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Identifying and Responding to America's Prostituted Youth

— Two-Part Resource Package —

Practioner Guide and Intake Tool
&
Training Video

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Domestic Minor Sex Trafficking

Practitioner Guide and Intake Tool

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Table of Contents

Domestic Minor Sex Trafficking (DMST) 3

Common Terms Used in DMST 4

Why is understanding DMST important to practitioners? 5

Pimp Control/Manipulation: 5

- Recruitment Tactics 6
- Physical Control 7
- Psychological Control 7

DMST Power and Control Wheel 9

Victim Characteristics 9

Psychological Impact of DMST 10

Challenges to Rehabilitation 11

The Impact of Trauma 12

Understanding Complex Trauma 13

Resilience of Survivors 14

Child Advocacy Centers and DMST 14

Interviewing Potential Victims: The Basics 15

Ground Rules for Interaction 15

DMST Intake Tool 17

- Tier One DMST Intake 22
- Tier Two DMST Intake 25

Further Resources 30

About this Guide and Tool:
Shared Hope International has documented that victims of domestic minor sex trafficking (DMST) continue to be misidentified in the field.[1] Misidentification often occurs due to the DMST victimization being masked by other behavior—such as delinquency or status offenses – which is often a direct result of their exploitation through sex trafficking. As a result, child and adolescent survivors of sex trafficking do not often receive services specific to their DMST victimization. In response, Melissa Snow, Director of Programs at Shared Hope International, and Laurie Leitch, Ph.D., Co-Founder and Co-Director of the Trauma Resource Institute, convened a multidisciplinary committee of experts in the field of service provision to DMST victims. The outcome was the development of a practitioners training guide and intake tool specific to the identification of potential or current child/adolescent victims of sex trafficking. This resource would not have been possible without the collaboration and insight from the following contributing authors: Sidney Ford, LCSW-C, Founder and Executive Director, You Are Never Alone; Sandy Skelaney, Program Manager for Kristi House; Nina S. Brathwaite, M.A., Clinical Psychology Doctoral Practicum Student, UNLV; Tina Frundt, Survivor of DMST and Founder and Executive Director, Courtney's House; Joan A. Reid, LMHC, CRC, Sexual Trauma Therapist, APPLE Services; Vickie Ernst, Chief Operating Officer, ChildSafe Child Advocacy Center; and Michelle Orta, Child Forensic Interviewer, ChildSafe Child Advocacy Center. Additionally, the authors would like to acknowledge former Shared Hope International intern Renae Post, MSW for her significant contributions to the initial concepts and format of this resource.

Section I – The Practitioner Guide
The Practitioner Guide provides targeted training on the dynamics of domestic minor sex trafficking in America. In order to properly and successfully identify and respond to a situation of child sex trafficking, it is imperative that first responders familiarize themselves with characteristics specific to the crime of DMST and subsequently the victimization experienced by survivors. While every survivor's experience is unique, certain reoccurring dynamics and victimization patterns have been observed and documented. For the purposes of this document the dynamics presented in section I provide the framework for the creation of a successful identification and response plan.

Section II – The Intake Tool
Based on the expertise of the vetting committee, the intake tool is set up as a two-tier inquiry system and modeled after a trauma-informed and strengths-based approach specifically designed to identify victims of domestic minor sex trafficking. Questions associated with identification and response to domestic minor sex trafficking are invasive by nature and have a high potential for re-victimizing the survivor. With this in mind, the intake tool outlines concepts to be explored in each section of the intake and structures questions in a way that reduces the potential for re-victimization. Questions that may trigger a victim's recall of negative events are followed by strengths-based questions in order to bring the survivor back to somatic equilibrium, increase the opportunity for comprehensive recall of events experienced, and lower the impact of reliving the abuse. Each tier contains questions that will help flag potential sex trafficking victimization; however, not all tiers are intended to be utilized by every practitioner.

[1] Smith, L., Vardaman, S.H., Snow, M. The National Report on Domestic Minor Sex Trafficking: America's Prostituted Children (Shared Hope International: 2009), Pg.10.

Important Notes

Language: Due to the negative impact of labeling a person a *prostitute*, we require the use of victim-centered language to describe a child/adolescent who is commercially sexually exploited. Terms such as domestic minor sex trafficking (DMST), commercially sexually exploited child (CSEC), child sexual abuse and exploitation, and prostituted youth better represent the crime committed and victimization experienced by removing concepts of *choice* and *self-blame* commonly associated with systems of prostitution.

Throughout this guide and tool you will see the use of the female pronoun more often than the male pronoun. Juvenile boys and transgender youth are exploited through prostitution and have been identified as victims of DMST; however, current research indicates that girls are recruited and exploited at a higher rate than boys. For the purpose of this resource, the DMST victim population will be referred to as female, though intake procedures and educational dynamics explained with respect to DMST can be applied to all commercially sexually exploited youth.

Additionally, throughout this guide and tool you will see the use of the male pronoun in reference to the trafficker/pimp. Though females have been convicted in the trafficking of children, current conviction rates reveal a higher percentage of male traffickers/pimps than female.

Age: Leading researchers have documented that 13 is the average age a juvenile is recruited into prostitution by a trafficker/pimp.[2] Reports of children as young as nine have also been documented.[3] This resource will use the term "adolescent", "minor", or "youth" to refer to the victim of DMST since the majority of DMST victims fall between the ages of 13-17; however, practitioners should keep in mind that younger children can also fall victim to DMST. Information provided in this guide and tool could also be helpful in identifying and responding to victims of any age.

[2] Smith, L., Vardaman, S.H., Snow, M. The National Report on Domestic Minor Sex Trafficking: America's Prostituted Children (Shared Hope International: 2009), Pg.30. Estes, R., Weiner, N. Commercial Sexual Exploitation of Children in the U.S., Canada, and Mexico (University of Pennsylvania: 2001).

[3] Operation Cross Country IV: October 2009. Federal Bureau of Investigation: Innocence Lost National Initiative.

Domestic Minor Sex Trafficking

Sex Trafficking: The federal Trafficking Victims Protection Act (TVPA) of 2000, defines *severe forms* of sex trafficking as:

(a) … a commercial sex act is induced by force, fraud, or coercion, or in *which the person induced to perform such an act has not attained 18 years of age …*[4]

Domestic Minor Sex Trafficking (DMST) is the commercial sexual abuse and exploitation of minors through buying, trading, or selling their sexual services. DMST involves American and lawful permanent residents who are used in the commercial sex industry and are under 18 years of age at the time of victimization. The commercial sex industry includes (but is not limited to): prostitution, strip clubs, massage parlors, pornography, escort services, and peep shows. According to the federal TVPA (and some state laws) all minors involved in commercial sex acts are victims of DMST.

A commercial sex act refers to anything of value (e.g., money, drugs, food, shelter, rent, or higher status in a gang) that is given to a person in exchange for sexual services. Adolescents involved in the commercial sex industry rarely receive direct compensation for their services; rather, an intermediary (pimp, family member, significant other, coach, teacher, etc.) collects and keeps the earnings. There are instances, however, in which a minor is compensated for the sexual act, either with cash or basic needs such as food, drugs, clothing, or shelter. The acceptance of something of value by the minor should not be construed as consent to the commercial sexual exploitation or as an indicator of a mutually beneficial relationship. Rather, this is an indication that there is vulnerability in the youth's life that is being exploited, and therefore it should be considered a case of DMST as defined by the TVPA and some state laws.

DMST includes but is not limited to the following:

- Prostitution of a minor by a trafficker/pimp
- Prostitution of a minor by a family member
- Street prostitution, escort services, or Internet-aided prostitution
- Pornography where the adolescent is sold/rented/provided something of value to perform sexual acts on camera/video

[4] Victims of Trafficking and Violence Protection Act of 2000. Pub. L. 106-386, 114 Stat. 1464 (signed into law October 29, 2000).

