a</sup> Maryland - notes training will be incorporated into the pre-service required training for all new child welfare staff.

<sup>b/c</sup> New Mexico - notes plans to develop and offer ongoing human trafficking training for Protective Services Division staff.

Training requirements vary among child welfare agencies. States differ in terms of whether training is optional or mandatory for various groups. They can integrate a module or section on human trafficking into their child protection worker pre-service or onboarding training; have a separate, required course on human trafficking for all new hires; or run mandatory annual training. More intensive training is required for certain child welfare workers in certain states. For example, Washington requires that two locations within each Human Services region have at least two child protective service (CPS) workers and one supervisor who have received in-depth training on commercial sexual exploitation of children (CSEC). Indiana requires training for family case managers and supervisors beyond the training that case workers receive.

Child welfare agencies report using internally and externally developed training resources. Agency-developed trainings appear to be the most common approach to training, as in the District of Columbia example described above. These are frequently created in partnership with a university or contract partner.

Several states use existing training programs, including those identified in Table 3-1. Arkansas, Colorado, Maryland, New Hampshire, Vermont, and Idaho are implementing, or planning to implement, the Child Welfare Response to Child and Youth Sex Trafficking curriculum, developed by the Child Welfare Capacity Building Collaborative (CWCBW), for all family service workers and supervisors. Tennessee requires all case management staff to receive an overview on Child Sex Trafficking from the National Human Trafficking Hotline. New Jersey requires that all child protection workers attend training on human trafficking developed by Polaris for the NJ Child Welfare Training Partnership. Along with the CWCBW training, Colorado also offers web-based training for caseworkers on the Colorado High Risk Victim Identification Tool. For both agency-developed and existing training programs, evaluations are typically limited to pre- and post-test comparisons of knowledge rather than assessments of their impact on practice (McMahon-Howard & Reimers, 2013).

### **3.3 Preventing Trafficking among At-Risk Youth**

Children within the child welfare population are at increased risk of trafficking victimization, as discussed elsewhere in this report. These vulnerabilities include overlapping risk factors for both child maltreatment and trafficking (Choi, 2015); the impact of sexual abuse and other forms of maltreatment (Lalor & McElvaney, 2010); disrupted relationships resulting from system involvement (Avery & Freundlich, 2009); and risks associated with runaway episodes from foster care (Crosland & Dunlap, 2015). Yet young persons may not view themselves as vulnerable to trafficking victimization (IOM, 2014). Prevention efforts are needed to educate youth about trafficking and reduce their vulnerability to engagement or revictimization (Hannan et al., 2017).

Prevention education programs focused on sex trafficking include programs developed by advocacy organizations and child welfare agencies. Among those used by child welfare agencies, only one has begun to establish its evidence base through rigorous evaluation. *My Life,*



*My Choice* is a widely implemented prevention education program addressing commercial sex involvement among girls and young women. Program developers report having trained facilitators in 31 states and Canada, including many child welfare settings (*My Life, My Choice*, 2016). The curriculum was developed and reviewed by survivors of sexual exploitation in 2002. Although it can be used as primary prevention, the program is designed primarily to reach vulnerable young women who are disproportionately at risk for victimization, including those in the juvenile justice and child welfare systems. Sessions focus on understanding and avoiding the recruitment tactics of exploiters, but also touch on substance abuse, sexual and emotional health, examining vulnerabilities, building self-esteem, and connecting with resources. An ongoing evaluation, funded by the National Institute of Justice, is assessing the evidence base for the prevention curriculum.<sup>10</sup>

Several child welfare agencies and trafficking collaboratives report offering *My Life, My Choice*. The Indiana Protection for Abused and Trafficked Humans (IPATH) Task Force offers the curriculum through its partnering agencies, including a child welfare residential placement agency. IPATH reports that several girls have self-identified as trafficking victims after participating in the program. Connecticut’s multiagency Human Anti-trafficking Response Team (HART) has sponsored facilitator training on the curriculum, and the Massachusetts child welfare agency offers the prevention program and survivor mentorship component for girls in its care. California provides the curriculum to girls participating in the alternative Succeeding Through Achievement and Resilience court setting for girls.

Child welfare agencies report using other prevention programs besides *My Life, My Choice*, although these have not been formally evaluated. An example of such a practice-based program is Connecticut’s HART, which implements *Not a Number*. Developed by the advocacy organization LOVE146, this five-module curriculum is intended to strengthen participants’ defenses against trafficking exploitation by providing information and developing critical thinking and skills (LOVE146, 2017). Texas, Georgia, and Oklahoma have also implemented *Not a Number*, and Louisiana has plans to implement. As noted in Section 3.2, the Illinois child welfare agency developed a curriculum for youth, using the theme “*You Are Not for Sale*” (Illinois Department of Children and Family Services, 2016). This curriculum provides youth with human trafficking education to build their protective factors and resilience and to deter the recruitment methods of pimps and traffickers. The state also includes a “train the trainer” session of the curriculum among its staff training resources. Other child welfare agencies have incorporated trafficking prevention into existing life skills programs for older youth, such as the *Preparing Adolescents for Young Adulthood* curriculum offered in Massachusetts, and the *Teen Responsibility and Independent Living Skills* curriculum used in New Hampshire.

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<sup>10</sup> NIJ grant 2014-R2.CX-0005, [https://www.illinois.gov/dcf/aboutus/newsandreports/Documents/Statewide\\_CAN\\_Prevention\\_Plan\\_2016.pdf](https://www.illinois.gov/dcf/aboutus/newsandreports/Documents/Statewide_CAN_Prevention_Plan_2016.pdf).

### 3.4 Screening for Trafficking

Identification of trafficking victimization is essential to connecting youth to appropriate services. Given the underreported nature of trafficking, sensitive tools are paramount for accurately identifying youth who are victims of or at high risk for trafficking victimization (Fong & Berger Cardoso, 2010).

Based on data reported in FFY 2017 and 2018 APSRs, most states were implementing or planning to implement screening measures, as required by the Preventing Sex Trafficking and Strengthening Families Act (PSTSFA). Screening approaches include both standardized instruments to assess risk of trafficking or identify trafficking victimization, and more comprehensive screening protocols that describe procedures for screening in detail.

Most states reported using general screening tools at intake, during maltreatment investigations, or during periodic case reviews. As shown in Table 3-2, 34 states and the District of Columbia reported active implementation of general screening approaches. An additional eight states reported that they were planning to launch general screening approaches, as of the FFY 2018 APSR.

#### **Terms Used to Describe Screening Approaches for Human Trafficking**

- ◆ **Screening tools.** Standardized approaches to identify children who are at high risk of trafficking or being trafficked.
- ◆ **Screening protocols.** Comprehensive procedures describing which tools are used, when they are administered, and how administered.
- ◆ **General screening tools.** Tools used with all children at intake, investigation or assessment.
- ◆ **Tailored screening tools.** Tools used in specific situations, as when a child is recovered after being missing from care.
- ◆ **Indicator Tools.** Observable behavioral or situational descriptors suggesting high risk.
- ◆ **Interview Tools.** Questions addressing risk or victimization, administered by a professional or self-administered.
- ◆ **Tiered protocols.** A screening approach that uses a brief tool to identify children at high risk of trafficking, who then receive a more detailed screening.

