

Hennepin County Safe Harbor Protocol Guidebook

Also available online at: www.thelinkmn.org/programs/safe-harbor-division



INTRODUCTION AND GUIDELINES FOR USE

Hennepin County's Safe Harbor Protocol was developed by a multidisciplinary team including youth victims and survivors of sex trafficking. The purpose of the protocol is to improve individual practices, agency policies, and systems procedures, and to increase collaboration among the disciplines that respond to sexual exploitation and sex trafficking of youth.

To provide communities across Minnesota with a starting point for developing these protocols, the Ramsey County Attorney's Office (RCAO) and the Sexual Violence Justice Institute (SVJI) at the Minnesota Coalition Against Sexual Assault (MNCASA) developed the Safe Harbor Protocol Guidelines, released in 2017. That document¹ outlines best practices for working with sexually exploited and trafficked youth across various disciplines and should be used extensively throughout protocol development.

This guidebook has been designed to maximize usefulness, increase communication and collaboration, and to be a much-needed resource for the systems and community providers that interact with young people who have been victimized by sexual exploitation and/or trafficking within Hennepin County.

¹ RCAO & SVJI at MNCASA. 2017. Retrieved from http://www.mncasa.org/wp-content/uploads/2018/07/Safe_Harbor_Protocol_Guidelines.pdf

**HENNEPIN COUNTY
SAFE HARBOR
PROTOCOL**

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FOUNDATIONS

BACKGROUND ON SEXUAL EXPLOITATION AND TRAFFICKING, SAFE HARBOR AND NO WRONG DOOR RESPONSE

Sexual exploitation and trafficking have been occurring for thousands of years in the United States, including Minnesota. In 1910, the United States passed its first law pertaining to sexual exploitation and trafficking called, The Mann Act of 1910, which “forbids the transporting of a person across state or international lines for prostitution or other immoral purposes.” Since this time sexual exploitation and trafficking have continued—if not grown—and there have been several efforts and laws passed to more effectively prevent, intervene and assist victims and survivors of human trafficking.

Safe Harbor Laws guided decriminalizing “prostitution” for minors while also challenging the legal system to establish a cultural shift for viewing, responding and supporting people who are victims and survivors of sexual exploitation and/or trafficking.

Minnesota’s Safe Harbor law represents a paradigm shift in how our state views youth² who have been sexually exploited. Rather than youth judged as delinquents, youth are regarded as victims and survivors. There were many contributors to this law’s passing and advocacy for change including but not limited:

- Vednita Carter, Founder of Breaking Free, built awareness on the issue of sex trafficking
- Carlson Nelson Family, the Carlson Family Foundation and World Childhood Foundation’s awareness, investments and public advocacy
- The Women’s Foundation of Minnesota’s Girls are Not for Sale Campaign
- Minnesota Indian Women’s Resource Center (MIWRC) and Suzanne Koeplinger, Patina Park (former Executive Directors of the MIWRC) and Dr. Sandi Pierce (a lead researcher) for the Shattered Hearts Report.

^{2 2} Youth is defined as any young person under the age of 24.

- Dr. Lauren Martin from the University of Minnesota who has provided several research studies on the topic of sexual exploitation and trafficking.
- Artika Roller, Program Director at the Family Partnership (now Executive Director at MNCASA)
- Countless youth and adult survivors working alongside lead lobbyist, Jeff Bauer, the former Policy Director for The Family Partnership, who now owns his own consulting company (Bold Finch Consulting), Minnesota Advocates for Human Rights (Michele Garnet McKenzie), and The Link (led by Beth Holger) who lobbied and also provided several reports on the topic of human trafficking in Minnesota
- Nonprofit providers of direct and front line services at this time such as Breaking Free, The Link, The Family Partnership and the Minnesota Indian Women’s Center (MIWRC)
- The late Cheree Langmade and Beth Holger for their development of specialized street outreach methods and research (link to the full research article can be found in the appendix on page 66) on appropriate Street Outreach methods for sexually exploited and trafficked youth.