Common Terms used in DMST

Automatic – A term used to describe the continued exploitation of a prostituted individual when a trafficker/pimp is out of town or in jail. In this situation the money earned is sent to the trafficker/pimp or he will appoint someone else to collect the quota.
Bottom – A person (male or female) within the stable appointed by the trafficker/pimp to recruit potential victims, supervise others within the stable, report rule violations, and sometimes even help inflict punishment on them.
Branded – A tattoo on a victim indicating ownership by a trafficker/pimp.
Buyer ("john") – Person who exploits women and children by purchasing sexual acts.
Choosing up – The process by which a trafficker/pimp takes "ownership" of a victim from another trafficker/pimp. Choosing up can occur simply by a victim making eye contact with a pimp other than the one currently in control of her. The victim then has to give the new pimp all of the money she made for the original pimp that evening. If the original pimp wants the victim back, he must pay a fee to the new pimp. The fee is usually added to the victim's quota.
Daddy – A term a male trafficker/pimp requires his victims to call him.
Eyeballing – When a victim looks into a pimp's eyes (this could cause choosing up, see above).
Facilitator – Any business or person allowing or enabling a trafficker/pimp to carry out the crime.
Family or Folks – A group of victims under the control of a trafficker/pimp; the trafficker/pimp is attempting to recreate the family environment.
Gorilla Pimp – A violent trafficker/pimp.
Lot Lizard – Derogatory term for a person who is being prostituted at truck stops.
Pimp Circle – When several pimps circle a victim to intimidate through verbal and physical threats in order to discipline the victim.
Quota – An amount of money that prostituted victims must provide to their trafficker/pimp every night.
Renegade – A person involved in prostitution without a trafficker/pimp.
Seasoning – When a trafficker/pimp rapes, beats, manipulates, or intimidates a victim to break her down and gain control.
Squaring Up – Attempting to escape or exit prostitution.
Stable – A group of victims who are under a pimp's control.
The Life – A term describing the situation of being involved in "prostitution" and/or under pimp-control.
Track – A set area known for prostitution activity.
Trade Up/Trade Down – When a trafficker/pimp buys or sells a person for their stable.
Trafficker/Pimp – Person who buys, trades, and/or sells women and children for sexual exploitation.
Trick – The act of prostitution; also a term for the person buying sex. (See buyer/"john")
Turn Out – To be forced into prostitution; also a person newly involved in prostitution.
Wife-in-law – A term prostituted women/children are required to call the other women and girls in the "stable."

Why is Understanding DMST Victims Important to Mental Health Practitioners and Social Service Providers?

DMST victims often receive varying labels, such as sexual abuse victim, rape victim, substance abuser, chronic runaway, child prostitute, etc. As a consequence, victims are often referred for various types of services that do not comprehensively address their specific and unique needs. Alternately, DMST victims can be labeled as delinquents, arrested for the crimes committed against them (i.e. prostitution), and referred to the juvenile justice system. At times, professionals utilize the juvenile justice system to provide an increased level of protection to the victim from the trafficker/pimp. To complicate matters further, DMST victims often do not self-identify for a number of reasons, such as pimp control, manipulation, shame, stigmatization, fear of arrest, and trauma bonds with their abuser. The end result of the multitude of labels and lack of disclosure is the high probability that practitioners and service providers will treat a DMST victim without identifying this particular form of exploitation.

As a result of the high rate of DMST in America, practitioners who work with at-risk youth, homeless/run away youth, juvenile delinquents, or youth involved with child protective services (CPS) are likely to encounter domestically trafficked minors (DTMs). DTMs often experience chronic and severe traumas similar to victims of sexual abuse and domestic violence, and practitioners are likely to encounter a multitude of symptoms and behaviors resulting from the survivors' victimization. In order to appropriately treat a DTM, one must understand the complexity and dynamics specific to domestic minor sex trafficking. Therefore, the following information is intended to assist and educate professionals who are most likely to interact with DTMs. Proper victim identification will increase the practitioner's ability to respond with specific interventions designed to reduce re-victimization and promote rehabilitation in DTMs.

Pimp Control/Manipulation

Popular portrayals and glorification of prostitution and pimping have led many to believe that prostitution is a *lifestyle of choice.* This concept can extend to the incorrect perception that an adolescent can consent to prostitution. However, research on sex trafficking shows that the majority of adolescents exploited through prostitution in the United States are controlled by a trafficker/pimp.[5] Additionally, the TVPA states that minors are not able to consent in any form to commercial sex.

A trafficker/pimp is someone who profits from the commercial sexual exploitation of another. Pimps target, recruit, and exploit individuals for the purpose of commercial sexual exploitation. Once a trafficker/pimp has recruited and tricked a youth into prostitution he enforces physical and psychological control to keep his victim trapped in a life of prostitution. There is not a standard profile of a trafficker/pimp – mothers, fathers, family members, foster parents, neighbors, coaches, priests, and teachers have been identified in cases of domestic minor sex trafficking.

The trafficker/pimp works to keep a victim in the life or the game of prostitution through a variety of tactics. Traffickers/pimps require the victims in the stable to meet a nightly quota of income. A trafficker/pimp determines where the victims are prostituted, the fees charged, and daily quotas. Youth under pimp-control have no choice or self-determination in this process. The trafficker/pimp also asserts control over both small and large parts of a youth's daily life such as: dictating when she can sleep, eat, speak, use the bathroom, and what she can wear. Numerous DMST survivors report that girls who attempt to renegade (i.e. prostituting without a pimp) will not be able to operate for longer than 24 hours without being harassed or recruited by a trafficker/pimp.

[5] Estes, R., Weiner, N. Commercial Sexual Exploitation of Children in the U.S., Canada, and Mexico (University of Pennsylvania: 2001), Pg. 7.

Recruitment Tactics: There is a complex abusive relationship established between a trafficker/pimp and the adolescent victim. A trafficker/pimp targets vulnerable youth such as chronic runaways and adolescents with histories of abuse. These youth are usually easier to manipulate and have vulnerable characteristics such as low self-esteem and a strong desire for protection and love. Traffickers/pimps use calculated and sophisticated recruitment tactics to gain the trust of their victims. The following list outlines confirmed tactics used by traffickers/pimps during the recruitment phase. The order of tactics may vary and recruitment may not include all or any of the trends listed below. It is important to note that during this phase the trafficker/pimp presents as a friend, boyfriend, or caretaker – his role and agenda as an abuser/exploiter is often hidden.

1. A trafficker/pimp will hang out in places such as malls, arcades, group homes, and bus stops – anywhere that allows a high potential for interacting with youth.

2. A trafficker/pimp will engage youth in conversations to assess their home and life situation and determine her vulnerabilities and dreams.

3. A trafficker/pimp will target adolescents' weaknesses, tell them what they want to hear, and give them what they need.

    - If they want love, give them *love* and become their *boyfriend*.
    - If they need a place to *live*, offer them *shelter*.
    - If they are *lonely,* become their *friend*.
    - If they don't have a loving *father*, become their *protector*.
    - If they are *poor or have low self-esteem*, sell them a *dream* and offer a life of *status*.

4. A trafficker/pimp will fulfill promises to earn the potential victim's trust, love, and devotion. The trafficker/pimp often fulfills a role that the child has been lacking. It is during this stage that the trafficker/pimp a*ppears* to care and love the youth; this behavior then becomes the foundation for all future psychological control. After the relationship turns exploitative and violent, the victim will reflect on this period of time and do anything to re-achieve that positive and rewarding level in the relationship.

5. A trafficker/pimp will work to isolate the victim from all forms of positive contact or interaction with friends and family members. He strategically removes any safety net, familiar persons, and resources, gradually making the victim physically, mentally, emotionally, and financially reliant on the trafficker/pimp.

6. A trafficker/pimp will begin demanding uncomfortable sex acts or physical interactions from the child and will punish refusal, hesitation, or complaints with physical and emotional abuse. The trafficker/pimp will become more abusive and blame the victim for the abuse. If the victim does not comply, the trafficker/pimp may take a variety of approaches to gain control over the youth. Some examples of these approaches are:

    a. Threaten that she will not receive the glorious life she was promised by the trafficker/pimp.
    b. Attach the act of prostitution to proof of her love for the trafficker/pimp.
    c. Physically abuse her until she complies and then show affection (e.g., beatings, starvation, locking in closets, gang rape, forced drug use, etc., followed by love-making and preferential treatment).

7. A trafficker/pimp will then transition the victim to prostitution. This transition can be accomplished through a violent induction such as gang rape. It can also be accomplished through psychological manipulation, calling on the victim to repay her debt or provide money for them to pursue the dream he has painted for her.

8. Once the minor has engaged in prostitution, the trafficker/pimp begins to reshape the way the victim views the world. The trafficker/pimp assigns the shame, humiliation, and guilt that the victim is feeling to the way the people outside of the "prostitution life" view them.

Physical Control: A trafficker/pimp may exert physical force on a DTM in order to control her. Physically, the trafficker/pimp is often larger in size and stronger, enabling him to inflict pain and injury. Force is utilized to reinforce that the trafficker/pimp is always in charge. Consistent with themes of domestic violence, the beatings are intermittent and often are followed with praise, affection, or gifts. Many of the beatings occur in front of her stable sisters or wife-in-laws as a warning against any behavior that is defiant of the trafficker's/pimp's rules. Additionally, violence may be inflicted on one girl for the punishment of another, creating a sense of loyalty to the *family* or group as a whole.