**Table 3-2. Screening Tools & Interview Protocols Used by Child Welfare Agencies to Identify Human Trafficking**

State	General Screening Tools or Protocol*				Administration Characteristic	Specific to Recovered Missing Youth**
	Status as of June 2017	Source of Tool or Protocol		Status as of June 2017		
	No Information	Active or Planned Use of Tool or Protocol	State- or Agency- Developed	Existing Tools or Protocol	Tiered <sup>^</sup>	Active or Planned Use of Tool or Protocol
Alabama		Planned				
Alaska		Planned				Active
Arizona		Active	X			
Arkansas		Active		X		Active
California		Active		X <sup>1</sup>		
Colorado		Active	X			
Connecticut		Active	X			
Delaware		Active	X			Active
District of Columbia		Active	X	X <sup>2</sup>	X	
Florida		Active	X			
Georgia		Active	X			
Hawaii		Active	X	X <sup>3</sup>	X	
Idaho		Active		X <sup>4</sup>		Active
Illinois		Active	X			Active

State	General Screening Tools or Protocol*					Specific to Recovered Missing Youth**
	Status as of June 2017	Source of Tool or Protocol			Administration Characteristic	Status as of June 2017
	No Information	Active or Planned Use of Tool or Protocol	State- or Agency- Developed	Existing Tools or Protocol	Tiered^	Active or Planned Use of Tool or Protocol
Indiana		Active	X			Active
Iowa		Active	X			
Kansas		Active	X			Active

**Table 3–2. Screening Tools & Interview Protocols used by Child Welfare Agencies to Identify Human Trafficking (continued)**

State	General Screening Tools or Protocol*					Specific to Recovered Missing Youth**
	Status as of June 2016	Source of Tool or Protocol			Administration Characteristic	Status as of June 2016
	No Information	Active or Planned Use of Tool or Protocol	State- or Agency- Developed	Existing Tools or Protocol	Tiered^	Active or Planned Use of Tool or Protocol
Kentucky		Planned				
Louisiana		Active	X			Active

State	General Screening Tools or Protocol*				Specific to Recovered Missing Youth**	
	Status as of June 2016	Source of Tool or Protocol		Administration Characteristic	Status as of June 2016	
	No Information	Active or Planned Use of Tool or Protocol	State- or Agency- Developed	Existing Tools or Protocol	Tiered^	Active or Planned Use of Tool or Protocol
Maine		Active	X			
Maryland		Active		X <sup>5</sup>		
Massachusetts	X					
Michigan		Active	X	X <sup>6</sup>		Active <sup>+</sup>
Minnesota		Active	X			Active
Mississippi	X					
Missouri		Planned				
Montana		Planned				
Nebraska		Active	X			
Nevada		Active	X			
New Hampshire	X					
New Jersey		Active	X		X	
New Mexico	X					
New York		Active	X		X	
North Carolina		Active	X			

**Table 3–2. Screening Tools & Interview Protocols used by Child Welfare Agencies to Identify Human Trafficking (continued)**

State	General Screening Tools or Protocol*				Administration Characteristic	Specific to Recovered Missing Youth**
	Status as of June 2016		Source of Tool or Protocol			Status as of June 2016
	No Information	Active or Planned Use of Tool or Protocol	State- or Agency- Developed	Existing Tools or Protocol	Tiered <sup>^</sup>	Active or Planned Use of Tool or Protocol
North Dakota		Active	X			
Ohio		Active		X <sup>7</sup>		
Oklahoma	X					
Oregon		Active	X		X	
Pennsylvania		Planned				
Puerto Rico	X					
Rhode Island		Active	X			
South Carolina	X					
South Dakota		Planned				
Tennessee		Active	X			
Texas		Planned				Active
Utah	X					Active
Vermont		Active	X			
Virginia		Active	X			

State	General Screening Tools or Protocol*				Administration Characteristic	Specific to Recovered Missing Youth**
	Status as of June 2016	Source of Tool or Protocol		Tiered^	Status as of June 2016	
	No Information	Active or Planned Use of Tool or Protocol	State- or Agency- Developed		Existing Tools or Protocol	Active or Planned Use of Tool or Protocol
Washington		Active	X			
West Virginia		Planned			Active <sup>+</sup>	
Wisconsin		Planned				

**Table 3–2. Screening Tools & Interview Protocols used by Child Welfare Agencies to Identify Human Trafficking (continued)**

State	General Screening Tools or Protocol*				Administration Characteristic	Specific to Recovered Missing Youth**
	Status as of June 2016	Source of Tool or Protocol		Status as of June 2016		
	No Information	Active or Planned Use of Tool or Protocol	State- or Agency- Developed	Existing Tools or Protocol	Tiered <sup>^</sup>	Active or Planned Use of Tool or Protocol
Wyoming		Active	X			

Notes.

Source: Information in this table is from states' Annual Progress and Service Reports (APSRs) for Federal Fiscal Year (FFY) 2017 and FFY 2018, with additional details from state child welfare agency websites.

\* General screening tools are those that are used at intake, during an investigation, or while a child or youth is under child welfare custody. These also include tools that may also be used when a youth is recovered from runaway status, but are not exclusive to this use.

\*\* Tools in this category are those that appear to be exclusive to the use of screening for trafficking victimization when a child or youth is recovered from missing or runaway.

<sup>^</sup> Tiered protocols refer to those that involve multiple steps, or universal screening with additional tools administered if a youth screens positive on “red flags” or initial questions.

<sup>+</sup> Based upon information gathered, use of the screening tool or interview protocol is required.

Footnotes indicate named, previously developed screening tools or interview protocols:

<sup>1</sup> California: Several tools provided as options, including the WestCoast Children’s Clinic’s Commercial Sexual Exploitation - Identification Tool; Vera Institute of Justice Trafficking Victim Identification Tool; Covenant House Human Trafficking Interview and Assessment Measure; San Luis Obispo CSEC Screening Tool.

<sup>2</sup> District of Columbia: Sex Trafficking Questionnaire, adapted from the Shared Hope International (SHI) tool.

<sup>3</sup> Hawaii: Loyola University Rapid Screening Tool.

<sup>4</sup> Idaho: Vera Institute of Justice Trafficking Victim Identification Tool.

<sup>5</sup> Maryland: WestCoast Children’s Clinic’s Child and Adolescent Needs and Strengths-Commercially Sexually Exploited (CANS-CSE).

<sup>6</sup> Michigan: Vera Institute of Justice Trafficking Victim Identification Tool, Covenant House Human Trafficking Interview and Assessment Measure.

<sup>7</sup> Ohio: Covenant House Human Trafficking Interview and Assessment Measure.



*Screening Tool Sources.* Sources for screening tools and protocols varied. Among those that report actively screening for trafficking, 28 states and the District of Columbia reported using screening approaches developed by the child welfare agency or by the human trafficking task force. However, some of these may have been adapted from those used elsewhere. For example, the Wisconsin task force convened a multidisciplinary statewide workgroup that reviewed 24 screening tools (Baack et al., 2016). Criteria for selection included whether tools had been validated, training requirements, target population, types of trafficking addressed, and administration requirements. The workgroup then recommended two tools to be adapted for use within the state. The workgroup’s report was submitted subsequent to the state’s FFY 2017 APSR and its recommendations are not reflected in Table 3-2.

Six states and the District of Columbia reported having used existing screening tools. The most commonly identified among these were developed by the Vera Institute (Simich, Goyen, Powell, & Mallozzi, 2014) and Covenant House (Bigelsen & Vuotto, 2013), each of which were reported as used by three states. Other tools adopted by states include those developed by the WestCoast Children’s Clinic (Basson, 2017), Shared Hope International, and Loyola University of Chicago (Walts, French, Moore, & Ashai, 2011). Two states and the District of Columbia reported using both existing instruments and those they developed.