In 2011, as a result of these efforts, Minnesota passed the Safe Harbor Law, mandating that youth involved in selling or trading sex cannot be arrested for or charged with the crime of prostitution. Rather, exploiters –both traffickers and those who purchase sex–face increased penalties for their crimes. These important legislative changes were the first step to ensuring that perpetrators are held accountable and that victim/survivors of sexual exploitation and trafficking can access a path to recovery and healing. The state then underwent a three-year planning period, during which the Commissioner of Public Safety, Health and Human Services and Health created a multidisciplinary Safe Harbor Committee to gain input into a new statewide response for sexually exploited and trafficked youth. During this same period of time (2011-2013), the Bush Foundation invested and awarded a Bush Fellowship to Beth Holger to explore how to build out a new state-wide response to provide trauma informed intervention and support to victims and survivors of sexual exploitation. Holger used the Bush Fellowship opportunity to work on gaining input from multiple stakeholders, youth survivors, and professional experts. Additionally, Beth visited other states that had already passed their Safe Harbor Laws and implemented state wide or community

responses. In combination of Minnesota's three year planning work and multi-disciplinary Safe Harbor Committee, community advocacy, survivor leadership, the Bush Fellowship and front line provider input, the Safe Harbor-No Wrong Door Model was created and developed.

NO WRONG DOOR RESPONSE

The No Wrong Door Response Model creates a statewide infrastructure for service delivery, specialized housing and shelter, training for systems professionals, and the development of community-specific protocols across the state. It was founded upon a set of values and an overarching philosophy that recognizes the impact of trauma on the lives and recovery of sexually exploited youth. The Model also acknowledges the need for specific service models and training for all systems professionals who serve youth. Most importantly, No Wrong Door affirms that youth can make decisions about their own recovery. **A critical pillar to No Wrong Door is understanding that to shape Safe Harbor training and protocol development, the voices of youth and their lived experience is paramount to service delivery.**

No Wrong Door Principles

- Those who come in contact with youth should be trained to identify sexual exploitation.
- Youth who are sexually exploited are victims of a crime.
- Victims should not feel afraid, isolated or trapped.
- Sexual exploitation is traumatic. Victim-centered services should be based in trauma-informed care.
- Services should be responsive to the diverse needs of young people (youth with disabilities, gender responsive, culturally responsive, age appropriate, supportive for LGBTQ+ youth).
- Services should be offered statewide.
- Youth have the right to privacy and self-determination.
- Services should be based in positive youth development.

SAFE HARBOR LEGISLATIVE TIMELINE³

The Safe Harbor Law, passed in 2011, includes five key changes; three were effective immediately in 2011 while two additional changes went into effect in 2014. In 2011, Minnesota:

- Added the definition of sexually exploited youth in Minnesota's child protection codes;
- Increased the penalties against commercial sex abusers or purchasers; and
- Directed the Commissioner of Public Safety to work with stakeholders to create a victim-centered, statewide response for sexually exploited youth.

Effective August 1, 2014

- Sexually exploited youth under 18 were excluded from the definition of delinquent child. This resolves the conflict that defines in law a sexually exploited youth as both a victim and delinquent. If youth engage in conduct that relates to being hired, offering to be hired, or agreeing to be hired by another individual to engage in sexual conduct, they cannot be charged with a crime for this act.
- State began implementing service model called No Wrong Door – making available resources and services for sexually exploited youth including regional navigators, housing and shelter, comprehensive services, and training and protocol development.

Effective July 1, 2016

- Safe Harbor services were made available to individuals 24 and younger, increasing the prior eligibility age for services from 18.

³ <http://www.health.state.mn.us/injury/topic/safeharbor/>

CULTURAL IMPACT AND EFFECTIVENESS OF SAFE HARBOR:

The historic changes that have been made due to Safe Harbor have been incredibly impactful for victims and survivors of sexual exploitation and/or trafficking. This is not to say we do not have more work and change to make, however, since the inception of the Safe Harbor Law and No Wrong Door Response, there has been a huge cultural and systemic shift within our state in terms of how we view and support victims and survivors. These include but are not limited to:

- Youth under the age of 18 are no longer arrested and charged with “prostitution” offenses.
- Youth are referred to Regional Navigators across the state.
- The awareness and language of sexual exploitation and trafficking has increased. Victims and survivors are no longer referred to as “teenage prostitutes”.
- Formation of Minnesota Bureau of Criminal Apprehension (BCA) taskforce called “BCA Human Trafficking Taskforce,” created with specially trained Officers and Investigators to prosecute sex trafficking cases.
- Advanced training for child protection, child welfare social workers and specialized county workers
- Creation of Street Outreach Workers, Emergency Shelters, Housing Programs and a variety of supportive services for youth who have been sexually exploited and/or trafficked that did not exist prior to Safe Harbor (stated with the knowledge that we still need to build capacity for more).
- We successfully championed this to be housed in the Minnesota Department of Health and seen as a public health issue that requires all of us and a multi-disciplinary response in order to have it be addressed appropriately. And to have the response be informed and led with victim and survivor input.

For more specific details on the impact of the Safe Harbor Law and No Wrong Door Response please see the Statewide Safe Harbor Evaluation Report here:

https://www.wilder.org/sites/default/files/imports/SafeHarbor_EvaluationReport_9-19.pdf

HENNEPIN COUNTY NO WRONG DOOR PLAN

Please note much of this language has been adapted from No Wrong Door: Hennepin County Response Plan to End the Sexual Exploitation of Youth (2014).

After the passage of the Safe Harbor Law in 2011, Hennepin County formed a working group from members of the Sexually Exploited Youth Work Group to develop the No Wrong Door Work Plan. Over the course of a year, working in partnership with Hennepin County staff, judges, health care professionals, community partners, and national experts, the Hennepin County No Wrong Door Work Plan was formulated.

The core of the plan establishes that sexually exploited youth are victims of crime. Key principles include:

- Sexually exploited youth are not defined by whether they live in Hennepin County, their race, ethnicity, gender, sexual orientation, or cultural background
- There is a shared responsibility as a community to keep children safe from sexual exploitation
- Families and parents must be partnered with to keep children safe from sexual exploitation
- Coordinated response and protocols are critical to addressing sexual exploitation of youth
- The No Wrong Door Work Plan must be affirmed and guided by the voices of survivors
- Services responses must be victim-centered, built on the strength and resiliency of youth, respect their need for privacy and self-determination, and help ensure a healthy future
- Trust and rapport must be developed with youth for effective services
- Services must be culturally responsive, developmentally appropriate, trauma-informed, and supportive of families

- Perpetrators and traffickers are criminals who must be held accountable
- Cultural and social norms must also be addressed and changed which permit the sexual exploitation of children

Using these core principles, the Work Plan outlines several important goals which this Safe Harbor Protocol Team embraces and aims to develop further. They are:

1. **Prevention:** addressing the root causes of sex trafficking and the conditions that contribute to the sexual victimization of youth
2. **Training, education, and public awareness:** these efforts will be comprehensive, coordinated, streamlined, and targeted to all audiences who interact with youth
3. **Identification and assessment:** at-risk and sexually exploited youth will be identified and provided with assessments in a timely, accurate, and respectful manner
4. **Service delivery:** services will be victim-centered, drawing on the strengths of youth, and culturally responsive. Services will be seamless, aligned, efficient
5. **Prosecution and law enforcement:** Aggressive identification, investigation, and prosecution of human traffickers and purchasers is critical
6. **Emergency shelter, supportive housing, and residential treatment:** sexually exploited youth must have ample access to safe shelter, housing, and residential treatment services

Important for the Safe Harbor Protocol Team is the Service delivery component. Within Hennepin County's No Wrong Door Work Plan, medical, mental and chemical health, family support and reintegration, and emergency shelter and housing are prioritized. Below is an explanation of how agencies can work towards adapting victim-centered policies.

Medical: Youth must be provided with a comprehensive health care assessment and seamless referral pathways to treatment and continued care. Youth victims/survivors identified by law enforcement or child protection will be provided

with a referral to a voluntary medical forensic exam by a sexual assault nurse examiner (SANE).

Mental and chemical health: Youth victims/survivors will have access to trauma-informed mental and chemical health services. Inpatient or outpatient treatment will be provided depending on the needs of the youth.

Family support and reintegration: When appropriate and consistent with best interests of youth, family support and reintegration will be provided to youth and their families.

Emergency shelter and housing: Youth victims/survivors will be provided access to safe shelter, supportive housing, residential treatment, and other appropriate, culturally responsive social services that can effectively support their behavioral and emotional health needs.