Psychological Control: A trafficker/pimp does not need to physically bind a DMST victim to maintain control; rather, the psychological tactics are equally powerful and often more difficult to recognize and understand. Research has shown that the majority of DMST victims has been victimized through childhood sexual abuse and/or childhood physical abuse, have experienced caretaker abandonment, and/or are chronic runaways. Traffickers/pimps approach adolescents and target their vulnerabilities. Although certain populations are at a higher risk than others, no youth is invulnerable to the tactics of a trafficker/pimp. Youth are often targeted and manipulated systematically and over an extended period of time before the sex trafficking victimization actually occurs. In the beginning, a trafficker/pimp tends to mask his abusive side, displaying a loving side until he has earned the trust of a child at which time the relationship becomes exploitative and violent. Past experiences may condition a youth to believe abuse is "normal" and when the relationship becomes abusive the youth believes she is to blame or is responsible for the abuse.

Research has shown that traffickers/pimps regularly target and recruit youth 12-14 years old. This period in psychosocial development is critical for adolescents who are developing and establishing their identity, and traffickers/pimps take advantage of this developmental phase. They will often rename their victims to distance them from their identities and establish their new identities as a "prostitute." Additionally, traffickers/pimps work hard to make prostitution seem like a choice the victims made on their own. The adolescents are quickly led by the trafficker/pimp to believe they have no alternatives to prostitution; it is who they are.

The "turning out" period is rife with intermittent violence and mixed messages which resemble domestic violence and create trauma bonds often seen in Stockholm Syndrome, a psychological response to traumatic situations in which victims become sympathetic to their exploiters. Stockholm Syndrome is a term which derives from a 1973 hostage incident in Stockholm, Sweden. At the end of six days of captivity in a bank, several kidnap victims actually resisted rescue attempts and refused later to testify against their captors. The psychological and behavioral outcome of Stockholm Syndrome, also referred to as trauma bonding, is the emotional bonding of a victim with the captor as a defensive mechanism to increase the chance of survival. Small acts of kindness and humanity by the captor are magnified, since finding perspective in a traumatic situation is by definition impossible. It is important to note that these symptoms occur under tremendous physical violence, torture, and psychological duress. The behavior is considered a common survival strategy for victims of interpersonal abuse and has been observed in domestic violence victims, abused children, prisoners of war, and concentration camp survivors.

Some examples of behavior related to Stockholm Syndrome may include:

- A victim defending her abuser by either denying that the victimization occurred or minimizing the level of violence.
- A victim defending her abuser to friends, family or authorities when an attempt is made to have her identify the abuser and recognize the violence.
- A victim taking responsibility for provoking the violent behavior from the abuser.
- A victim taking responsibility by stating that she understands the reasons behind the abuser's violent behavior.
- A victim acting resistant to leave the abuser or abusive situation.

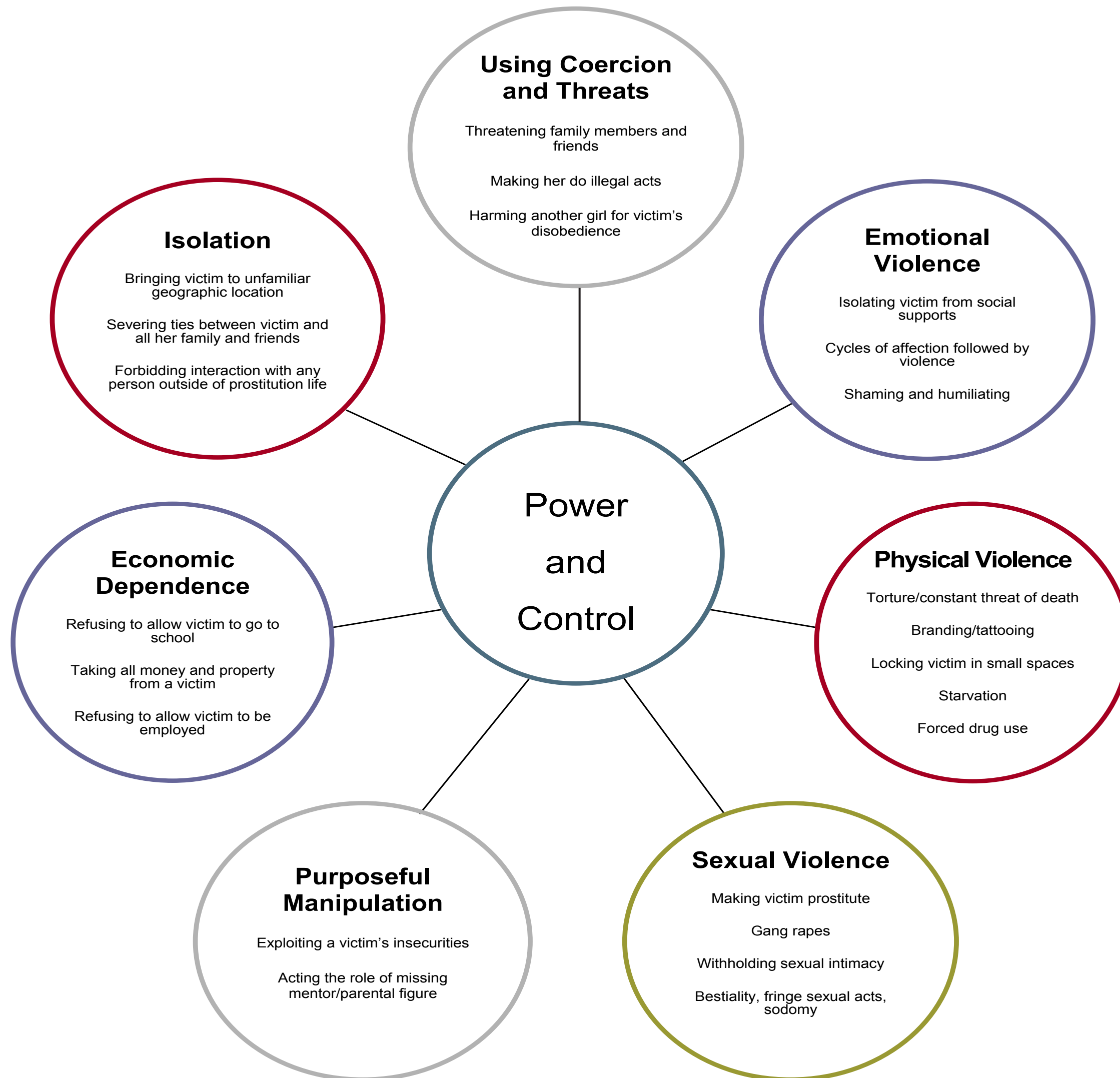
Although DTMs revere their trafficker/pimp, they also fear him. At any moment they know the trafficker/pimp is able to hurt them if they do not comply with the demands, but they also depend on the trafficker/pimp to provide for them. Traffickers/pimps work to isolate the minor from any person or influence that may counter these messages or increase a victim's sense of self-worth. DTMs will stay with or return to the trafficker/pimp in hopes for the better future that is often promised, or for the simple reason that they believe they have no other place to go.

Traffickers/pimps place these adolescents in a dilemma, forcing them to *choose* between two equally bad options: either they "work" for the trafficker/pimp in prostitution or they are severely beaten or killed. As a result, DTMs often believe prostituting was their choice and blame themselves for not leaving the trafficker/pimp or prostitution.

Another way of maintaining control over the DTM is through the threat of recapture and/or violence against the adolescent's family. Youth are often recruited in their home community and the trafficker/pimp may know where the victim lived with her family. Anticipating that she will consider running away once the relationship turns abusive, the trafficker/pimp reminds the adolescent that he knows where she lives and will find her again or hurt her family.

A third method of psychological control over a DTM by a trafficker/pimp can be the use of photographs of the adolescent engaged in prostitution acts as blackmail to keep the youth trapped and compliant. The victim is ashamed and fears exposure of the demeaning and exploitative situations to family or friends.

DMST Power and Control Wheel



Victim Characteristics

At Risk Populations: Though anyone can be a victim of DMST, there are certain common characteristics among DMST victims that place them at a higher risk of victimization. Research investigating prostitution has found some common characteristics that place a youth at an increased risk for commercial sexual exploitation:[6]

- Victim of childhood sexual abuse or other types of severe maltreatment
- Chronic runaway
- Homelessness
- Addiction to substances (includes parent/guardians with addiction)
- Involvement with the juvenile justice system
- Child Protective Services involvement
- Low self-esteem/self-worth

[6] Smith, L., Vardaman, S.H., Snow, M. The National Report on Domestic Minor Sex Trafficking: America's Prostituted Children (Shared Hope International: 2009), Pg. 30-36.

Although youth with a history of one or more of the above factors are considered to have an elevated risk for DMST, research has found that any minor can be a victim of sex trafficking.[7] The list is not exhaustive and it is vital to look beyond the outlined characteristics/factors when attempting to identify DTMs.