*Administration Characteristics.* Approaches identified by states include both indicators and instruments. Screening indicators are observable behavioral or situational indicators of victimization. Indicator tools can consist of brief “red flag” lists such as the example in the text box at right, designed to be completed during a single conversation. More extensive indicator tools are used to characterize youth as being at risk or at high risk of trafficking based on the number and severity of indicators noted. For example, the WestCoast Children’s Clinic’s Commercial Sexual Exploitation-Identification Tool (CSE-IT) lists 46 indicators in eight areas, which are assessed based on conversations with youth,

**Examples of Human Trafficking Indicators**

- ◆ References to being or being treated like a slave.
- ◆ References to a “pimp,” “daddy,” or “boyfriend.”
- ◆ Threats to family.
- ◆ References to being escorted or supervised when out in public.
- ◆ Being prohibited from associating or communicating with friends or family.
- ◆ Not attending school or being not allowed to go to school.
- ◆ References to money being owed or debt.
- ◆ Threats of deportation.
- ◆ References to prostitution, pornography, commercial sex acts or forced labor.
- ◆ Being made to sleep in poor conditions, (e.g., in basement, on cots, or sharing bed).
- ◆ References to being made to work a lot or too much.
- ◆ Being unsure of age or told to lie about age

Summarized from indicators used by the New Jersey Department of Children and Families

observation of youths' appearance and behaviors, case records, or information from others who know the youth (Basson, 2017).

Screening tools can also consist of standardized interviews, typically administered by a child welfare worker. Although this approach may allow youth to disclose information directly and in greater detail, interview context can influence youth response and the information provided (Bigelsen & Vuotto, 2013; Simich et al., 2014). Developers caution that survivors are unlikely to disclose trafficking experiences unless they feel comfortable in the conversation and with the professional asking questions (Bigelsen & Vuotto, 2013). Availability of resources to ensure victim safety and meet service needs may also encourage more open responses (Simich et al., 2014). Interview tools vary in length, but one self-administered screening, tested with youth in runaway/homeless programs and child welfare settings, the Human Trafficking Screening Tool, suggested that as few as six questions can be effective (Dank et al., 2017). This study is described in the "Validation of Screening Instruments" section.

Several states use tiered protocols, which combine a relatively brief general screening with a more in-depth tool to be used when circumstances warrant. For example, New Jersey caseworkers are instructed to use the Rapid Human Trafficking Assessment if a caller to intake responds "yes" to the mandated human trafficking question or to four or more "red flags" (New Jersey Department of Children and Families, 2014). The Hawaii Child Welfare Services Protocol identifies points at which a caseworker should complete a screening tool or when the youth should be asked to complete a self-report measure (CSEC Identification Survey) (Rhoades, 2014).

*Tailored Screening Instruments.* As reported in FFY 2017 and 2018 APSRs, 13 states used tailored screening tools upon a child's recovery from a runaway or missing episode. Of these, six reported that they also used or planned to use general protocols or screening tools. For example, Louisiana screens for sex trafficking at the time of CPS investigations (CPS Screening

#### **Human Trafficking Screening Tool— Short Form Questions**

- ◆ Did someone you work for ever refuse to pay what they promised and keep all or most of the money you made?
- ◆ Did you ever trade sexual acts for food, clothing, money, shelter, favors, or other necessities for survival before you reached the age of 18?
- ◆ Were you ever physically beaten, slapped, hit, kicked, punched, burned, or harmed in any way by someone you worked for?
- ◆ Have you ever been unable to leave a place you worked or talk to people you wanted to talk to, even when you weren't working, because the person you worked for threatened or controlled you?
- ◆ Did someone you work for ever ask, pressure, or force you to do something sexually that you did not feel comfortable doing?
- ◆ Were you ever forced to engage in sexual acts with family, friends, clients, or business associates for money or favors, by someone you work for?

Source: Urban Institute (Dank et al., 2017).

Tool for Child Sex Trafficking), when youth are in foster care or the custody of Family Services (Risk Screening for Sex Trafficking), and upon recovery from runaway/missing status (Runaway, Missing, or Kidnapped Child Assessment).

*Validation of Screening Instruments.* Screening approaches are in the early stages of establishing their effectiveness in identifying whether children are or are not trafficked. Until recently, only two screening instruments for human trafficking had been validated against an independent assessment: those developed by the Vera Institute of Justice, and an adaptation of that instrument by Covenant House of New York City. More recent validation studies have been conducted by the WestCoast Children’s Clinic and Urban Institute, described below. However, additional research is needed to better understand how tools perform in the child welfare context. That is, are these tools able to accurately identify youth who have experienced trafficking victimization or are at high risk for victimization? This type of research is needed to provide evidence-based guidance to child welfare agencies on tool and interview guide selection.

The Vera Institute developed and tested an instrument with adults and children, domestic and foreign (Simich et al., 2014). Covenant House of New York City adapted and tested the Vera Institute instrument with its population of runaway and homeless youth (Bigelsen & Vuotto, 2013). In each case, the screening instruments were determined to be effective in differentiating those who had and had not been trafficked, based on comparison to information in agency case files. However, neither tool has been tested in a child welfare population.

The Urban Institute developed a self-administered human trafficking screening tool, pretested with more than 600 youth involved in child welfare or runaway or homeless services (Dank et al., 2017). In the pretest, a 19-item Human Trafficking Screening Tool (not to be confused with Florida’s instrument of the same name) was embedded among questions related to trafficking risk (runaway behavior, substance use) and demographic characteristics. For a 25 percent subsample of participating youth, the survey was administered by a practitioner familiar with the young person, who independently assessed the likelihood that the youth had experienced trafficking. The pretest study determined that youth understood the survey questions and that the survey could be feasibly administered in child welfare or runaway/homeless youth service settings. Both the 19-item Human Trafficking Screening Tool and a six-item short form were effective in identifying youth considered to be trafficked by their practitioner. However, the relatively small number of youth in child welfare settings involved in the study (N=82) suggests the need for caution with respect to the validation study for that population.

The WestCoast Children’s Clinic recently validated the CSE-IT described above. The CSE-IT was piloted in 45 agencies (including child welfare and juvenile justice agencies) with 5,537 children aged 10 years or older (Basson, 2017). Validation was based on concurrently collected data from children aged 10 years or older receiving services at a county child welfare site, comparing the CSE-IT with the exploitation domain of the Crisis Assessment Tool/Childhood Severity of Psychiatric Illness, a validated instrument. Findings indicated correlation of 92

percent between the two measures, suggesting strong criterion validity. However, the number of children participating in the test was not reported.

### **3.5 Reporting of Trafficking Allegations**

State- and national- level data on the prevalence and characteristics of victimization are needed to inform prevention, service planning, and resource allocation. The Justice for Victims of Trafficking Act (JVTA) amended the Child Abuse Prevention and Treatment Act to require states, “to the maximum extent practicable,” to report the number of children identified as sex trafficking victims to the National Child Abuse and Neglect Data System (NCANDS). As communicated by ACF to state child welfare agencies, reporting on this element will begin with their FFY 2018 NCANDS data submission, which is due in January 2019 (Administration for Children & Families (ACF), 2015; Children's Bureau, 2016b).

State allegation categories related to human trafficking vary considerably. Within their FFY 2017 APSRs, 29 states reported allegation categories for human trafficking. Of these, 27 states reported current or planned use of allegation categories for sex trafficking or commercial sexual exploitation, and two states (Illinois and Utah) reported using a single allegation category for human trafficking. Among the 29 states, eight reported current or planned use of a separate allegation category for labor trafficking.

NCANDS has recently added a new maltreatment type code for sex trafficking and changed data collection rules to allow states to report sex trafficking victims who have not reached their 24th year of age. These changes were made based on recommendations from a volunteer working group representing nine state child welfare agencies (Children's Bureau, 2016b). States implemented changes to procedures and child welfare information systems and data collection is in-process.

### **3.6 Child Welfare Service Responses to Trafficking**

Service needs of trafficked minors are varied, and include many that are shared with other victims of trauma and maltreatment (Administration for Children, Youth and Families, 2013). Services most frequently provided to trafficking victims and at-risk youth, as reported in child welfare agencies' FFY 2017 APSRs, include specialized case management; specialized out-of-home placement resources; and partnership with trafficking-specific services, including those provided by organizations led or informed by survivors.