PURPOSE OF SAFE HARBOR RESPONSE PROTOCOL

This protocol serves as one tool used by a collaborative, multidisciplinary team to improve the experiences of victims/survivors of sexual exploitation and/or trafficking in our community. The protocol is designed to make critical changes to individual, agency, and systems efforts in the response to sexual exploitation and trafficking.

In our community, this protocol is designed to be used by individuals and the agencies working directly with youth who have been exploited or trafficked. This protocol focuses on the critical elements of response in an effort to improve outcomes for victims/survivors.

By adopting this protocol, each agency agrees to use this information to strengthen their practices, policies, and procedures. Compliance with this protocol will require changes, and each participating agency agrees to invest the appropriate time and resources to ensure change occurs. Adoption and implementation of this document's protocols serves as a commitment to that work on behalf of all agencies.

PROTOCOL TEAM MISSION STATEMENT

To ensure the coordination of a consistent, respectful and victim centered response for sexually exploited and/or sex trafficking victims within Hennepin County.

HENNEPIN COUNTY SAFE HARBOR PROTOCOL TEAM ACKNOWLEDGEMENTS

RACISM, OPPRESSION AND WHITE SUPREMACY ACKNOWLEDGEMENT:

The Hennepin County Safe Harbor Protocol Team recognizes that white supremacy and racism along with other oppressions such as homophobia, transphobia and sexism exist within all aspects of society. We recognize this in turn creates barriers between communities of color and various systems that are in place to serve said communities. This team is committed to being victim and youth-centered by ensuring inclusion; that impacted populations have opportunities to provide input that helps to bring insight to policies and procedures outlined in this guide and that guidance(s) is led by youth and survivor voices. Our goal is to ensure all youth that have experienced sex trafficking/exploitation, or are at-risk, have culturally inclusive, appropriate, and trauma-informed access to basic needs and services and ongoing support through all systems.

LAND ACKNOWLEDGEMENT:

We collectively acknowledge that the Hennepin County Safe Harbor Protocol work is located on the traditional, ancestral and contemporary lands of the Indigenous people. The Hennepin County Safe Harbor Protocol Team work resides on land that was cared for and called home by the Dakota people and other Native peoples from time immemorial. Ceded by the Dakota in 1805 through a fake treaty, this land holds great historical, spiritual, and personal significance for its original stewards, the Native nations and peoples of this region. We recognize and continually support and advocate for the sovereignty of the Native nations in this territory and beyond. By offering this land acknowledgement, we affirm tribal sovereignty and will work to hold this Hennepin County Safe Harbor Protocol Team accountable to Native American people and nations.

LGBTQ+ ACKNOWLEDGEMENT:

We acknowledge that systems and society is structured in a way that assumes that all people identify as straight and cisgender which have and continue to oppress people who identify as LGBTQ+ along with homophobia and transphobia. The Hennepin County Safe Harbor Protocol Team is committed to providing a response that acknowledges the harm this causes and a response that is grounded in inclusiveness and respect for all sexual orientations and gender identities.

Gender and Sexuality⁴: Gender identity and sexual orientation are different and not necessarily related. Gender describes a person’s identity, e.g., male, female, transgender, gender-nonconforming, etc. Sexuality describes a person’s “orientation” or attraction to others, e.g., lesbian, heterosexual, pansexual, bisexual, asexual, etc. Young people in particular recognize that gender and sexuality are both spectrums and can be fluid in concept and description. (See “Recommendations: Sexuality Spectrum” for more guidance.) Your ability to recognize the nuances of a young person’s identity is more important than understanding every piece of terminology about it. Do not try to pigeonhole how youth identify; instead, ask how they prefer to be identified and accept the information that they provide. In many cultures, sexuality is a highly personal subject, and questions about it may be perceived as shameful or disrespectful. Youth should be asked if they would prefer a female or male person to conduct a medical examination, make a police report, etc., or would prefer to do so in the presence of a particular person the youth trusts. (Note, however, that the involvement of a third party may have an impact on the youth’s confidentiality

Recommendations: Sexuality Spectrum

- Never assume that a youth is straight or only has heterosexual sex/relationships.
- Provide youth with education on sexual health and sexually transmitted infections and diseases, as well as mental health support.
- If a youth identifies as having a particular sexual orientation, this does not necessarily explain all of the sexual activity the youth has engaged in. For example, a youth may identify as “straight” but have sex with people of the same gender identity.