Psychological Impact of DMST

DMST victims have suffered severe, chronic traumatic events during the course of their trafficking victimization. Additionally, DMST victims commonly have histories of childhood sexual abuse that have received minimal, if any, therapeutic treatment. As a result, DMST victims require intensive mental health assistance in working to address the core and chronic traumatic incidents to establish a therapeutic path for rehabilitation. Below is a list of potential psychological disorders that DMST victims may have as a result of their exploitation.

** The following are possible disorders common among domestically trafficked minors. Due to the nature of domestic minor sex trafficking and the multiple traumas victims sustain, it is common for victims to have a multi-diagnosis. This list is not exhaustive.*

Psychological Disorders	
Anxiety and Stress Disorder	
Attachment Disorder	
Attention Deficit/Hyperactivity Disorder (ADHD)	
Conduct Disorder	
Depression	
Developmental Disorders	
Learning Disorders	
Acute Stress Disorder	
Post Traumatic Stress Disorder (PTSD)	
Anxiety disorders	Panic Attacks
	Agoraphobia
	Social Phobia
Dissociative Disorders	
Eating Disorders	Anorexia Nervosa
	Bulimia Nervosa
Impulse Control Disorders	
Mood Disorders	Major Depression
	Dysthymia
	Bipolar
	Hypothymia
Personality Disorders	Borderline P.D.
	Histrionic P.D.
	Narcissistic P.D.
	Paranoid P.D.
	Anti-Social P.D.
	Avoidant P.D.
	Dependent P.D.
	Obsessive Compulsive P.D.
Self Harming Disorders	Self-mutilation
Sleep Disorders	Insomnia
	Hypersomnia
Somatic Disorders	
Substance Abuse Disorders	

7 Williams, L.M., Frederick, M.E. Pathways Into and Out of Commercial Sexual Victimization of Children: Understanding and Responding to Sexually Exploited Teens (University of Massachusetts Lowell, 2009).

Challenges to Rehabilitation

Each DTM will react and respond differently to the abuse experienced and the assistance being offered. The reactions to abuse will vary depending on the age of the victim, length of time under the control of a pimp, form of abuse experienced, abuse perpetrated by buyers ("johns") or others, and her history of physical and sexual familial abuse. However, there are certain behaviors that most DTMs exhibit that are unique to their exploitation and may impede or challenge the rehabilitation process. Therefore, it is important that professionals working with DTMs take the following traits and dynamics into consideration as they work with the youth to establish a treatment plan. These manifestations should not be viewed as a lack of desire to be treated but as a reaction to and symptom of the abuse experienced.

Reluctant to Self-Identify – Victims will often not identify themselves as victims and they may say that prostitution was their choice; however, it is important to look beneath the surface. When a victim views her trafficker/pimp as her boyfriend and prostitution as her choice, she perceives herself as in control of her situation. This perception is an important survival skill that can be acknowledged and reframed as a strength to rebuild self-esteem and empowerment. It is important to work with the survivor to redefine healthy relationships. Redefining can empower the victim to both identify herself as a survivor of abuse and the trafficker/pimp as the perpetrator.

Loyalty to the Trafficker/Pimp – DTMs are psychologically attached to their abuser and have been conditioned to believe that everyone else is against them. Concurrently or alternatively, traffickers/pimps often threaten the lives of the DTMs or the lives of loved ones if they disclose information about their abuse. Victims are often isolated from their normal social networks; the trafficker/pimp becomes their only family and they have to rely physically, mentally, and emotionally on that connection for survival. Though dysfunctional, this contrived reality may be the only scenario in which they have felt loved and accepted.

Running Away/Relapse – Victims may run back to their traffickers/pimps repeatedly as a result of the psychological control he exercises and the trauma bonds formed between the victim and trafficker/pimp. This action should not be construed as the victim choosing prostitution; rather, it reflects the intense traumatic bonds created during the youth's victimization. It is important that practitioners maintain an open door policy during the relapse process and not judge or blame the adolescent. This should be expected as a part of the exiting and stages of change process as with any other addiction. Furthermore, it is important to assess what needs the survivor has that are not being met that can be triggering the relapse. Creating an environment of safety, specialized services, and trust is vital to providing physical protection that will allow for the psychological trauma to be addressed as well.

Adhering to Rules and Structure – Although DTMs have been controlled and abused, they have lived what sometimes is viewed as an "adventurous" life. These youth are not accustomed to following normal structure and have been taught to resist authority. Additionally, their schedule involves sleeping during the day and staying up all night. Activities that appear normal to most people, such as attending school or working a full-time day job, may be difficult and cause a great deal of anxiety to DTMs. It is important to intentionally integrate these adolescents into a daily routine, demonstrating the connection between following rules and reaching the goals they may have for themselves.

Resistance – During identification DTMs can be resistant to identifying themselves as a victim or viewing their trafficker/pimp as an abuser. Such defense mechanisms have often been vital to their survival. Motivational interview strategies that empower DTMs to explain their own situation can prove critical to the restoration

process. It is important to be mindful of the prolonged and complex trauma these victims have experienced and critical that service providers look past the behavior and identify the trauma that is driving the behavior.

Lack of Trust – DTMs have been trained by their trafficker/pimp not to trust anyone. Additionally, the chronic abuse they have suffered at the hands of adults has confirmed this lack of faith or trust in humanity. Traffickers/pimps force youth to lie and encourage manipulative behaviors. Therefore, it should be expected that youth will model these behaviors until trust is built between the practitioner and youth. While these characteristics should not be condoned in the intake and treatment process, it is important to realize that manipulation and lying are responses to the training inflicted by the trafficker/pimp.

Sexual Confusion – DTMs are sexually exploited by 5-20 buyers each day during their victimization through prostitution. As a result, DTMs will have severe confusion about sexual relationships and appropriate sexual behaviors. Even though the prostitution was unwelcomed sexual exploitation, their bodies may sometimes respond physiologically to the sexual encounter in spite of their minds. This physical response can lead to further confusion as to whether they are responsible for the abuse. Additionally, withdrawal from this intense level of sexual interaction can be met with feelings of confusion and self-blame.

Glamorizing the Exploitation – DTMs will sometimes present their involvement in prostitution as dangerous and exciting in an attempt to rationalize their continued or past involvement in the exploitation. An extreme situation of this glamorization may involve the DTM attempting to recruit other youth into prostitution. Traffickers/pimps often require victims to recruit or train others and provide rewards for the recruitment of others.

The Impact of Trauma

Traumatic events have a profound effect, not only on a victim's psychological state, but also their neurological and physical states. The behaviors shown by DTMs that are often bewildering and frustrating for first responders, such as running away, unclear or disjointed memories, trauma bonding, aggression, etc., are symptomatic of biological processes that occur when chronic traumatic experiences occur in a young person's life.

Trafficked adolescents have two types of trauma as a result of severe, chronic abuse: developmental trauma and shock trauma. Due to the chronic nature of violence found in DMST, as well as any history of abuse the adolescent might have experienced as a child before the trafficking, a youth's neurological system is never allowed to return to a state of equilibrium and instead remains in a constant state of arousal. The result is a severely deregulated nervous system and a battery of physical and psychological effects. Two main states that a trafficked minor may be in are listed below:

1. Hyperarousal – Symptoms can include: anger, panic and phobias, irritability, hyperactivity, frequent crying and temper tantrums, nightmares and night terrors, regressive behavior, increase in clinging behavior, and running away.

2. Hypoarousal – Responses can include: daydreaming, inability to bond with others, inattention, forgetfulness, and shyness. Physical symptoms include: eyes widened, pale skin, complaints about being cold, and flat affect.[8]

[8] Remarks by Sophia Erez. Shared Hope International National Training Conference on the Sex Trafficking of America's Youth. September 2008. Transcript on file with Shared Hope International.

Adolescent victims of sex trafficking are forced to live in very dangerous environments where their flight and fight responses are being triggered daily, even hourly. Recognizing the neurological impact of the DMST trauma and the subsequent normal reaction and response of the victimized youth can assist in preparing service providers for such behavior and bring an understanding of how to respond.

Understanding Complex Trauma

In the mid-1970s when the diagnosis Post Traumatic Stress Disorder (PTSD) was first introduced the creation of a diagnostic construct was mainly based on traumatized male adults – combat veterans and holocaust survivors. Since the introduction of PTSD significant gains have been made in the understanding of how this diagnostic construct is also applicable to a large variety of traumatized population, such as rape survivors, abused children, survivors of natural disasters and domestic violence.[9] While the relevance and impact of trauma on humanity has reached a heightened level of awareness in society, emerging research has documented that PTSD captures only a limited aspect of post-traumatic psychology.[10] More specifically, persons exposed to chronic interpersonal trauma and especially beginning at an early age consistently demonstrate psychological disturbances that are not captured in the PTSD diagnosis. In response, researchers have worked to document the psychological responses of persons who have experienced complex and chronic trauma and emerged with a concept of Disorders of Extreme Stress Not Otherwise Specified (DESNOS).

