FROM RESEARCH TO PRACTICE

Identification and Assessment of Domestic Minor Sex Trafficking (DMST)

Laura Johnson, MSW
Jamie Arntson-Kynn, MA
Judy L. Postmus, Ph.D., ACSW
Cassandra Simmel, MSW, Ph.D.

An estimated 199,000 incidents of DMST occur each year

(Estes & Weiner, 2001)

Introduction

Sex trafficking has been identified as one of the fastest growing and most profitable criminal industries globally (Countryman-Roswurm & Bolin, 2014). In 2000, the U.S. implemented the Victims of Trafficking and Violence Protection Act (TVPA, 2000), which defines sex trafficking as a violation "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," (8 U.S.C. § 1101, 2000). Based on this definition, any individual under the age of 18 who is involved in commercial sex work is considered to be a victim of human trafficking. This form of trafficking is commonly referred to as domestic minor sex trafficking (DMST).

Despite advancements in laws surrounding human trafficking, the commercial sexual exploitation of children continues to be a significant social problem within the U.S. with an estimated 199,000 incidents occurring each year; an additional 244,000-325,000 American youth are at-risk for recruitment into sex trafficking (Estes & Weiner, 2001). The actual figures are believed to be much higher than these given estimates, but it is difficult to obtain accurate numbers about this population due to the covert and transient nature of the crime (Clawson, Dutch, Solomon, & Goldblatt Grace, 2009).

The profiles of domestically trafficked minors may look similar to that of the youth involved with the child welfare system. In fact, studies have found that involvement in the child welfare system is one risk factor for DMST (Institute of Medicine and National Re-

PARTNERING *for* CHANGE

search Council, 2014). A limitation for service providers in this field is that researchers have yet to determine which specific risk factors may cause some youth to be victimized, while others are not, despite sharing similar profiles.

DMST survivors have unique short-term and long-term needs as a result of their experiences, which may differ from other types of trauma (i.e., physical or sexual abuse or neglect) experienced by at-risk youth. For these reasons, it is important for service providers to recognize the complexity of the trauma by providing comprehensive and holistic care. Such care includes the proper identification of short-term (such as acute physical and mental health issues) and long-term needs (such as empowerment and life skills development) of the youth in order to aid in their overall well-being and growth (McIntyre, 2014). The development of culturally and emotionally sensitive identification and assessment tools are fundamental for service providers to identify these youth; such tools can also be used to spread awareness and dispel myths about sexually exploited youth.

This research brief begins with the literature on the identification of DMST survivors which includes an outline of risk factors and the stages of trafficking. The brief will then review best screening practices and concludes by identifying several resources that may be helpful for the identification and assessment of trafficking victims.

Profiles of domestically trafficked minors may look similar to youth involved in the child welfare system

Risk Factors

There are a number of risk factors associated with vulnerability for DMST. Below are some of the risk factors for DMST that are most frequently cited in research studies and reports. It is important to note that the majority of research on DMST has focused on females. While male youth are also vulnerable, they may be less likely to disclose their exploitation due to the stigma that surrounds male sexual violence victimization (Holger-Ambrose, Langmade, Edinburgh, & Saewyc, 2013).

The average age of entry into trafficking is between 12 to 14 for girls and may be even younger for males

(Estes & Weiner, 2001)

Demographics

• Generally, females are more vulnerable than males, although males are also victims. Some studies suggest that males may be equally as vulnerable as females to exploitation. However, the way in which male and female victims are recruited may look different, with females more likely to be recruited by "boyfriends."

• The average age of entry into trafficking is between the ages of 12 to 14 years old for girls and 11 to 13 years old for boys.

• Individuals belonging to ethnic or sexual minority groups, such as African Americans and individuals identifying as transgendered, have an increased vulnerability due to oppression, stigmatization and lack of supports.

Sources: Estes & Weiner, 2001; Hodge, 2014; Holger-Ambrose et al., 2013; Institute of Medicine and National Research Council, 2014

History of Abuse and Neglect

A prior history of abuse or neglect is consistently cited as one of the greatest risk factors for DMST. Youth living in abusive or neglectful homes may be more likely to run away, thus making themselves more vulnerable to traffickers. Experiencing sexual abuse is a significant risk factor for female youth. The trauma associated with abuse and neglect may also negatively impact a youth's mental health, fostering feelings of powerlessness, or motivating the youth to seek support outside of the home environment. In some cases, youth are trafficked by their immediate family members as well.