Trauma-informed care is recommended as a core component in services to both adult and child victims of human trafficking (Hannan et al., 2017). Based on the principles summarized in the text box on the following page, this approach can be implemented across a variety of settings. Trauma-informed care supports healing by addressing the experiences that precede, and result from, trafficking victimization.

### 3.6.1 Specialized Case Management

Case management services represent an essential point of coordination for trafficking victims (Clawson & Dutch, 2008). Although child welfare practice routinely includes case oversight and service coordination, trafficking victims may need a higher level of case management depending on their interactions with multiple service systems, and the need to balance their well-being with prosecutors' interests (Macy & Johns, 2011). For minor victims, specialized case management can also ensure that children are connected to a consistent source of personal support, and that needed services are appropriate to their situation and acceptable to them (Gibbs et al., 2015). Within their FFY 2017 and 2018 APSRs, state child welfare agencies report several specialized approaches to case management for trafficked youth.

Specialized case management can be provided from within the child welfare agency. For instance, the Illinois child welfare agency's protocol outlines caseworker responsibilities when children are trafficking victims (2006). These include convening a Child and Family Team comprising all involved providers, youth (if aged 12 years or older), primary caregivers, and other adults. As part of this process, the caseworker develops a Human Trafficking Supervision Plan with detailed descriptions of measures to be taken in relation to placement and supervision during school and other activities. The plan also includes measures to maintain the child's safety, which are to be developed in consultation with the young person. New Hampshire's FFY 2017 APSR reports that the agency is crafting procedures for multidisciplinary case staffing and referrals when youth have been trafficked. Their approach will include placement options tailored to the needs of trafficking victims and trauma-informed, evidence-based treatment options.

Specialized case management also can be provided by external entities with specific expertise in child sex trafficking or through multidisciplinary teams. In Georgia, child welfare case managers work with Georgia Cares, the nonprofit agency that coordinates services for child trafficking victims statewide to ensure appropriate and comprehensive services for children who are victims of, or at risk for, trafficking (State of Georgia, n.d.). Georgia Cares completes an assessment and reports recommendations and results back to the child welfare caseworker. The caseworker then coordinates with Georgia Cares to arrange services, which may include behavioral health, survivor mentoring, victim advocacy in juvenile court, and other needed supports. Georgia Cares may also coordinate education and support services for the child's

#### Characteristics of a Trauma-Informed Approach

“A program, organization, or system that is trauma-informed:

- ◆ *Realizes* the widespread impact of trauma and understands potential paths for recovery;
- ◆ *Recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- ◆ *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices; and
- ◆ *Seeks to actively resist re-traumatization.*”

Source: [Substance Abuse and Mental Health Services Administration \(2015\)](#).

family or foster caregiver, as needed. California and Massachusetts report providing case management services through multidisciplinary teams developed through their Children's Bureau-funded collaborations (described in Section 3.6).

### **3.6.2 Placement Resources**

Safe and appropriate out-of-home placements are a core service for the child welfare system (CWIG, 2013a). However, several challenges complicate efforts to place children who are trafficking victims in out-of-home care. Case managers are appropriately concerned about the possibility of contact by the child's trafficker and increased likelihood of runaway behavior (Clawson & Goldblatt Grace, 2007). Foster parents may be concerned about these issues and the possibility of sexual acting-out behavior in their homes (Villanova University Charles Widger School of Law, 2017). These concerns compound the existing challenges of finding culturally-competent placement resources for sexual-minority youth, who are overrepresented among child trafficking victims (Swaner et al., 2016).

Many service providers believe that the placements used for older youth can increase risks for trafficking (Gibbs et al., 2015; Smith, Vardaman, & Snow, 2009). A description of training offered to caseworkers in Oregon notes that "traffickers target group homes and foster placements and, consequently, [professionals] need to be armed with the requisite knowledge to effectively advocate for their young clients" (Richardson, 2016, p. 110). Their concerns are based on potential recruitment to trafficking involvement when vulnerable youth are exposed to others who have been exploited and their traffickers. However, associations between trafficking victimization and group and residential care may reflect placement patterns for older children (RTI International, 2017a) rather than a causal relationship.

States mitigate these potential risks with policies regarding placement of children who are trafficking victims. For example, Georgia child welfare protocols specify that no more than one child identified as a trafficking victim can be placed within a foster home, and that these children should not be placed in a home with another adolescent with risk factors for trafficking (State of Georgia, n.d.). As noted in Section 3.2, many states strengthen the trafficking-responsive capacity of their placement resources by including foster parents and staff from placement agencies, residential facilities, and youth shelters among required recipients of human trafficking training.

Child welfare agencies report working with providers to develop a continuum of placement options for trafficked children. These placements typically include extended training on human trafficking for caregivers, and possibly increased access to counseling and specialized case management. Many are group and residential care or residential treatment centers (also known as congregate care), which are frequently associated with human trafficking recruitment by advocacy organizations or in media coverage. However, no research evidence exists with which to disentangle specific risks of congregate care from other risk factors of youth who are placed there (for example, older adolescents and those with prior runaway episodes). The Children's

Bureau recommends placement in family settings as the preferred option, with congregate care used judiciously when needed to ensure safety and stabilization. Goals of safety and least-restrictive placement settings may require careful consideration for youth who have experienced trafficking or are at risk of trafficking.

At least two states have opened congregate care resources specifically for youth who are trafficked. Oklahoma's child welfare agency reported contracting with a group and residential care home in southeastern Oklahoma in 2015, to offer safe placement of child trafficking victims; eight victims have been served there since. Florida's child welfare agency reported having certified four safe houses with a total of 20 beds serving female victims as of 2016 (Florida Department of Children and Families, 2016). An additional safe house with five beds for sexually exploited males opened in 2017, with funding support from the state (O'Donnell, 2017). Also in Florida, the Citrus Helping Adolescents Negatively Impacted by Commercial Exploitation Program, offers 15 beds with specialized treatment for sexually exploited children in a residential campus setting. Preliminary findings from an ongoing program evaluation include improvements in youth strengths as reported by youth, caregivers, and therapists; youth functioning in terms of family, peer, recreational, and job domains; educational participation; youth-reported trauma symptoms; and behavioral and mental health issues (Armstrong, Johnson, Landers, Dollard, & Anderson, 2016).

Other states are working to develop placement resources specifically for trafficked youth. In Maryland, the child welfare agency is working with the Araminta Freedom Initiative to support their efforts to open a group home for trafficking victims. Texas reported having hired a placement capacity specialist and working with nonprofit agencies and others to create more beds for minors who are victims of trafficking (Texas Department of Family and Protective Services, 2016). However, the state currently has few available beds appropriate for long-term residential care of trafficking victims, and no emergency placements for this population.

Treatment foster care (TFC; sometimes called therapeutic foster care) offers an alternative to group and residential care for trafficked youth. TFC homes provide family-based care for children with serious emotional or behavioral needs who can be served in the community, given highly skilled caregivers, intensive case management, and coordinated services (Dorsey, Farmer, Barth, Greene, Reid, & Landsverk, 2008). Connecticut's child welfare agency has trained caregivers in 40 TFC homes using a four-module training, *Fostering in the Best & Hardest of Times*. Such training may be essential to expanding community-based placement options, in light of reported reluctance among TFC caregivers to care for youth with histories of sexually problematic behavior. Financial incentive for TFC homes are included in California's SB 767 (California Legislative Information, 2017). If enacted, this bill would authorize county child welfare agencies to create TFC protocols for CSEC children, with the option of increasing stipends to TFC homes that care for CSEC children. Other measures that might support retention of trafficked youth in placements, such as holding beds open during brief runaway episodes, are

difficult to sustain in the face of demand for TFC beds, according to Tammy Sneed, Director of Gender Responsive Adolescent Services in Connecticut's child welfare agency (Personal Communication with Tammy Sneed, 2018).