"Characteristic of DESNOS is trauma which involves interpersonal victimization, multiple traumatic events, or events of prolonged duration. Disturbances of six areas of functioning are required for the diagnosis:

(1) regulation of affect and impulses;
(2) attention of consciousness;
(3) self-perception;
(4) relations with others;
(5) somatization; and
(6) systems of meaning."[11]

Since victims of DMST have often experienced early childhood abuse and then continued interpersonal trauma by pimps and buyers for a prolonged period of time it is necessary for practitioners to consider DESNOS when identifying and responding to DMST. Practitioners are encouraged to stay informed as further information emerges on the DESNOS diagnosis. Additionally, further resources are listed in the Resources section of this document.

[9] van der Kolk, B.A. Psychological Trauma (Washington DC: American Psychiatric Press, 1987).

[10] Herman, J.L. Complex PTSD: A Syndrome in Survivors of Prolonged and Repeated Trauma. Journal of Traumatic Stress, no. 5 (1992), Pg. 377-391.

[11] Luxenberg, T., Spinazzola, J., van der Kolk, B.A. Complex Trauma and Disorders of Extreme Stress (DESNOS) Diagnosis, Part 1: Assessment. Directions in Psychiatry, no. 21 (2001).

Resilience of Survivors

Adolescents exploited through sex trafficking have survived extreme torture and violence. The key word here is ***survived.*** When practitioners come into contact with these adolescents they have the unique opportunity to assist with the healing process during that interaction. Utilizing a strengths-based, trauma-informed youth empowerment model, practitioners are able to communicate through actions and words the innate belief that these youth have the ability to heal and thrive. Therefore, it is the practitioner's role to act and respond in a way that empowers youth to recognize and apply their own strength and potential.

Child Advocacy Centers and DMST

An important advancement in the investigation into child sexual abuse cases and in the care of victims was the establishment of Child Advocacy Centers (CACs) across the United States. CACs provide communities with a multi-disciplinary establishment that specializes in child sexual abuse victim interviewing and response. The goal of CACs is to "ensure that children are not further victimized by the intervention systems designed to protect them."[12] To accomplish this goal, those offices charged with responding to child sexual abuse are either housed or interact in a single location to create a comprehensive, multidisciplinary team response to a situation of child sexual abuse.

The CAC multidisciplinary team often includes:

1. Law Enforcement
2. Child Protective Services
3. Prosecutors
4. Mental Health Practitioners
5. Forensic Medical Personnel
6. Forensic Child Interviewers
7. Victim Advocates

A CAC is a key player in establishing a response team because it recognizes the severity of domestic minor sex trafficking and the importance of a multidisciplinary and victim-centered response. While CACs may not be available in every community, replicating this team treatment dynamic is recommended.

Forensic Interviews

Child forensic interviews are an expertise CACs bring to the child protection community. Forensic interviews are conducted by specially trained professionals that seek to elicit disclosures surrounding a situation of sexual abuse. The interview questions are framed in a non-leading approach to minimize re-victimization as much as possible, and allow the child to explain incidents of sexual abuse in her own words and communication style.[13]

Prior to introducing a DMST victim to the CAC it is important to consider how child victims of sex trafficking differ from other child sexual abuses cases where an outcry has often already been made and victims have indicated some level of cooperation with authorities. For example, extended interviews may be necessary for DMST victims since full disclosure does not often happen in one setting. Additionally, the use of video-taped

[12] The National Children's Advocacy Center, "The CAC Model." www.nationalcac.org/professionals/model/cac_model.html. Accessed November 3, 2008.

[13] The National Children's Advocacy Center, "Child Forensic Interview Model." www.nationalcac.org/professionals/model/forensic_interview.html. Accessed November 3, 2008.

interviews can be counterproductive to an investigation because the DMST victim's story is apt to evolve as trust is built with the service providers causing new information to conflict with the previously documented narrative.

CACs offer a profound resource and expertise for responders to DMST but working with DMSTs may require a shift in CAC protocols and procedures from those normally used with child sexual abuse victims.

Interviewing Potential Victims: The Basics

What neuroscience has helped us understand is that when the nervous system is overwhelmed it becomes dysregulated and the dysregulation can cause a cascade of physical and psychological symptoms. Nervous system dysregulation can occur when an experience is perceived as frightening or life-threatening. It can also occur and be reinforced when someone is asked to tell the story of what happened and/or when listening to the stories being told. The question becomes, what can be done to minimize the feeling of being overwhelmed or revictimized while at the same time collecting necessary information or helping a survivor feel heard and understood? The answer lies in the way the story is told.

The way that information is collected has a powerful impact on whether the interview or debriefing process will be re-traumatizing to the victim/survivor or will be a step toward healing. The way the information is collected can also promote or reduce the likelihood of secondary traumatization for the interviewer. Watch the youth for any signs of agitation or numbing during the interview. The following can indicate distress and the need to shift to resiliency and strength-based questions: shallow or rapid breathing, changes in facial coloration, shifts in posture, flat affect, irritability. If any of these are observed take a moment to shift gears to give the nervous system a chance to settle before resuming the questions.

This shifting of gears is done in the sequencing of questions. For example, rather than start with a question such as "Tell me what happened to you," start with a titrated question such as:

- "Tell me about the moment when you knew you had survived" or
- "Tell me when you knew it was over" or
- "Tell me about when help arrived" or
- "Tell me what is helping you to get through this now."

Questions such as these are considered Resourcing questions. They orient the survivor to aspects of the experience that are not as traumatic. They remind the individual that they have lived or survived or are managing in the face of all the challenges.

Ground Rules for Interaction

1. *Be Non-Judgmental and Kind.* This is the building block for all future interactions.

2. *Address Emergency and Basic Needs First.* Youth cannot engage in a substantive dialogue if these primary needs are not addressed.

3. *Check Your Environment.* Interview space should be youth-friendly, comfortable, and confidential.

4. *Time.* Allow for plenty of time and space to develop rapport and engage with the youth prior to the interview.

5. *Be Flexible.* While there are certain goals that you want to achieve with the youth during this time it is important to begin the empowerment process from the start of the conversation. Allowing youth to guide or

prioritize the conversation can ultimately help you achieve your goals at a later time.

6. *Be Up Front.* Tell the youth in the beginning who you are, your mandated reporting requirements, and what your goals are for the conversation.

7. *Ask for Permission.* If you must use a form or take notes during the interview, make sure that you ask permission first so that youth knows what and why you are writing down information about them. Also, clarify what the information will be used for and whether it is confidential.

8. *Language.* Use youth-friendly language and mirror (appropriate language) used by youth when asking questions about events in their story.

9. *Body Language.* Ensure that your body language is open and communicates a desire to hear all, including unpleasant or uncomfortable details.

10. *Limited Personal References.* Balance the amount of personal information shared. While it's important to participate in the conversation so it does not feel one-sided, sharing significant or extremely personal stories in an effort to connect can place an inappropriate burden on the youth to counsel the practitioner.

11. *Minimal Interjections.* Limit interruptions when youth begin to share information, as a continuous line of questions from the practitioner can feel invasive rather than relational. However, if during the course of disclosure the youth's behavior changes or distress is noticed, practitioners should "check in" with youth and ask what is happening for that person right now – "What are you feeling right now?" could be a good prompting question. Then the practitioner should listen to that and respect it. Taking short breaks throughout the disclosure process ensures proper respect and balance in the nervous system before re-engaging in the disclosure or narrative. The practitioner should never be so focused on hearing the "whole" story or completing the intake process that the youth feels revictimized.

12. *Meet the Youth Where They Are.* Respect where the youth is psychologically and emotionally in understanding their situation. The youth may not acknowledge her situation as exploitative and may even have to or "want to" return to the abusive situation. Working first to understand and define the youth's immediate and long-term goals it is then the practitioner's role to guide the youth (over time) into defining and understanding her situation, not to assign a label to her.

13. *Setting Boundaries for Youth.* Practitioners should respect personal boundaries set by the youth, especially regarding touching the youth. While touch (e.g., hugging) may seem like a comforting gesture, for exploited youth it may feel invasive and uncomfortable. Practitioners should not touch a youth without permission. Additionally, if permission is given by the youth to hug, the interaction should be led by the youth. Lots of warmth can be communicated through smiling, nodding, and otherwise affirming and empowering the youth.