Sources: Holger-Ambrose et al., 2013; Flowers, 2001; Reid & Piquero, 2014

"The sexualization of children, particularly girls, in U.S. society and the perception that involvement in sex after puberty is consensual, contribute to the commercial sexual exploitation and sex trafficking of minors"
(p. 12)

(Institute of Medicine & National Research Council, 2014)

Runaway, Homeless, and Throwaway Youth

Although youth may end up on the streets for a number of reasons, studies have found that being a runaway, homeless or throwaway youth increases vulnerability for DMST. Once on the streets, these youth need survival items such as food, clothing, and shelter which may become more acute the longer they remain on the streets. For this reason, homeless youth are more likely to engage in survival sex, which is the process of exchanging sex to meet survival needs. In some cases, this tactic makes youth more vulnerable to being trafficked.

Sources: Klatt, Cavner, & Egan, 2014; Institute of Medicine and National Research Council, 2014; Colby, 2011; McClain & Garrity, 2011

Family Stressors

Family stressors, such as parental addiction, family dysfunction, lack of family support, and financial strain, can also serve as risk factors for DMST. Such stressors may propel youth to run away; alternatively, parental addiction and financial strain may push the family into exploiting a child sexually or economically for monetary gain. Additionally, prior family involvement in the commercial sex industry can result in youth being recruited.

Sources: Reid & Piquero, 2014; Klatt et al., 2014; Clawson & Dutch, 2008; Hodge, 2014; Hardy, Compton, & McPhatter, 2013

Unhealthy Peer Relationships

Youth can be recruited into DMST by peers who have already been trafficked. Youth may also easily be influenced by promises of employment, love, or material gain or may feel inadequate due to a lack of these things. Dating violence has also been identified as a risk factor, particularly for female youth. Abusive relationships may cause youth to

A history of abuse or neglect is consistently cited as one of the greatest risk factors for DMST

feel powerless and can negatively impact their physical and mental health. In addition, the individual that the youth considers her "boyfriend" may actually be a trafficker grooming her for DMST.

Sources: Estes & Weiner, 2001; Countryman-Roswurm & Bolin, 2014

Delinquency

A number of delinquent behaviors have been identified as risk factors for DMST. These include:

- Alcohol and drug use
- Gang involvement
- Prior history with the juvenile justice or criminal justice system.

Sources: Reid & Piquero, 2014; Klatt et al., 2014; Institute of Medicine and National Research Council, 2014

Stages of Human Trafficking

McIntyre (2014) developed a conceptual framework that maps four stages of the trafficking experience. Service providers should have an understanding of each of these stages and what they entail since victims can be identified in any of these stages. These stages may look different from one victim to another and may not be as clearly defined in real life. However, having a strong understanding of these stages and trafficking indicators can result in greater identification of youth with more positive outcomes.

Initial Vulnerability → Recruitment → Primary Trafficking Process → Intended Exploitation

Stage One: Initial Vulnerability

There are a number of "push and pull" risk factors that increase vulnerability for DMST (Hodge, 2014). "Push" factors are those that make a child more vulnerable to traffickers such as poverty, the hypersexualization of women and girls in the media, or personal experiences with interpersonal violence (United Nations, 2008; Institute of Medicine and National Research Council, 2014). "Pull" factors include the perceived benefits that might arise from association with the trafficker, such as opportunities to make money (Hodge, 2014). At this point, the potential victim has not met the trafficker; instead, she/he is vulnerable to recruitment, particularly if there is some sort of emotional or familial "void" that a trafficker can "fill."

Stage Two: Recruitment

During the recruitment phase, the trafficker identifies a potential victim and engages in initial contact. From one study with former pimps (Raphael & Myers-Powell, 2010), one respondent stated, "I would look for girls who needed sh-- who would do whatever to come out of the messed up homes and escape from their f---ed-up parents. I pulled these girls. Women who had been abused by some sucker and wanted better treatment and nice things," (p. 5).

Stage Three: Primary Trafficking Process

During this stage, the trafficker aims to gain the victim's confidence and trust through a grooming process similar to child sexual abuse, in which the trafficker tries to "get the child to acquiesce to abusive activities" (Gillespie, 2002, p. 411). The trafficker may use positive tactics such as kindness and gifts or negative tactics such as threats or actual violence to trap a child. The trafficker may also relocate the victim to the place that she/he will be performing the sexual acts (McIntyre, 2014).

Stage Four: Intended Exploitation

After the primary trafficking process is complete, the trafficker will engage in the "intended exploitation" (McIntyre, 2014). This stage will continue for the period in which the victim is under control of the trafficker. However, it is also possible that the victim is relocated multiple times.