⁴ RAO & SVJI at MNCASA. 2017. Retrieved from http://www.mncasa.org/wp-content/uploads/2018/07/Safe_Harbor_Protocol_Guidelines.pdf

- Youth may feel a sense of shame because of their sexuality. This self-blame often adds another layer of problematic thoughts for professionals to assess.

LGBTQIA+ Youth⁵: LGBTQIA+ is not simply a reference to gender and sexuality. It is also a cultural identity—or rather, a range of cultural identities along the gender and sexuality spectrums. It encompasses those who identify as lesbian, gay, bisexual, transgender, or queer, as well as other identities of gender and/or sexuality such as asexual, intersexual, and Two-Spirit.¹³ For LGBTQIA+ youth, reporting exploitation may involve revealing their gender identity and sexual orientation. (See “Barriers to Reporting” above.) This information is best shared by youth themselves, if and when they are ready to do so, but you can offer to practice or role-play this conversation. If it is necessary for you to share this information as a professional, be sure to obtain informed and written consent from the victim/survivor; see Working with Sexually Exploited Youth (“Confidentiality & Reporting”). Before making any referrals, determine if the resources are LGBTQIA+-friendly and safe by calling the service provider or seeking out specific indicators such as promotional materials or a website that indicates an openness and expertise for serving persons who identify as LGBTQIA+.

Male & Transgender Youth⁶: As discussed throughout the Protocol Guidelines, youth of all genders are impacted by sexual exploitation. However, much of the focus—particularly in system response, in service provision, and in public awareness campaigns—has been on girls and young women. Male and transgender victims/survivors are often missed, because screening for sexual exploitation is not applied to them. Boys and young men may feel that no one will believe them because of societal messages that they should be able to protect themselves. A youth who does not identify as gay or bisexual may feel confusion, or question his sexual orientation, when his exploiter is a man, especially if the youth experiences physical arousal during the encounter. Remind him that physiological responses such as erection or ejaculation can be caused by physical contact or stress and have nothing to do with sexual desire or consent. Transgender youth lack access to support for even their most basic needs, let

⁵ RCAO & SVJI at MNCASA. 2017. Retrieved from http://www.mncasa.org/wp-content/uploads/2018/07/Safe_Harbor_Protocol_Guidelines.pdf

⁶ RCAO & SVJI at MNCASA. 2017. Retrieved from http://www.mncasa.org/wp-content/uploads/2018/07/Safe_Harbor_Protocol_Guidelines.pdf

alone focused services to address sexual exploitation. The authors recommend that services be greatly expanded for screening and support of male and transgender victims/survivors of exploitation.

Recommendations: Transgender Youth

- Be sensitive and use respectful pronouns. Ask youth how and what gender pronoun they identify with, along with the name they prefer to be called.
- In residential placements, allow youth to self-define their gender. Ask them: “What are the most comfortable sleeping arrangements for you?” “Do you want a male or female space to sleep, or would you prefer a private place to sleep?” (The latter option may be better for transgender youth.)
- Let transgender youth have gender-neutral bathrooms in public spaces, and/or to let them choose a bathroom that aligns with their gender identity.
- Do not ask a transgender person about their surgical status, their genitalia, or how they have sex.
- Many transgender people have documents that have discrepancies between legal name and gender marker and gender presentation (and some might be undocumented citizens). Do not ask youth about their “real name,” especially in public. When necessary, it is best to inquire about a legal name privately to have questions clarified. Limit your questions only to what is necessary rather than to satisfy curiosity.
- Use discretion when calling out a transgender person’s name in a public place, such as in the lobby of a medical clinic. If you are aware a person is transgender, it is most respectful to walk up to the person and say it is the person’s turn, rather than call out the person’s legal name from across the room and thereby “out” the person or cause embarrassment or fear.