14. *Setting Boundaries for Practitioners.* Practitioners need to set realistic goals and expectations for youth regarding the services they can assist with. Promises should never be made unless it is certain that they can be achieved. Additionally, unless other protocols have been established within an agency/organization, shared personal information (home address/cell phone number, etc.) should be limited too.

15. *Professionalism.* A multidisciplinary team approach is vitally important to holistically caring for the youth. It should be expected that youth will bond more closely with certain practitioners. Practitioners should resist taking this personally and recognize that this is human nature. Additionally, practitioners should refrain from colluding or talking disrespectfully with the youth about other practitioners on the team.

16. *Be Transparent.* Survivors of domestic minor sex trafficking have been abused and hurt by most adults in their life. Trust should not be expected – it is earned. The more a practitioner can involve the youth in recommended actions and conversations to achieve the youth's goals, the more quickly trust can be built. For example, if the practitioner is referring the youth to another agency for additional services, the youth can be included in the referral call. The youth can watch "her" practitioner interact with another professional as well as hear how and why the practitioner is recommending this referral.

DMST Intake Tool

Intake Tool

Purpose: During the intake process it is vital to assess clients for suspected victimization of sex trafficking in order to flag potential domestic minor sex trafficking (PDMST) victims. Assessments alert professionals to youth who display signs of DMST, leading to further intervention. This specific intake model is appropriate for youth aged 12-20.

Model: This intake is set up as a two-tier system and modeled after a strengths-based approach for victims of severe trauma. Questions associated with identification of and response to DMST are invasive by nature and have a high potential to re-traumatize the victim. With this knowledge, each question is phrased to reduce the likelihood of re-traumatizing the victim. Each tier contains questions that will help flag PDMST victims; however, not all tiers are intended to be utilized by every practitioner. Rather, professionals are to select the appropriate tier for their level of training and interaction with PDTMs in the process of identification and response.

Language: DMST victims are trained by traffickers/pimps to speak a new vocabulary of street slang that is recognized and spoken by those involved in commercial sexual exploitation. While certain terms may vary there is a core set of language that is used. This list of terms is provided in the glossary and it is helpful for intake staff and practitioners to familiarize themselves with such terms so that they can understand information provided by youth during the interview. A common language can also assist in building rapport and trust with the victim since they often think no one will understand what they have experienced. For example, notice that the tier 1 intake tool never asks a PDTM directly, "Who is your trafficker?" or "Who is your pimp?" Because the pimp often has the girls refer to him as "daddy" and the girl often views the pimp as a boyfriend, these questions would not result in a productive answer. At the intake stage it is important to engage the PDTM at her present state both mentally and emotionally, and mirror her language—questioning about a "boyfriend" is more likely to build rapport as it reflects the point at which she is in understanding her victimization.

Basic Needs: Prior to engaging in any form of an intake process it is imperative that the basic needs of the survivor are met. Food, clothing, safety concerns and immediate health needs are a first priority for any youth in care.

Intake Tool Model: The intake tool provides suggested questions that are modeled after a trauma-informed and strengths-based approach. DMST victims have experienced chronic and severe sexual abuse and exploitation which has profound mental, physical, and psychological impact. Trauma-informed means that practitioners and social service providers interacting with a PDMST victim are aware of how the youth's traumatic experience has impacted her psychologically and physically, and the effect it has had on the relationship with the abuser (pimp-control/trauma bonds) and the larger community. Additionally, this approach respects the resulting symptomatic behavior and always attempts to identify the root cause driving the symptom. To obtain the information about the core traumatic incident(s), questions are framed in a strengths-based approach to highlight survival skills owned by the adolescent.

Two types of strengths-based approaches are encouraged within the intake tool. The first type attempts to reorganize invasive questions into an empowerment memory framework. For example, the original question, "Can you tell me about the sexual assault?" instead asks, "Can you tell me about when you realized you survived the sexual assault?" This approach acknowledges that the adolescent was victimized but is a survivor. This approach can be very empowering for youth and can assist in shifting the self-blame and guilt often associated with sexual exploitation.

The second strengths-based approach involves inserting positive and less invasive questions within a disclosure. Questions that are more invasive and may trigger a victim to relive or recall a traumatic event are followed by strength-based questions/memories in order to bring the juvenile back to neurological and psychological homeostasis (equilibrium), increase the chance of full memory answers, and minimize the effects of re-traumatization. This approach can reduce her feelings of being overwhelmed or disconnected and encourage empowerment throughout the disclosure process.

Motivational Interviewing (MI) is a client-centered counseling style that empowers the client to explore and resolve ambivalence and harness the concept of being in control of her own life. This approach has been identified as a successful practice in working with DMST victims as disempowerment through complete psychological and physical control is how the trafficker/pimp exploited the youth. Therefore, it is imperative that the practitioner work to rebuild these life and personal skills within the youth so she can be empowered to self-sufficiency. Questions asked in MI style must be tailored to the needs of each client and as a result they are not included in this Intake Tool. However, the philosophy of MI is highly recommended and a resource for MI techniques is listed in the Resources section.

Implementation of the Tier Process: Each tier is progressive and builds on the previous tiers. While it is ideal to utilize the two tiers in a chronological manner, it is not necessary, and each tier can be utilized individually. Furthermore, while each tier is considered to be most effective when used in its entirety, another option is to extract specific concepts and questions to include in an already established intake procedure. Finally, and most importantly, the intake guide is set up to provide the practitioner with concepts to be explored. As a result, the practitioner should not feel bound to the order of questions/concepts presented within each tier but rather use the themes to steer conversation as directed by the youth.

Tier one is to be utilized during the initial intake. This tier can be implemented by any dedicated and professional staff member. Upon reviewing the paperwork, a service provider/case manager is to assess for indicators of domestic minor sex trafficking. If the client displays characteristics that relate to victims of DMST, then their paperwork is to be flagged as "Potential Domestic Trafficked Minor (PDTM)." An experienced professional should then engage in an informal, structured interview with the PDTM utilizing tier two concepts and questions. At this point disclosure of DMST may occur; if it does, the minor should be referred to a trained/licensed professional and/or therapist. The procedure for each tier is discussed more in-depth at the beginning of each tier segment.

Tier Determination: Tier levels are determined by the questions in that particular tier. All questions in the intake have the potential to re-victimize DTMs because many are invasive. Specific tier structure is outlined below.

Tier One (T1)

The purpose of T1 questions is to identify behavior, people, or events of concern, as well as the existence of vulnerability factors related to DMST.

T1 contains the lowest level of invasive questions while still examining indicators of DMST. Questions in this section are basic and can be integrated into other intake forms and may be filled out by the youth or a professional on a questionnaire. (NOTE: We have examined the wording and language appropriateness of the questions and believe they work well with this population; however, service providers may reword in order to fit their existing intake process.)

Tier Two (T2)
The purpose of T2 is to understand more about the vulnerabilities identified in T1 and seek out the existence of other DMST indicators. T2 includes questions with a moderate level of invasiveness, where the client may be asked to provide more self-disclosure or build upon information provided in T1. These questions are more intrusive than those in the first section and ask for higher levels of self-disclosure. T2 questions are framed with concepts of DMST victimization and should be utilized in a quiet, semi-private setting during a steered conversation with a PDTM.

While one is conversing, it is advisable not to take detailed notes but stay focused on the client to continue building trust and rapport. Detailed notes can be written after the discussion on the form provided. Remember that this may be one of the only times the victim may disclose. Examples of proper reactions to disclosure, as well as suggested procedures, are discussed in the Disclosure section below.

Next Steps
Once information is obtained from T2 that confirms or continues to flag a DMST victim, it is critical that more intensive therapy be offered by someone who has been trained to work with this population. As mentioned previously, engaging a community and multidisciplinary team model will provide the broad net of services necessary to address the severity of the exploitation from all angles.

Who Should Utilize Each Tier: Due to the high level of invasiveness, it is imperative that practitioners utilize the appropriate tier level for their skill sets. Those with limited experience in counseling/therapy should only utilize T1. If one believes that a client is a PDTM, it is imperative that the minor be recommended to someone with more experience in adolescent trauma. **T2 should only be used by trained and/or licensed professionals who must have an understanding of trauma and DMST.** If DMST is apparent it would be necessary to refer them to a licensed therapist/experienced professional. Clinicians who will refer PDTMs to those with higher training should be up front with the client before and during the referral process and involve the client in the decision-making process. This openness will continue to build trust and avoid the perception of abandonment.

Disclosure: DMST is the sexual abuse and exploitation of a child or adolescent. When the youth discloses any information about her abuse she will be watching the practitioner's reactions very closely to gauge how much she is willing to tell. As such, the interviewer should be cognizant of all facial, body, and verbal communication. Crossed arms, grimaces, disgusted facial expressions, crying, and shock should not be displayed under any circumstances. Practitioners should prepare themselves for the types of details and stories shared by DMST victims so that they are not appalled or shocked by information shared by the client. A delicate balance must be maintained to continue the disclosure process and engage the youth now that she has made herself more vulnerable.