How to Screen for Trafficking

Victims of DMST have endured a great deal of trauma and powerlessness. In addition, they have been told repeatedly by their traffickers not to trust adults. As a result, the way in which victims are identified and interviewed initially can significantly impact the way a victim engages with service providers and systems (Brunovskis & Surtees, 2012). Service providers need to be sensitive to the needs of DMST victims and utilize trauma-informed interview techniques when meeting with vulnerable youth.

The trauma-informed approach is based on three central goals for working with survivors of complex trauma: safety, connections, and managing emotions (Bath, 2008). These three concepts can also be used to guide interviews with youth vulnerable for DMST. Assessments should begin with casual conversation in order to develop a connection with the youth and make them feel more comfortable and safe. It is also important not to interview a potential victim in front of a third-party for their own safety. The initial goal of an assessment should be to meet the immediate needs of the youth, such as food,

Another former pimp shared, "I would look for girls who needed sh— who would do whatever to come out of the messed up homes and escape from their f—ed up parents. I pulled these girls. Women who had been abused by some sucker and wanted better treatment and nice things" (p. 5)

(Raphael & Myers-Powell, 2010)

clothing, and shelter. It is also important that the service provider be honest about which needs they can meet immediately and which may take more time to meet. While service providers may not have the opportunity to do much in terms of managing emotions during the initial screening, active listening, maintaining eye contact, and acknowledging that the victim is the expert in her or his own situation are important steps to supporting her/him and developing a connection.

Cultural sensitivity is also important during the screening process. Assessments should be conducted in the youths' own language and terminology used should mirror theirs. Service providers should consider the words they use when discussing the situation, as terms such as "prostitute" de-identify the child as a victim and may come off as victim blaming (Kalergis, 2009). Gender and sexual identity minority youth are also vulnerable to DMST and service providers should be sensitive to their unique needs and the marginalization they may have already experienced (Robertson & Sgoutas, 2012).

Lastly, when service providers are screening youth, the focus initially should be on assessing their immediate needs. Additional questions can be asked when appropriate and less invasive questions should be asked before those that focus on higher degrees of controlling behaviors (like questions surrounding experiences with violence) (National Human Trafficking Resource Center & Polaris Project, 2011). It is not uncommon for youth to answer the same question differently each time it is asked, as they may assume their initial answer was incorrect (Hopper, 2004). It may also take youth some time before they develop the trust needed to feel comfortable disclosing their full story (HHS, n.d.).

> *Gender and sexual identity minority youth are vulnerable to DMST and service providers should be sensitive to their unique needs and the marginalization they may have already experienced*
>
> *(Robertson & Sgoutas, 2012)*

Red Flags

Red flags are indicators of trafficking that service providers can look for when assessing clients. These indicators may become more visible as victims move through the stages of trafficking. Indicators include signs of fear or depression, evidence of physical abuse, or the appearance that a child is being controlled by another individual (HHS, n.d.). Victims may also present with signs of forced sexual intercourse, such as bruising on the arms or legs, and may answer questions evasively (Hodge, 2014). Additional indicators include a lack of trust in adults, or a child in possession of a cell phone while missing other basic necessities (A21 Campaign, n.d.).

Examples of Screening Tools

The materials suggested in this section include screening tools and guides that highlight best practices for conducting screening interviews and assessments. While the questions and information contained in some of these tools may be similar, each has their own strengths. As a note, only two of these tools are designed specifically for screening youth; however, they can each be adapted as there are similarities between adult and minor trafficking.

Protocol for Identification and Assistance to Trafficking Persons and Training Kit (Anti-Slavery International)

Anti-Slavery International (2005), an organization located in the United Kingdom, developed a manual to guide the identification of trafficking victims. While aspects of the manual may be less relevant because the manual was developed in a different country, overall, it provides a comprehensive introduction to relationship building and information gathering with victims. There are also exercises embedded into the manual. The manual can be accessed online by visiting: http://www.antislavery.org/includes/documents/cm_docs/2009/p/protocoltraffickedpersonskit2005.pdf

Screening for Human Trafficking: Guidelines for Administering the Trafficking Victim Identification Tool (Vera Institute for Justice)

The Vera Institute for Justice (2014) has validated a screening instrument for human trafficking. This screening tool provides tips for conducting screening interviews before presenting a series of questions that can be integrated into assessments. In addition, the Technical Report provides a comprehensive overview of the validation process. These documents can be accessed online by visiting: http://www.vera.org/pubs/special/human-trafficking-identification-tool

When service providers are screening youth, the focus initially should be on assessing their immediate needs

Human Trafficking Interview and Assessment Measure (Covenant House)