LANGUAGE ACKNOWLEDGEMENTS:

Justice v. Legal Systems: The Hennepin County Safe Harbor Protocol Team acknowledges that the terms “Juvenile Justice System” or “Criminal Justice System” do not accurately reflect these systems as they do not always provide

“justice” to those impacted or involved in the systems. We would prefer to use the term “legal system” however we also want everyone utilizing these protocols to recognize which systems we are referencing so are keeping the language as “juvenile justice system” and “criminal justice system” with this acknowledgement.

American Indian v. Native American: The Hennepin County Safe Harbor Protocol Team has had feedback from trusted leaders and advisors within the Native American community that state that the term “American Indian” is a federal government term and that among Native Americans, the preferred identity is “Native American” or “Indigenous”; therefore, we use this identity throughout the protocols and our work.

Culturally Responsive: A culturally responsive service, program or system is one that values diversity, understands differences and develops services and supports to meet the unique needs of each community. (*Minnesota Department of Human Services*)

Cultural Humility: Cultural humility is the ability to maintain an interpersonal stance that is other oriented (or open to the other) in relation to aspects of cultural identity that are most important to the person. There are three key factors that can guide a person towards cultural humility: a lifelong commitment to self-evaluation and self-critique; a desire to fix power imbalances and an aspiration to develop partnerships with people and groups who advocate for others. (*Tervalon & Murray-Garcia, 1998*)

DEFINITION OF YOUTH, COMMERCIAL SEXUAL EXPLOITATION, SEX TRAFFICKING AND AT-RISK:

Youth: The state of Minnesota Safe Harbor Law along with the Homeless Youth Act Law define youth as anyone age 24 or younger. A minor youth is still defined as a youth who is under the age of 18. For the purposes of this Hennepin County Safe Harbor Protocol the reference to youth is to anyone ages 24 or younger, minors will reference youth that are under the age of 18.

Sexual Exploitation: Youth Commercial Sexual Exploitation occurs when someone age 24 and under engages in commercial sexual activity. A commercial sexual activity occurs when anything of value or a promise of anything of value (e.g., money, drugs, food, shelter, rent, or higher status in a gang or group) is given to a person by any means in exchange for any type of sexual activity. A third party may or may not be involved. (*Minnesota Safe Harbor Law and Department of Health*)

Sex Trafficking: Sex trafficking is a type of commercial sexual exploitation that involves the “prostitution” of an individual in which a third person – not the buyer or the victim – facilitates or profits. (*Minnesota Statutes, 609.321-609.322*)

At-Risk: A youth at risk for sexual exploitation may have a variety of risk factors: be a runaway or homeless youth; truancy; experienced a sexual assault, emotional and physical abuse or neglect; drug or alcohol problems; “dating” much older adults; have limited pro-social relationships, or have parents, family members or friends who have been involved in prostitution or sex trafficking.

Acknowledgement in the Differences in Language Used:

The Hennepin County Safe Harbor Protocol Team wants to acknowledge that youth who are victims and survivors of sexual exploitation and/or trafficking often do not recognize themselves as being victims and survivors of a crime (or at least not initially). We also want to acknowledge that the language used by government systems, law enforcement and social services do not reflect the language used by youth or adults who are victims and survivors of sexual exploitation. Government and law enforcement most often use terms such as “Commercially Sexually Exploited Child, CSEC” or “Domestic Minor Sex Trafficking Victim” or “Sex Trafficking Victim”. Social service providers often time use the terms “sexual exploitation” and “sex trafficking”. Language used by youth who are currently

being sexually exploited and/or trafficked often changes, however, some of the language has remained consistent such as “the life” and “lifestyle” when referencing their exploitation or trafficking. It is critical that all of us within the community, social services, government systems and law enforcement understand and recognize the differences of language used by the young people impacted in order to best support them.

WHO ARE THE VICTIMS AND SURVIVORS OF SEXUAL EXPLOITATION AND/OR TRAFFICKING:

The 2019 Minnesota Student Survey found that 1.4% of the 800,000 students (or 11,200) surveyed across the state reported that they had traded sex with girls and boys roughly at the same rate (1.3% of girls and 1.2% of boys). Youth identifying as transgender or non-gender conforming answered “yes” at much higher rates with 5.9% who had traded sex. In terms of race, Native American students reported the highest rate at 3.1%, followed by African American students at 1.7%, Hispanic and Latinx students at 1.5% and white students at 1.2%. Youth who had lived in juvenile correctional facilities answered at a rate of 12%, 8.1% of youth who had been in foster care answered yes to the question of trading sex, 7.7% of students who had previously experienced sexual violence answered yes and students with unstable housing or who were experiencing homelessness answered at 6.4% yes.