Reporting: Each agency and organization has specific reporting procedures established in response to a disclosure of child sexual abuse. These procedures should be reviewed and followed when disclosure of sex trafficking of a youth occurs.

Tier One DMST Intake {T1}

Purpose: The purpose of T1 questions is to identify existence of indications or vulnerability in a youth's life of current or potential domestic minor sex trafficking.

Method: T1 contains the lowest level of invasive questions while still examining indicators of DMST.

Things to Look For:
Runaways – Watch for youth who are chronic runaways. Runaway/homeless youth are often targeted by traffickers/pimps who prey on their vulnerabilities.

Traveling/ Transportation – Movement is not necessary for a person to be a victim of trafficking; however, traffickers/pimps often move victims to different cities or states to exploit them and keep them unbalanced in unfamiliar locations. Identify landmarks and location to track the movement of the minor.

Delinquency – Pay attention to the youth's arrest record. Sometimes girls are not charged with prostitution because law enforcement did not want to saddle the minor with a prostitution charge. As a result, they are charged with a lesser offense, such as curfew violation, runaway, loitering, or other status offenses.

Relationships – Pay especially close attention to youth who have older, dominating boyfriends. Some traffickers/pimps may be close in age to their victims but it is more common for a trafficker/pimp to be older than the victim.

Tattooing – Tattoos can be a form of branding, so it is important to hear the story behind any tattoo a client may have. For example, one DMST victim had a Tweety bird tattoo; during questioning the interviewer learned that her "boyfriend" (pimp) was called Tweety. Inquiring about tattoos can also be a non-threatening conversation starter.

TIER ONE INTAKE QUESTIONS

LIVING SITUATION:

1. Where are you from? Is this where you live now? ______________________________

____

2. Do you currently live with your parents? If not, where do you live and with whom?______________________________

____

3. What is your relationship like with your parents/guardians and siblings?______________________________

4. Have you ever been in foster care? ______________________________

5. Are you currently in foster care? ______________________________

6. How long have you been in foster care? ______________________________

7. When things got tough while in foster care, what strengths/resources helped you deal with it?

____

8. Do you go to school? What subjects do you like/dislike? ______________________________

9. Are you involved in any activities at school? [Yes – What activities?] [No, do you wish you were involved in any activities?]

____

10. Have you ever left home without parent/guardian knowledge? ______________________________

11. Why did you leave home? ______________________________

____

12. How many times have you run away? ______________________________

13. Where do you like to go when you run away? ______________________________

14. What were some of the ways you took care of yourself while you were away from home?

____

____

____

15. Did you ever do any traveling while you were gone? ______________________________

16. What places did you go? Can you describe what you saw? ______________________________

____

17. While traveling, who did you go with? How did you get from one place to the next?

____

____

18. How long were you gone? ______________________________

19. While you were away from home did anything keep you from going back? ______________________________

20. While you were away from home did you experience anything that made you uncomfortable or scared? ______________________________

21. Do you feel safe now? ______________________________

____

22. Do you have a best friend? Who is that? ______________________________

ARREST HISTORY:

23. Have you ever been arrested? For what? (Example: curfew violation, skipping school, running away, drugs)?

Explain ______________________________

____

____

24. What happened when you were arrested? ______________________________

____

____

25. Was there a person you could count on to help you through the experience? How did you know you could rely on them?

____

____

____

____

PARTNER HISTORY:

26. Do you have a boyfriend or girlfriend? ______________________________

27. How did you meet? ______________________________

____

____

28. What do you two do for fun? Where do you go? ______________________________

____

29. Every couple has problems- – what are some things about your relationship that you don't like?

____

____

30. What are some of the things that person does to show he or she cares for you? ______________________________

____

____

31. How old is he/she? ______________________________

____

TATTOOS (if visible):

32. What does your tattoo mean? ______________________________

33. When did you get it? ______________________________

34. Was someone there while you got it? Who? ______________________________

Tier Two DMST Intake {T2}

Purpose: The purpose of T2 is to understand more about the vulnerabilities identified in T1 and explore or confirm DMST.

Method: T2 includes questions with a moderate level of invasiveness, where the client may be asked to provide more disclosures or build on information provided in T1. T2 questions are framed with concepts of DMST victimization and should be utilized in a quiet, private setting during an informal, steered conversation with a PDTM already flagged in T1.

In this particular section, a list of potential questions and topics to explore are provided. It is at the discretion of the interviewer which specific topics will be used to engage the youth and when. As such, this intake is staged in two different formats. The first form provides thematic information of DMST victimization that can be woven into conversation. The provided form ***must not be utilized by a PDTM to fill out.*** Rather, this form is for the convenience of the practitioner and should be filled out following the conversation with the youth to document information obtained.

Attention Items:
Profound stigma still exists towards those exploited through prostitution, even among social service providers. As a potential victim of DMST goes through the intake process, social service providers must reframe their attitudes toward this population. Instead of viewing them as juvenile delinquents or troubled adolescents, they should be seen as strong individuals who are in the process of surviving a life of abuse and manipulation.

A range of emotions and responses can occur as a youth gets closer to disclosure. While it is important to respect a minor's self-determination, it is important to keep in mind that the trauma drives the behavior. As a result it is imperative that the practitioner identify root traumas rather than reacting to the behavior or symptoms. (See section on Trauma Bonds and Biology of Trauma).

Many actions that are displayed by the DTMs are viewed as "maladaptive" in mainstream society; however these very actions have saved their lives on the streets or in abusive homes. For example, victims use harsh language that may be offensive to the every day person; however, this may have been advantageous when their abuser (trafficker/pimp, buyer) became demanding or violent.

Ideally, practitioners want victims of domestic minor sex trafficking to be set free from the cycle of violence and abuse, to realize their potential, and to live a life liberated of manipulation. However, many DMST survivors follow a pattern of exiting and reentering pimp-control; many will return to their pimp. Historically, misidentification and inappropriate victim services and shelter have served as the basis for DMST victims to feel like they don't "fit" in the "real world" and thus they return to the familiar world of abuse and prostitution. With proper evaluation and response initiated by this guide and implemented by service providers, the rate of DTMs running away should be reduced, though service providers should be prepared for this cycle of behavior to continue for some. As mentioned previously, relapse is understood to be a stage of change with all other behaviors and it is the same with youth exploited through commercial sex.

With this reality in mind, one must determine how many of the DTMs' "maladaptive" behaviors should be removed in the beginning of the therapeutic process. If the practitioner seeks to remove all defense mechanisms and survival skills immediately, the minor can be placed back in a highly vulnerable state causing unintended, negative consequence. Also, it is important that throughout the exiting process, behaviors often referred to

as maladaptive can be reframed as strengths. At this point, new resources and skills can be introduced as stabilization occurs.

During T2, the interviewer should seek to utilize a strengths-based perspective, encourage the minor, and empower her toward a life of freedom. Motivational interviewing techniques are also highly effective during this stage and can assist in empowering the youth to establish a foundation of desire for change.

TIER TWO INTAKE CONCEPTS AND QUESTIONS

LIVING SITUATION: ***Observe the information provided on their intake sheet. When talking with a minor about her living situation, determine where she is living and with whom, or whether she has been involved in Child Protective Services. Also, see where her parents are and the role they play in the child's life.***

The following are some questions one may use during conversation to follow up on the youth's living situation:

1. Do you have contact with your parents or relatives? ______________________________

2. Who do you feel closest to in your life? What is your happiest memory of them? ______________________________

____

3. Why did Child Protective Services become involved in your life?? ______________________________

4. What have your foster homes been like? ______________________________

5. Problems arise in many homes- – was there anything negative in your living situation? ______________________________

____

Anything positive? ______________________________

6. Who was your favorite foster family? What made them special? ______________________________

____

7. Where have you lived where you felt the safest? ______________________________

____

8. Do you feel safe where you are living now? ______________________________

RUNAWAY HISTORY: ***If the minor has a pattern of running away or is homeless, inquire about what she does to provide for herself on the streets. Try to have her reveal the true dynamics of this situation and the players involved.***

9. How did you/do you take care of yourself while away from home? ______________________________

____

10. Where did you stay/sleep while you were on the run? ______________________________

11. What would need to change at home to make you feel safe living there? ______________________________

____

12. Is there anyone that looks out for you while you are on the streets? ______________________________

13. How do they do this? ______________________________

____

14. Has anyone given you any tips on how to survive? What are some of those tips? ______________________________

____

____

15. Being on the streets can get lonely. What did you do to make yourself feel better? ______________________________

____

____

16. While you were away from home did anything keep you from going back? ______________________________

____

____

17. Has anyone asked you to do something sexually that made you uncomfortable?

18. Does this person give you money, drugs, clothes?

19. Did you have a way to make money while on the run?

20. Are you in control of your money or has someone offered to manage that for you?

21. It takes a tough person to survive on the streets. What advice would you give to another person your age who is thinking about running away?