### ***3.6.3 Trafficking-Specific Services and Survivor-Led Programs***

Many child welfare agencies work with local trafficking entities, including those led or informed by survivors. The contribution of partners whose primary focus is trafficking likely will remain vital, even as child welfare agencies expand their response capacity. Staff at these organizations are thoroughly steeped in trauma and resiliency, conversant with street realities, and potentially more likely to be perceived as allies than child welfare workers (Gibbs et al., 2015). Among these programs, survivor-led or survivor-informed services may be particularly effective in relating to trafficked youth (IOM, 2014). The Family and Youth Services Bureau (2017) offers guidelines for including survivor leadership in outreach, community education, and mentorship activities within youth programs. Notably, the widely implemented *My Life, My Choice* program incorporates survivor staff into its prevention education and mentoring programs.

Child welfare agencies can use trafficking-specific programs as a service resource for young persons. In Chicago, the STOP-IT program works with clients referred by the state child welfare agency and human trafficking task force. STOP-IT offers comprehensive services tailored to individual clients' needs, knit together with individualized trauma-informed case management. Staff meet one-on-one with clients at locations familiar and convenient to each client, and may address specific goals or concerns, provide practical assistance, or coordinate services. The program also facilitates a drop-in center for female-identified trafficking victims or those who are at risk of trafficking. The drop-in center is staffed by volunteers, including graduates of the program.

Child welfare agencies can also incorporate the expertise of survivor-led programs to facilitate engagement with suspected trafficking victims. In Alameda County, California, the child welfare agency's Assessment Center collaborates with co-located advocates from Motivating Inspiring Supporting and Serving Sexually Exploited Youth (MISSEY). MISSEY advocates are on site each day to talk with any child who comes into the center. They provide internal referrals to MISSEY and link youth to other providers. MISSEY advocates also train placement staff, foster parents, and group and residential care workers at the county Assessment Center. Advocates who engage with exploited children at the center frequently follow up with caregivers and child welfare workers for up to 120 days after placement.

A few child welfare agencies report engaging survivor-led programs as external service resources. The District of Columbia child welfare agency links trafficked children to community agencies such as Courtney's House, a survivor-founded and survivor-led organization. Courtney's House offers street outreach, a survivor-staffed hotline, and a range of clinical and support services. These include individual counseling and therapy, group support meetings, parent support services, mentoring, and academic tutoring. Additionally, New York City's child



welfare agency reports expanding its work with another survivor-led organization, Girls Education and Mentoring Services, which provides services to trafficked girls and young women, including youth development, educational supports, and transitional and supported housing (White, 2014).

### **3.7 Multisystem Coordination & Collaboration**

A multidisciplinary approach that engages a network of stakeholders has been used when responding to sex trafficking of minors (e.g., Barnert et al., 2016; Gibbs, Walters, Lutnick, Miller, & Kluckman, 2015; President's Interagency Task Force, 2013). Such collaborative efforts include:

- **Task forces, working groups, or state anti-trafficking coordinator positions**, in which multiple organizations work to plan system-level responses, facilitate communication, and coordinate organizational efforts related to trafficking.
- **Coordinated response models**, in which providers from multiple organizations develop shared protocols with which to identify and serve trafficking victims.
- **Multidisciplinary team** interventions, in which providers share information and coordinate responses to individual children.

Little research on collaborations exists to date. However, one study found a higher number of arrests and prosecutions for human trafficking in states with more comprehensive state strategies such as anti-trafficking task forces (Bouche et al., 2016). Specifically, interagency coordination between child welfare and juvenile justice has been found to improve access to health care for youth involved in both systems. These findings suggest the potential value of Safe Harbor laws that provide states time to establish infrastructure for a coordinated and more sustainable response, as discussed in Section 1.3.2.

The diversity of possible collaborative approaches is illustrated by state and local efforts funded by ACF through the Children's Bureau and by the Department of Justice through the Office for Victims of Crime. The two federal agencies have each funded collaborative efforts specifically focused on the needs of trafficked children and youth.

The Children's Bureau awarded nine five-year grants through the Grants to Address Trafficking within the Child Welfare Population in 2014 (see text box). These collaborations focus on strengthening infrastructure and building coordination and collaboration among child welfare and other key systems. Goals for these grants include building awareness of trafficking within the child welfare population and enhancing the evidence base for services (James Bell Associates, 2016). In addition to child welfare agencies, participants include law enforcement, juvenile justice, court systems, runaway and homeless youth programs, and others. An initial evaluation report suggests that grantees are making progress in establishing a streamlined multiagency response to child trafficking (James Bell Associates, 2016). Many grantees are also tracking coordination at the services level, focusing on key aspects of multidisciplinary

interventions and an array of services for the target population. Ongoing outcome evaluations will help document outcomes and identify effective strategies for improving access, coordination, and service models.

The Office for Victims of Crime funded the collaborative No Wrong Door Initiative in Minnesota (described in Section 3.7.2), and the Maryland Human Trafficking Initiative for Children and Youth. The latter program is a university-state-local partnership that includes multidisciplinary teams throughout the state, a statewide training initiative strategy for professionals in child welfare, law enforcement, and juvenile justice, and the development of specialized services in areas of the state where child trafficking cases are concentrated. Program leaders note that this grant builds on the expertise developed with support of an earlier grant from the Children’s Bureau. In FFY 2017, the Office for Victims of Crime funded additional collaborative efforts to improve outcomes for child and youth trafficking victims in Alabama, California, Colorado, and Ohio.

### **3.7.1 Task Forces and State Trafficking Coordinators**

Many state legislatures have created task forces, workgroups, or statewide coordinator positions to support coordination and interagency collaboration. As of April 2017, NCSL identified 24 such entities, including 11 that specifically focus on child trafficking (NCSL, 2017b, p. 3). Of these, at least 21 states and the District of Columbia had social services representation.<sup>12</sup> The child welfare agency (or its parent agency) served as the central conduit for task forces in eight states (Alaska, Connecticut, Florida, Idaho, New York, Oklahoma, Oregon, and Wisconsin) and Puerto Rico. Beyond state and local child welfare agencies, participants can include legislators, juvenile justice agencies, law enforcement

#### **Grants to Address Trafficking within the Child Welfare Population: Grantees and Project Names**

- ◆ Arizona State University: Sex Trafficking and Arizona’s Vulnerable Youth: Identification, Collaboration, and Intervention
- ◆ California Department of Social Services, Preventing and Addressing Child Trafficking (PACT)
- ◆ Connecticut Department of Children and Families, Connecticut’s Human Anti-trafficking Response Team (HART) Project
- ◆ Healing Place Serve, Louisiana, Louisiana Children’s Anti-trafficking Initiative (LACAT)
- ◆ Justice Resource Institute, Massachusetts, Massachusetts Child Welfare Trafficking Grant
- ◆ King County Superior Court, Washington, King County CSEC Program
- ◆ Our Kids of Miami-Dade/Monroe, Florida, The Miami CARES Project to Address Human Trafficking within the Child Welfare Population
- ◆ University of Maryland–Baltimore, The Child Sex Trafficking Victims Support Initiative
- ◆ University of North Carolina at Chapel Hill, Project NO REST (North Carolina Organizing and Responding to the Exploitation and Sexual Trafficking of Children)

Source: James Bell Associates, 2016b

<sup>12</sup> The following states had social service representation on statewide tasks forces: Alabama, California, Georgia, Illinois, Indiana, Louisiana, Massachusetts, Mississippi, Missouri, Nebraska, New Hampshire, New Jersey, New Mexico, Ohio, South Carolina, South Dakota, Texas, Utah, Vermont, Washington, and West Virginia.

personnel, state's or district attorney personnel, victim service advocates, and university-based researchers.