Although these figures give a good overall picture of who is experiencing sexual exploitation at disproportionate rates-the figures only account for youth who are in 9th-12th grade. Those who are actively engaged in school and took the survey-these figures are expected to be an underestimate.

What this data illustrates is what service providers and other youth serving systems see which is that youth who identify as Native American, African American, Hispanic/Latinx and/or who identify as LGBTQ+ are disproportionately represented among youth who are being sexually exploited and trafficked. Youth who have a history of childhood sexual abuse, have been previous victims of sexual violence, are experiencing housing instability or homelessness and/or who have been in or are in the foster care system are also disproportionately represented among youth being sexually exploited and/or trafficked.

RISK FACTORS AND RED FLAGS:

YOUTH THAT ARE AT A HIGHER RISK FOR SEXUAL EXPLOITATION AND TRAFFICKING ARE:

1. Youth who experience (on their own or with their family) housing instability or homelessness
2. Youth who have runaway from home multiple times within 12 months (some studies have shown youth who runaway from home more than three times within a 12-month period are at heightened risk)
3. Youth who have had previous childhood sexual abuse
4. Youth who have been or are in out of home placements through the juvenile corrections system or child protection

RED FLAGS OR SIGNS A YOUTH COULD BE A CURRENT VICTIM OF SEXUAL EXPLOITATION AND/OR TRAFFICKING:

1. Posts of online/social media ads
2. Sexually explicit online/social media profile
3. Dating or friends with adults who are much older
4. Sudden difference in having expensive items they cannot afford on their own
5. Truancy or missing school
6. Going on “run” or “MIA” for periods of time
7. Having friends or family members who have also been victims of sexual exploitation and/or trafficking or who are in the life in some way
8. Evidence of a controlling relationship
9. Evidence of physical/sexual abuse (cigarette burns, choke marks, bruises, etc.)

10. Multiple STI's and/or unplanned or unwanted pregnancies

11. Tattoos of a trafficker/pimp's name or street name

IMPACT, WHAT IT IS LIKE AND CYCLE OF CHANGE FOR VICTIMS AND SURVIVORS OF SEXUAL EXPLOITATION AND/OR TRAFFICKING:

Often the exchange of sex for money or things of value has been stereotyped and portrayed as a “victimless crime”. This portrayal is not true and harmful to those who have been and are currently being victimized by sexual exploitation and/or trafficking. Some very real impacts of sexual exploitation and/or trafficking that are supported by victims and survivors along with several academic research studies, include but are not limited to: increased rates of mental health issues such as PTSD, depression and anxiety; increased rates of physical injuries and illnesses; increased rates of unwanted or planned pregnancies and Sexually Transmitted Infections and increased rates of youth and adults who go “missing” and murdered. Other impacts can include their education being interrupted and/or delayed along with their career path towards earning income for themselves and their families. Their ability to find landlords that will rent to them can also be impacted. The impact that sexual exploitation has on victims and survivors is significant and needs to be recognized. At the same time, so does their strength and resilience, ability to heal and become further strengthened and empowered to create and meet the goals they have for themselves.

Leaving the life of exploitation and/or trafficking is very difficult for many reasons including the real safety risks to the youth themselves, their children and loved one; the difficult reality of getting basic needs met and income met along with the traditional cycle of change for anyone. For more information on the Stages of Change please see appendix on page 73.