Similar to the instrument created by the Vera Institute for Justice, Covenant House (2013) developed and validated a screening instrument for human trafficking with young adults between the ages of 18 and 24 seeking services from Covenant House New York's Crisis Center, drop in and outreach van programs, and the NYC Asian Women's Center. The interview prompts included in this instrument are written in a clear and youth-friendly way. The report and the instrument can be accessed online by visiting: http://traffickingresourcecenter.org/sites/default/files/Homelessness%2C%20Survival%20Sex%2C%20and%20Human%20Trafficking%20-%20Covenant%20House%20NY.pdf

Rescue and Restore Campaign (U.S. Department of Health & Human Services)

This campaign was created by the U.S. Department of Health and Human Services to increase identification of trafficking victims across the nation. Although this resource is geared more toward international trafficking victims, it is frequently referenced in the literature and has produced some insightful research briefs and reports on the issue of trafficking, which can be downloaded from their website. The campaign website contains fact sheets and a guide to federal resources for victims, along with campaign tool kits. These resources can be accessed by visiting:http://www.acf.hhs.gov/programs/orr/programs/anti-trafficking

Confronting Commercial Sexual Exploitation and Sex Trafficking of Minors in the United States: A Guide for Providers of Victim and Support Services (Institute of Medicine and the National Research Council of the National Academies)

The Institute of Medicine and National Research Council of the National Academies (2014) produced a comprehensive introductory guide to the issue of domestic minor sex trafficking in the United States. Within the text, the issue of DMST is defined and an overview of how victim and support services, including child welfare, can help. Additionally, there is a section on approaches and challenges to service provision. Although a limitation of this guide is that it is rather broad, its broadness enables it to cover a wide range of issues surrounding service provision for victims of DMST in a document that is accessible. This guide can be accessed by visiting: http://www.nap.edu/catalog.php?record_id=18798

Human Trafficking Assessment for Runaway and Homeless Youth (National Human Trafficking Resource Center and Polaris Project)

The National Human Trafficking Resource Center and Polaris Project (n.d.) have developed a comprehensive human trafficking assessment to aid service providers in screening runaway and homeless youth. In addition, the document provides useful tips for service providers to guide them in conducting an assessment. While some of the questions are similar to those in other instruments, this tool asks about technology more explicitly. This resource can be accessed by visiting: http://traffickingresourcecenter.org/sites/default/files/Assessment%20-%20Runaway%20and%20Homeless%20Youth.pdf

Limitations

It is important to note that a limitation to these screening tools is that they are all designed to be used with current victims of human trafficking. Based on our findings, there are currently no risk assessments that have been developed to identify youth who are vulnerable to DMST, but who have not yet been recruited. Future research must focus on developing measures that can be used to identify vulnerable youth and how to provide services to meet their needs in order to prevent future incidences of DMST from occurring.

Furthermore, research on DMST is still in its infancy. Although researchers are beginning to identify risk factors for this issue, there are still gaps in this literature. Additional research is needed to assist service providers in understanding which factors, if any, make youth most vulnerable. Research should also discuss how experiences with interpersonal violence, such childhood exposure to domestic violence, relate to DMST-vulnerability as well.

References

A 21 Campaign. (n.d). *Signs of human trafficking.* Retrieved from https://neutrinodata.s3.amazonaws.com/a21/userimages/SignsofHumanTrafficking-2014.pdf

Anti-Slavery International. (2005). *Protocol for identification and assistance to trafficked persons and training kit.* London, United Kingdom: http://www.antislavery.org/includes/documents/cm_docs/2009/p/protocoltraffickedpersonskit2005.pdf

Bath, H. (2008). The three pillars of trauma-informed care. *Reclaiming Children and Youth, 17*(3), 17-21.

Brunovskis, A. & Surtees, R. (2012). *Out of sight? Approaches and challenges in the identification of trafficked persons.* Norway: Fafo & Nexus Institute. Retrieved from *http://www.fafo.no/pub/rapp/20255/20255.pdf*

Clawson, H. J. & Dutch, N. (2008). *Identifying victims of human trafficking: Inherent challenges and promising strategies from the field.* Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. Retrieved from http://ncfy.acf.hhs.gov/sites/default/files/docs/19726-Identifying_Victims_of_Human_Trafficking.pdf

Clawson, H. J., Dutch, N., Solomon, A., & Goldblatt Grace, L. (2009). *Human trafficking into and within the United States: A review of the literature.* Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. Retrieved from http://aspe.hhs.gov/hsp/07/humantrafficking/litrev/

Colby, I. (2011). Runaway and throwaway youth: Time for policy changes and public responsibility. *Journal of Applied Research on Children: Informing Policy for Children at Risk, 2*(1), Article 4.