Task force objectives include facilitating information sharing, policy and practice alignment, needs assessment, and service coordination. In addition, many task forces develop service protocols, identify screening tools, and promote services. As examples of efforts related to screening, task forces have reviewed existing tools and made recommendations for statewide use (e.g., Wisconsin), developed tools specifically for the child welfare population (e.g., Indiana), and adapted a tool for use in juvenile justice settings (e.g., Ohio), as described in Section 3.4. Task forces have also developed response protocols to for young trafficking victims in Los Angeles (see Section 3.7.2) and Louisville, KY.

Statewide human trafficking coordinators lead coordination efforts across and within agencies. In at least seven states (Florida, Minnesota, New York, Ohio, Texas, West Virginia, and Wisconsin), trafficking coordinator positions exist within the state child welfare agency, as reported in FFY 2017 APSRs. Responsibilities for these roles vary among states, but can include leadership of specific programs, legislative coordination, agency policy development, and overseeing training and capacity expansion. Coordinators may also collect trafficking data, disseminate guidance documents for community and stakeholder awareness, and develop the protocols for the state's survivor fund.

### ***3.7.2 Coordinated Response Models***

Agencies and stakeholders establish coordinated response models to define roles and procedures and facilitate victims' access to services within states, counties or cities. These models are typically documented in protocols or blueprints that describe how services are provided and coordinated, regardless of the way in which a victim enters services. Although diverse in leadership, coordinated response models are often based in child welfare and law enforcement sectors, given their respective roles in serving victims and apprehending traffickers. They may be developed and implemented at various geographic levels, as demonstrated by the following examples.

#### ***State-developed with Statewide Implementation***

In Minnesota, the Department of Behavioral Health coordinates the state's comprehensive, multiagency No Wrong Door model. Child trafficking victims, regardless of how they are identified, are referred to one of eight regional (or two tribal) case navigators. The case navigator serves as a point of contact to connect the young person to victim-centered, trauma-informed services, including emergency, transitional, and permanent housing options.

The Ramsey County Attorney's Office, in partnership with the state Coalition Against Sexual Assault, led development of the No Wrong Door protocol (Ramsey County Attorney's Office, 2017). The protocol describes methods for identifying trafficking, the use of multidisciplinary

teams to coordinate services, case management, court reviews, out-of-home placement options, and services for older youth. Sections within the document provide specific insights and considerations applicable to different service sectors. For example, the child welfare section notes aspects that vary among jurisdictions in the state's county-administered system.

*State-developed, Locally Implemented*

New York State's child welfare agency created *Safe Harbour: NY* as a coordinated statewide response for victims and survivors of CSEC and trafficking. The initiative's goal is to increase counties' capacity to identify victimized youth and provide services to survivors, with child welfare and allied youth service systems as the primary coordinating bodies. Partner counties identify "critical teams," develop training plans, adopt standardized identification tools, conduct outreach, and raise public awareness. Program guidelines are described in the "blueprint" document, *Responding to Commercially Sexually Exploited and Trafficked Youth: A Blueprint for Systems of Care in New York State*, (OCFS, n.d.-a).

The Office of Child and Family Services launched the initiative in 2012 (OCFS, n.d.-a). Initial participants included the five boroughs of New York City and four additional counties. As of 2017, nearly half of the state's counties were funded to engage in system-level responses to the needs of commercially sexually exploited and trafficked youth (Office of Children and Family Services, 2017).

*Locally Developed and Implemented*

The *Law Enforcement First Responder Protocol for Commercially Sexually Exploited Children* is a coordinated response effort developed by multiple agencies in Los Angeles County (2015). The protocol defines responsibilities and procedural steps for all first responders. For example, law enforcement personnel are instructed to immediately call the child protection hotline when a minor is identified as a trafficking victim. In turn, the hotline dispatches a specialized team and advocate from the community-based organization, Saving Innocence, to arrive within 90 minutes. The advocate is the first person to interact with the youth during the assessment process and continues to work with a social worker to develop a longer-term service plan. Responses are also defined for the child protection hotline, the child welfare Multi-Agency Response Team, the probation department, advocacy agencies, housing providers, and the health department's medical hub.

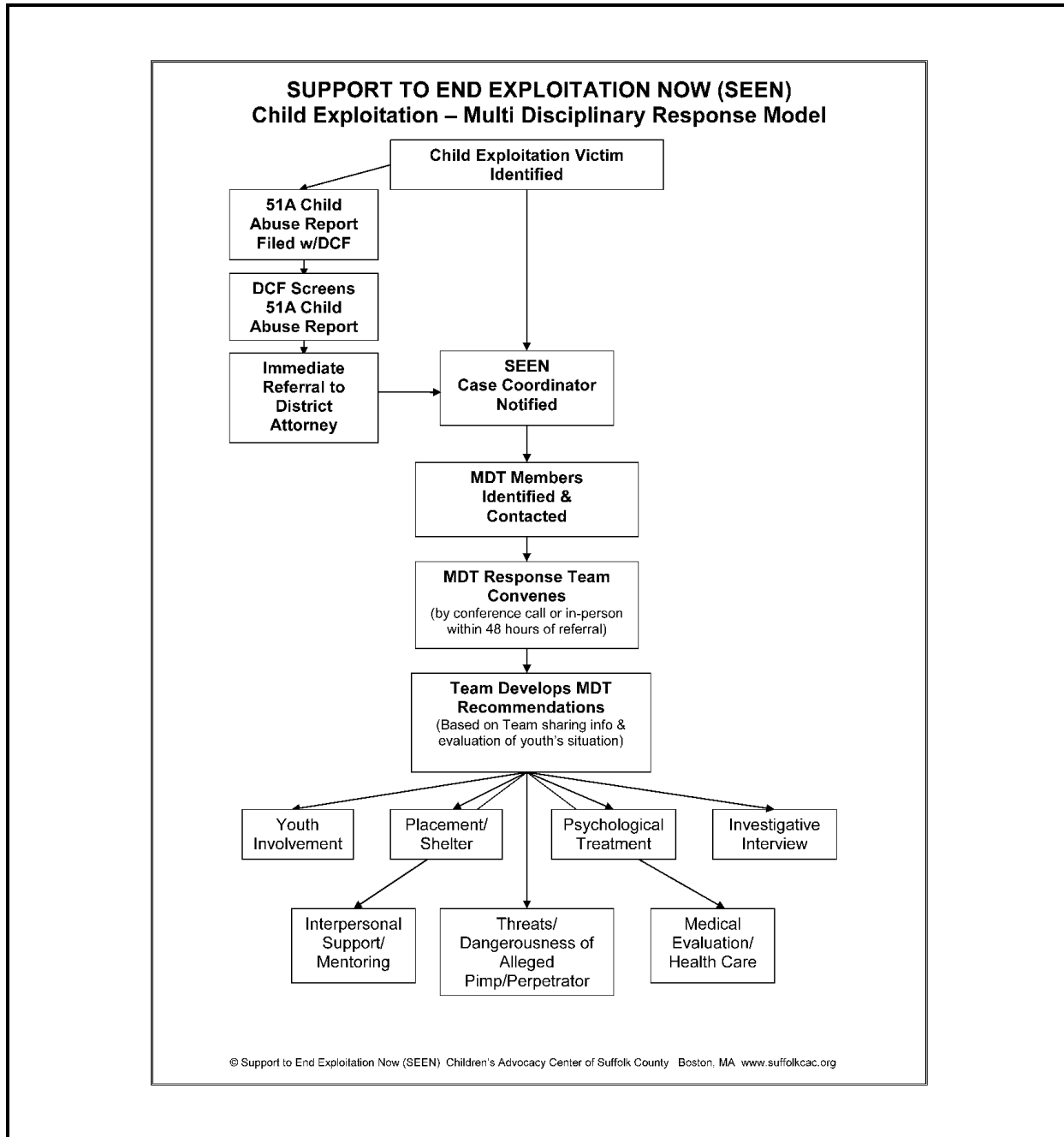
Protocol development was funded by the county's Board of Supervisors, with extensive collaboration from stakeholders across the continuum of responding agencies. After being piloted in two areas of the county with disproportionately high rates of arrests for prostitution and related offenses among young people, it was scheduled for full implementation in 2017 (Browning, 2016).