22. When things get tough, what part of your personality do you draw on to survive. Can you give me an example when you did this?

23. Tell me about the time you felt proudest of yourself.

TRAVELING: ***Determine if the minor has traveled and where. Sometimes the minor will not know where she has traveled but can identify landmarks or recall events. Also, it is important to ascertain with whom the minor has traveled and if she was dependent on the other for expenses. Also ask about how she paid for her trip and transportation.***

24. I see you went with [name] on your trip, who is s/he? Did s/he invite you to come along for the trip?

25. How did you meet this person?

26. If you traveled alone, how did you pay for the trip? Did someone pay for you or help you travel?

27. What did you expect to see and do while you were there?

28. What expectations were fulfilled? What were not?

29. I see you were gone [number] days. Did you stay in that area the whole time?

30. Did you expect to be gone for that amount of time?

31. Did you meet up with anyone else (besides the person you left with) while you were traveling? Who?

32. Was there anything that happened to you while you were away that you didn't like or expect?

33. What was your favorite experience while traveling?

34. What would your perfect vacation be?

35. How did you celebrate your last birthday?

PARTNER HISTORY: ***Youth rarely engage in commercial sex without being controlled or managed by an adult. Even though the youth may refer to her partner in a loving way it is important to unpack the dynamics of the relationship to determine whether he/she is a trafficker/pimp. It is particularly important to gauge where the youth is at in understanding the relationship and mirror language used. For example, some youth may be very aware that their partner is also their trafficker/pimp while others may feel the exploitation is temporary and will end.***

36. Have you grown apart from your family or friends since starting this relationship?______________________________

37. Does your boyfriend act jealous of your family or friends? ______________________________

38. Do you live with your boyfriend currently? Does anyone else live there with you? ______________________________

39. Has your boyfriend ever hurt you? ______________________________

40. What happened? Did you go to the hospital? ______________________________

____

41. Has your boyfriend asked you to do things sexually that makes you feel uncomfortable? ______________________________

42. Has your boyfriend ever asked you to do things sexually with other guys? ______________________________

What happened?______________________________

STRENGTH-BASED QUESTIONS: ***These questions can be used at any point during the intake process. Some specific strength-based questions are also offered throughout each section.***

43. When did you know you had survived that situation? ______________________________

____

44. When did you know help had arrived? ______________________________

45. So, you survived that situation, what can you do to avoid that in the future? ______________________________

____

46. So, you survived that situation, what can you do to protect yourself in the future?______________________________

____

47. During that difficult time what strengths helped you get through it? ______________________________

____

48. What are some of the things that helped you survive while (on the streets, getting raped, being beaten etc.)? ______________________________

____

FURTHER RESOURCES

Organizations providing services to DMST/CSEC survivors:

National Center for Missing and Exploited Children: www.missingkids.com
Angela's House. Atlanta, GA: www.juvenilejusticefund.org
Breaking Free. St. Paul, MN: www.breakingfree.net
Bilateral Safety Corridor Coalition. San Diego, CA: www.bsccoalition.org
Courtney's House. Washington, DC: www.courtneyshouse.org
Fair Fund. Washington, DC: www.fairfund.org
Girls Educational and Mentoring Services: www.gems-girls.org
Hope House. Asheville, NC: hopehousenc.com
Kristi House, Project G.O.L.D. Miami, FL: www.kristihouse.org
SAGE. San Francisco, CA: www.sagesf.org
Veronica's Voice. Kansas City, MO: www.veronicasvoice.org
You Are Never Alone. Baltimore, MD: www.yanaplace.org

Trauma Resources

Carnes, P.J. *The Betrayal Bond: Breaking Free of Exploitative Relationships.* HCI: 1997
Derbyshire, L. & Derbyshire, M. *Body, Mind, and Soul.* Viva Network.
Farley, M, ed. *Prostitution, trafficking, and traumatic stress.* Hawworth Maltreatment and Trauma Press. 2004.
Herman, J. *Trauma and Recovery: The Aftermath of Violence – from Domestic Abuse to Political Terror.* Basic Books: 1997
Miles, G. & Stephenson, P. *Children at risk guidelines on sexually exploited children and children at risk guidelines on residential care and alternatives.* Tearfund manual.

Resources on the Biological Response to Trauma

Trauma Resource Institute. *Trauma Resiliency Model.* www.traumaresourceinstitute.com

Resources on Complex Trauma and DESNOS

van der Kolk BA, Roth S, Pelcovitz D, Sunday S, Spinazzola J. *Disorders of Extreme Stress: The Empirical Foundation of a Complex Adaptation to Trauma*. International Society for Traumatic Stress Studies 2005.
Luxenberg T, Spinazzola J, van der Kolk BA. Complex Trauma and Disorders of Extreme Stress (DESNOS) Diagnosis, Part 1: Assessment. Directions in Psychiatry; Volume 21. November 2001.

Interviewing Resources

National Children's Advocacy Center – http://www.nationalcac.org/
Miller, W. R. & Rollnick, S. *Motivational Interviewing: Second Edition*. The Guilford Press. 2002

If you suspect trafficking, please call:
National Human Trafficking Resource Center (NHTRC): 1-888-373-7888
The National Center for Missing and Exploited Children: 1-800-THE-LOST

Domestic Minor Sex Trafficking

Training Video

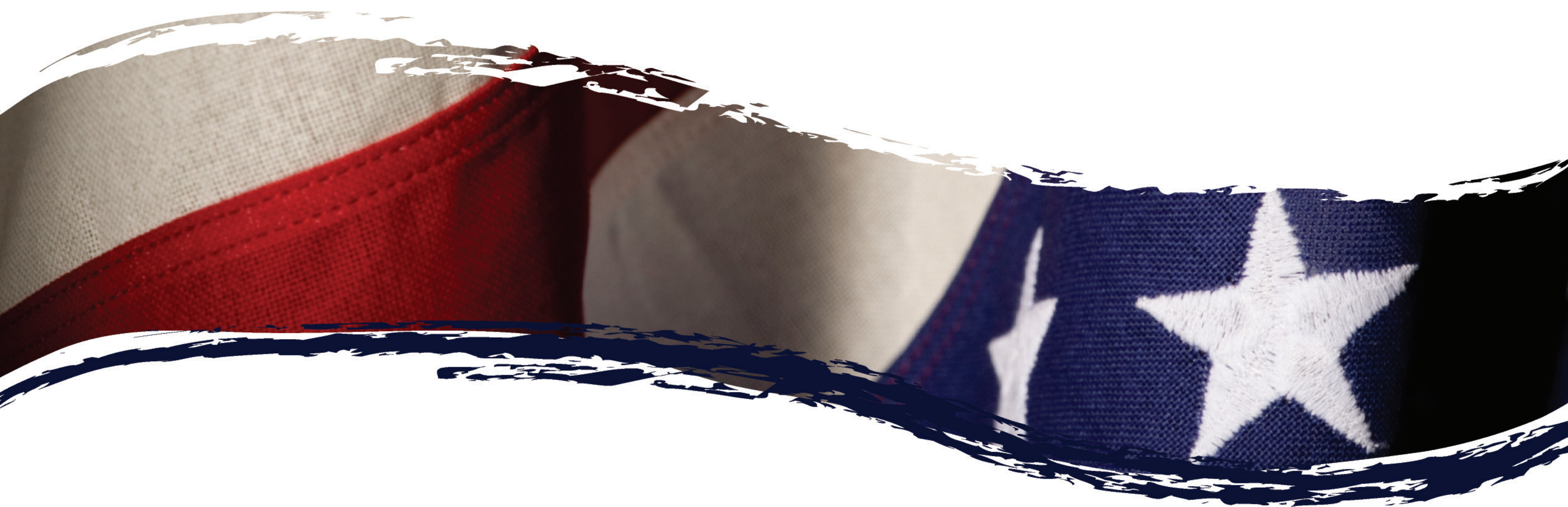
This 40-minute innovative training tool is designed for social service providers to assist them in recognizing and responding to signs of current or potential victims of domestic minor sex trafficking. The video is divided into four 10-minute segments that explore the dynamics of domestic minor sex trafficking unique to this victim population and prepare social service providers for identification and response.

Segment 1
Introduction to Domestic Minor Sex Trafficking

Segment 2
Vulnerability, Recruitment and Pimp Control

Segment 3
Trauma Bonding and Professional Challenges

Segment 4
Assessing and Treating Victims of Domestic Minor Sex Trafficking



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