Countryman-Roswurm, K. & Bolin, B. L. (2014). Domestic minor sex trafficking: Assessing and reducing risk. *Child and Adolescent Social Work Journal,* 1-18.

Covenant House. (2013). *Homelessness, survival sex and human trafficking: As experienced by the youth of Covenant House New York.* New York, NY: Covenant House New York. Retrieved from http://traffickingresourcecenter.org/sites/default/files/Homelessness%2C%20Survival%20Sex%2C%20and%20Human%20Trafficking%20-%20Covenant%20House%20NY.pdf

Department of Health and Human Services (n.d.). Resources: Identifying and Interacting with Victims of Human Trafficking. Retrieved from Rescue and Restore Victims of Human Trafficking website: http://www.acf.hhs.gov/programs/orr/resource/rescue-restore-campaign-fact-sheets

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

Flowers, R. B. (2001). *Runaway kids and teenage prostitution.* Westport, CT: Praeger Publishers.

Gillespie, A. A. (2002). Child protection on the internet – challenges for criminal law. *Child and Family Law Quarterly, 14*(4), 411-426.

Hardy, V. L., Compton, K. D., & McPhatter, V. S. (2013). Domestic minor sex trafficking: Practice implications for mental health professionals. *Affilia: Journal of Women and Social Work,*28(1), 8-18.

Hodge, D. R. (2014). Assisting victims of human trafficking: Strategies to facilitate identification, exit from trafficking, and the restoration of wellness. *Social Work, 59*(2), 111-118.

Holger-Ambrose, B., Langmade, C., Edinburgh, L. D., & Saewyc, E. (2013). The illusions and juxtapositions of commercial sexual exploitation among youth: Identifying effective street-outreach strategies. *Journal of Child Sexual Abuse, 22, 326-340.*

Hopper, E. (2004). Underidentification of human trafficking victims in the United States. *Journal of Social Work Research and Evaluation, 5*(2), 125-136.

Institute of Medicine & National Research Council of the National Academies (2014). *Confronting commercial sexual exploitation and sex trafficking of minors in the United States: A Guide for Providers of Victim and Support Services.* Washington, DC: National Academies Press. Retrieved from http://www.nap.edu/catalog.php?record_id=18798

Kalergis, K. I. (2009). A passion practice. *Affilia: Journal of Women and Social Work, 24*(3)*,* 315-324.

Klatt, T., Cavner, D., & Egan, V. (2014). Rationalising predictors of child sexual exploitation and sex-trading. *Child Abuse & Neglect, 38,* 252-260.

McClain, N. M. & Garrity, S. E. (2011). Sex trafficking and the exploitation of adolescents. *Journal of Obstetric, Gynecologic, & Neonatal Nursing, 40*(2)*,* 243-252.

McIntyre, B. L. (2014). More than just rescue: Thinking beyond exploitation to creating assessment strategies for child survivors of commercial sexual exploitation. *International Social Work, 57*(1), 39-63.

National Human Trafficking Resource Center & Polaris Project. (2011). *Comprehensive human trafficking assessment tool.* Retrieved from http://traffickingresourcecenter.org/resources/comprehensive-human-trafficking-assessment-tool

Raphael, J. & Myers-Powell, B. (2010). *From victims to victimizers: Interviews with 25 ex-pimps in Chicago.* Chicago, IL: Schiller DuCanto & Fleck Family Law Center of DePaul University College of Law.

Reid, J. A. & Piquero, A. R. (2014). Age-graded risks for commercial sexual exploitation of male and female youth. *Journal of Interpersonal Violence, 29*(9), 1747-1777.

Robertson, M. A. & Sgoutas, A. (2012). Thinking beyond the category of sexual identity: At the intersection of sexuality and human-trafficking policy. *Politics & Gender, 8*(3), 421-429.

Trafficking Victims Protection Act (TVPA) of 2000. (2000). Public Law 106-386, 114 Stat. 1464.

United Nations Office on Drugs and Crimes (2008). *United Nations Global Initiative to Fight Human Trafficking: Human trafficking: An overview*. New York: United Nations. Retrieved from http://www.ungift.org/doc/knowledgehub/resource-centre/GIFT_Human_Trafficking_An_Overview_2008.pdf

Vera Institute of Justice (2014). *Screening for human trafficking: Guidelines for administering the Trafficking Victim Identification Tool (TVIT).* New York, NY: Vera Institute of Justice. Retrieved from http://www.vera.org/sites/default/files/resources/downloads/human-trafficking-identification-tool-and-user-guidelines.pdf

![Rutgers School of Social Work logo]

Center on Violence Against Women and Children

PARTNERING for CHANGE