### **3.7.3 Multidisciplinary Teams**

At the individual case level, multidisciplinary teams have long been used to support investigation and intervention for child maltreatment (Lalayants & Epstein, 2005). This approach is particularly suited to child trafficking cases, as it brings together participants' diverse expertise to address cases that are often complex and multi-causal, avoids the need for repeated and potentially retraumatizing interviews with victims, and supports coordinated service delivery. Multidisciplinary teams can also help ensure that prosecution activities are conducted with sensitivity to the needs of minor victims. Team meetings allow routine consultation on child trafficking cases, facilitate information sharing and coordination, and provide opportunities for training and staff development.

Multidisciplinary teams can exist within a larger collaboration, such as a task force or coordinated response model. Examples include Minnesota's No Wrong Door model and Maryland's Human Trafficking Initiative for Children and Youth. Participants typically include child welfare and juvenile justice officials, law enforcement trafficking investigators, victim's services advocates, and prosecutors. Figure 3-1 shows an example of a multidisciplinary team model from the Support to End Exploitation Now (SEEN) coalition in Suffolk County, Massachusetts.

Figure 3-1. Support to End Exploitation Now (SEEN) Model



DCF: Department of Children and Families; MDT: multidisciplinary team

## 4. LASTING CONNECTIONS TO CARING ADULTS

### 4.1 Overview

#### 4.1.1 *The Critical Value of Lasting Connections*

The presence of lasting relationships with caring adults may help protect young people against risks such as trafficking victimization. However, many children served by the child welfare system experience several challenges in forming and maintaining such relationships. Some of these challenges precede child welfare system involvement, because trauma associated with parental and caregiver maltreatment can have lasting effects on relationships (Forkey & Szilagyi, 2014). If children are removed from their family and community as a result of maltreatment, their relationships are often disrupted across their social networks, which can lead to internalizing and externalizing problem behaviors and lasting challenges in maintaining healthy attachment to caring adult figures (Kaplan, Skolnik, & Turnbull, 2009; McWey, 2004). These challenges can be more severe for children who enter the child welfare system at an older age, as they may have experienced longer periods of emotional or physical trauma and potential neurological damage (Avery & Freundlich, 2009).

Adverse experiences within the child welfare system also may affect children's ability to form and maintain lasting relationships with caring adults. These adverse experiences include placement instability, numerous placement changes, and disrupted caregiver relationships (Greeson, Weiler, Thompson, & Taussig, 2016). Multiple removals and placements require children to repeatedly make and break social bonds, and the effects of this volatility can persist to young adulthood (Avery & Freundlich, 2009). As a result of cumulative experiences, many individuals exit the child welfare system with "social capital deficits": a lack of resources gained from supportive relationships (Avery & Freundlich, 2009). Many youth also exit foster care without relationships to caring adults or sufficient skills for independent living, which together can contribute to poor outcomes in early adulthood (Greeson, Garcia, Kim, Thompson, & Courtney, 2015).

Youth without supportive networks are at risk of negative outcomes as they move from the child welfare system into adulthood. Risks are likely to be particularly severe for the nine percent of youth who "emancipate," or age out of foster care without a permanent home (Children's Bureau, 2017b). Negative outcomes among former foster youth include unemployment, limited educational attainment, homelessness, poverty, involvement in the criminal justice system, and dependence on financial assistance (Wagner & Wonacott, 2008). A longitudinal study found that at age 21, fewer than 75 percent of former foster youth had earned a high school diploma or GED versus 89 percent of youth in the general population; only 30 percent had completed any college versus 53 percent; and only 50 percent were employed versus 64 percent (Courtney et al., 2007). By age 26, 15 percent of the former foster youth cohort had experienced at least one night of homelessness in the previous two to three years (Courtney et al., 2011).

The presence of a supportive adult relationship can serve as a buffer against life challenges and promote positive outcomes for both foster and non-foster youth. Fergus and Zimmerman (2005) identified two types of protective factors in youth development: (1) individual assets such as self-esteem, and (2) resources outside of the individual such as parental support or mentors. The National Scientific Council on the Developing Child at Harvard University (2015) recently summarized decades of scientific literature on child outcomes in the face of adverse life experiences and stressful circumstances, noting that the most often identified predictor of resiliency (i.e., a positive, adaptive response in the face of adversity) is a relationship with a single caring adult. As Beam and colleagues (2002) note, building relationships with “very important” nonparental adults is a normative part of adolescent development and well-being, regardless of the youth’s circumstances or any hardships (Beam, Chen, & Greenberger, 2002).

Relationships with caring adults can be an especially valuable protective factor for foster youth. Social support has been found to be significantly associated with resilient outcomes among former foster youth, such as participation in education and employment and avoidance of early pregnancy, criminal activity, and drug use (Daining & DePanfilis, 2007). Furthermore, foster youth with connections to supportive adults have been found to have improved self-esteem, educational attainment, and social skill development, and a stronger emotional and financial safety net (Geenen & Powers, 2007; Jones & LaLiberte, 2013; Massinga & Pecora, 2004; Perry, 2006). Data from The National Longitudinal Survey of Adolescent Health indicated that youth with foster care experience who reported having a relationship with an adult who provided guidance and support were more likely to have financial assets, such as a bank account, in early adulthood (Greeson, Usher, & Grinstein-Weiss, 2010). Similarly, an evaluation of outcomes for over 700 foster youth in four states indicated that youth with at least one lifelong connection to an adult were 10 times more likely to achieve a permanent living situation than youth who did not have a least one connection (White et al., 2015).

Findings from National Youth in Transition Database (NYTD) also support the association between adult relationships and well-being among former foster youth. NYTD asks youth whether they have at least one accessible adult in their life (excluding spouses, partners, boyfriends or girlfriends, and current caseworkers) to whom they can go for advice, emotional support, or companionship when celebrating personal achievements. Youth who report having such a positive connection with an adult are less likely than those who do not to experience homelessness or incarceration (RTI International, 2017c). However, no such association was seen between adult connections and educational or employment outcomes. Because many states struggle to locate and obtain responses from former foster youth, nonresponse bias may affect the findings from this survey.

#### ***4.1.2 Policies Supporting Permanency and Lasting Connections***

Federal policy has long recognized the importance of lasting relationships for children served by the child welfare system. For children and youth in care of the child welfare system, plans to



maintain these connections are defined within permanency goals such as placement with kin, reunification with family of origin, or exit to relative guardianship (Child Welfare Information Gateway, 2013a). As young adults prepare to age out of the child welfare system, efforts may shift to building relationships with adults who can assist with tasks of young adulthood (Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001). Across all ages, consideration must be paid to establishing not only legal and physical permanency (i.e., a physical location at which the child resides) but also relationship permanency (i.e., enduring, lifelong connections to parents, extended family, or other caring adults) (Jones & LaLiberte, 2013).

### **4.1.3 Guardianship Assistance Program**

The Fostering Connections Act of 2008 created the guardianship assistance program (GAP), a special permanency option for children placed with kin caregivers. At their discretion, states can use funding from Title IV-E of the Social Security Act (Title IV-E) to finance subsidized guardianship. As of August 2017, 35 states, the District of Columbia, and eight tribes have been approved to operate federally subsidized GAP programs (Children's Bureau, 2017c). Although AFCARS does not currently specify whether a child's exit from foster care to legal guardianship was associated with a kin placement or subsidized guardianship, data from 2006 to 2015 indicate an overall increase in permanency exits to guardianship (Child Welfare Information Gateway, 2017). Preliminary 2016 AFCARS data indicate that nine percent of children who left foster care entered legal guardianship compared to four percent of children a decade earlier (Children's Bureau, 2017b).

## **4.2 Supporting Lasting Connections to Other Caring Adults**

Several federal and state efforts have focused broadly on supporting foster youth as they transition to adulthood. The Fostering Connections Act of 2008 created additional supports for child-welfare-involved youth by giving states the option of extending foster care services up to age 21. The act requires development of transition plans as youth prepare to age out of foster care, regardless of age. States also support various mentoring programs for transition-aged youth in foster care and former foster youth. These mentoring programs were first funded under provisions of the Foster Care Independence Act of 1999.

### **Extended Foster Care**

Extended foster care programs allow states to provide Title IV-E federally reimbursable foster care, adoption, or guardianship assistance payments to children up to ages 19, 20, or 21. Although not specifically focused on lasting connections to caring adults, the program may buffer what might otherwise be an abrupt transition to adulthood. By providing age-appropriate supervision, financial stability, and practical supports, extended foster care may allow youth time to build social and emotional resources similar to those available to other young adults.

At least 25 states and the District of Columbia offered extended Title IV-E foster care as of July 2017.<sup>13</sup> To be eligible, youth over 18 must be working toward secondary school graduation or the equivalent, enrolled in postsecondary or vocational school, participating in a program or activity that promotes or removes barriers to employment, employed 80 hours a month, or incapable of school or work requirements because of a documented medical condition. In addition to these 25 states, most others allow some level of state-funded foster care or continued services to youth after age 18. For example, Florida offers extended foster care for youth over 18 who have not achieved permanency. Education and employment requirements for this program mirror those of Title IV-E-funded care (NCSL, 2017a).

### *Transition Planning*

Transition plans help caseworkers prepare for the youth's future by determining exactly what types of support caring adults in the youth's network are willing to provide and by specifying options available to the youth in a variety of domains, including housing, education, and employment (Child Welfare Information Gateway, 2013b). The Fostering Connections Act requires foster youth and their caseworkers to develop a personalized, youth-led transition plan during the 90 days prior to aging out of foster care. The Preventing Sex Trafficking and Strengthening Families Act (PSTSFA) expanded this focus on youth engagement and empowerment, with provisions that incorporate youth participation in the development and revision of all case and permanency planning. Permanency Pacts and Permanency Roundtables are two strategies that address this requirement.

*Permanency Pacts.* Many states use the Permanency Pact developed by FosterClub to help guide the transition planning process. A Permanency Pact is “a formal pledge by a supportive adult to provide specific supports to a young person in foster care with a goal of establishing a lifelong, kin-like relationship” (FosterClub, n.d.). The Permanency Pact is a strategy for formalizing the commitment of supportive adults in the youth's network. It includes 45 concrete means by which a supportive adult could offer assistance to a youth in foster care. The Indiana Department of Child Services (2017) offers a Youth Connections Program and four regional program specialists that partner with youth and their caseworkers to identify and facilitate these connections. States using the Permanency Pact model include Idaho, Kansas, Minnesota, Missouri, New Hampshire, New Jersey, and Vermont.

*Permanency Roundtables.* At least 12 states use youth-centered Permanency Roundtables to increase the number of youth who achieve permanency before aging out.<sup>14</sup> This approach consists of structured meetings intended to accelerate permanency for youth by involving

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<sup>13</sup> States with Title IV-E extended foster care include Alabama, Arizona, California, Connecticut, Hawaii, Illinois, Indiana, Massachusetts, Maryland, Maine, Michigan, Minnesota, North Carolina, North Dakota, Nebraska, New York, Pennsylvania, Ohio, Oregon, Tennessee, Texas, Virginia, Washington, Wisconsin, West Virginia, and the District of Columbia.

<sup>14</sup> States offering Permanency Roundtables include Alabama, Arizona, Colorado, Florida, Indiana, Kentucky, Louisiana, Minnesota, New Jersey, Ohio, Pennsylvania, and Texas.

internal and external experts (the Permanency Roundtable team) and encouraging thinking “outside the box.” The process includes (1) oral case presentation; (2) rating the child’s permanency status; (3) discussion and brainstorming of barriers to permanency; and (4) development of a specific action plan that includes permanency goal(s), strategies, and action steps (Rogg, Davis, & O’Brien, 2011). Casey Family Programs began partnering with states and counties to implement Permanency Roundtables in 2008.

Permanency Roundtable teams can be useful even when youth are not able to achieve permanency through reunification or placement with kin. In fact, teams may be particularly useful in this situation, by focusing on increasing the quality and quantity of permanent connections to supportive adults. A similar approach that accounts for the youth’s community and culture is taken by the E Makua Ana Youth Circle Program administered by EPIC ‘Ohana, Inc. and the Hawaii Department of Human Services. The Youth Circle Program is available to foster youth and former foster youth aged 14 years or older. It brings together supportive adults in the youth’s network, including family, friends, community members, teachers, and service providers who work as a group to help the youth prepare an individualized transition plan, including planning for independent living (EPIC ‘Ohana, 2017).

### Mentoring Programs

Mentoring programs are among the best-known approaches to supporting caring relationships. Mentoring relationships typically incorporate the following three dimensions: (1) the mentor has more life experience than the mentee; (2) the mentor offers some form of guidance to the mentee; and (3) the mentor and mentee have developed an emotional connection (Munson & McMillen, 2008). Youth who have a mentor, or a close, positive, and stable relationship with a caring adult, are found to have better outcomes across multiple dimensions as they transition into adulthood (Collins, Spencer, & Ward, 2010). Mentoring is associated with increased emotional well-being, reductions in problem behavior, and improved educational and career success (Greeson & Bowen, 2008).

Formal mentoring and natural mentoring are two different approaches to pairing a youth with a caring adult. Formal mentoring is the process of intentionally matching or assigning a youth with a designated adult (Spencer, Collins, Ward, & Smashnaya, 2010). Natural mentoring occurs more organically, outside of formal mentoring programs, and involves a committed adult from a youth’s social network who is caring, supportive, and provides guidance (Thompson, Greeson, & Brunsink, 2016). A natural mentor could be a coach, teacher, or adult relative who is not a parent. Both formal and natural mentors provide support and guidance.

In several states, formal mentoring programs work directly with child welfare agencies to support youth in care. The Thrive Mentor Program administered by the Arizona Children’s Association is a one-on-one mentor program that matches volunteer mentors to adolescents involved with Arizona Department of Child Safety Independent Living Services. The program recruits and trains mentors to respond to the needs of young adults transitioning out of foster

care. Youth are matched with mentors at 16 or 17 years of age, and matches are maintained for two years. Clark County, Nevada's Determined Responsible Empowered Adolescents Mentoring Relationships Project is a multiagency, collaborative effort administered by the county Department of Family Services that supports foster youth aged 12 to 21 years to prevent pregnancy or be a nurturing parent, and to develop positive, healthy, and supportive relationships (Gomez & Latham, 2017). Screened mentor volunteers are matched to youth by an Enrollment and Matching Specialist depending on their mutual preferences and interests. Similarly, mentors in San Diego County, California's Foster Youth Mentor Program and Illinois's Adult Connections Program commit to working with youth in the foster care system to improve their social support, academic performance, and job skills.

Other formal mentoring programs offer support for foster youth but are not administered by the child welfare system. For example, in Oregon, A Family For Every Child's Mentor Program is a community-based initiative focused on connecting foster and at-risk youth with a stable, consistent, and caring adult to help them develop life skills and a long-term connection. The program works with local adoption agencies and the state Department of Human Services to identify youth in need of mentors and facilitate formal mentoring relationships.

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