**RECOMMENDATIONS FROM THE HENNEPIN COUNTY SAFE HARBOR
PROTOCOL TEAM, YOUTH SURVIVORS AND CULTURALLY SPECIFIC
REVIEWERS OF THE PROTOCOL TO ADDRESS GAPS AND NEEDS FOR
PREVENTION:**

1. We need to have a safe drop-in center for youth and adults who are age 18 or older along with more specialized emergency shelter beds for this age range and population.
2. We need to figure out better ways to provide outreach and prevention materials via social media.
3. We need to help support LGBTQ+ youth and their families with special consideration for African American fathers with sons who identify as LGBTQ+.
4. We need to develop more support and culturally specific outreach and services for transgender women of color.
5. We need to develop support for parents of youth who are at-risk of sexual exploitation and/or trafficking and who are victims and survivors of sexual exploitation and/or sex trafficking.
6. We need more culturally specific and responsive mental health therapists.
7. We need to acknowledge the fear that communities of color have of the child protection system and its potential involvement with their family.
8. We need to figure out how to create a culture where there is not shaming or stigmas attached to mental health issues, sexual abuse, sexual exploitation and/or sex trafficking.
9. We need to find ways to include Tribal Social Services, Native Healers and Elders when responding to Native American victims and survivors of sexual exploitation and/or sex trafficking.
10. We need to acknowledge the importance and build the capacity of culturally specific street outreach workers.

11. Schools need more culturally specific guidance counselors and more guidance counselors to be available for youth to talk to.
12. Schools need to have more trainings for teachers and students on how to be respectful and inclusive of students identifying as LGBTQ+; homeless and sex trafficked.
13. Schools should have after school support groups for youth experiencing homelessness, sex trafficking and for students identifying as LGBTQ+.
14. Sexual exploitation/trafficking awareness and prevention should be taught in schools.
15. Youth would benefit from sex education that provides tips and tools on how to: set boundaries, have safe sex, take care of their own and/or partner(s) body, and find resources for physical and mental health and well-being.
16. It is best practice that sex education be inclusive of all gender identities and sexual orientations
17. Schools should partner more with street outreach workers.
18. More outreach to parents for awareness and intervention

HOW TO USE THIS PROTOCOL

The Safe Harbor Protocol Team is committed to getting this information out in some of the following ways and will work to do this within the coming years to further this work:

- Host a press conference
- Work to incorporate the protocols into existing trainings such as public school social worker trainings
- Law enforcement roll call meetings and other trainings

- Trainings for new street outreach workers and youth workers
- Trainings within child protection and child welfare systems
- Trainings within youth emergency shelter and housing programs
- Training for government employees
- Training for nurses and front line health care workers

The Hennepin County Safe Harbor Protocol Team will work to create appropriate places to house the protocol guidebook online for accessibility as well as making printed copies of the protocols and a one page implementation survey (colloquially known as cheat sheet) and/or outreach card.

BRIEF HISTORY OF THE PROTOCOL TEAM

There has been a history of collaboration and work within Hennepin County in order to best support youth victims of sexual exploitation and trafficking along with many coordinated working groups such as the Hennepin County No Wrong Door County Work Group, Super Bowl LII Anti-Trafficking Committee and the Women’s Foundation’s Girls are Not for Sale Campaign, among others.

Additionally, Hennepin County made efforts to hire specialized social workers for sexually exploited youth, the Bureau of Criminal Apprehension (BCA) developed their Human Trafficking Taskforce and several providers have expanded their services for sexually exploited youth.

The Link took the opportunity to apply for the Safe Harbor Protocol grant with MNCASA to bring stakeholders within Hennepin County together to build on the work being done along with addressing some of the identified gaps and needs within the community by the members of the Safe Harbor Protocol Team.

The Hennepin County Safe Harbor Protocol Team is made up of a multidisciplinary group of stakeholders including youth survivors of sex trafficking. This group determined that the protocols which needed further development and/or were

gaps within the county were: Schools; Law Enforcement Service Provider Partnership; Placement and Housing; Child Protection and Child Welfare and Healthcare.

PARTICIPATING PARTNERS

The Hennepin County Safe Harbor Protocol Team had many incredible people with immense expertise develop and write these protocols. These partner contributions were and continue to be incredibly valuable. Below is a list of these partners:

Name	Title	Organization
Beth Holger	CEO of The Link and Co-Facilitator of the Hennepin County Safe Harbor Protocol Team	The Link
Torie Stone	Crime Prevention Specialist and Co-Facilitator of the Hennepin County Safe Harbor Protocol Team	Minneapolis Police Department
CeMarr Peterson	Safe Harbor Division Director and Co-Facilitator of the Hennepin County Safe Harbor Protocol Team	The Link
Anastasia Kramlinger	Sisters Case Manager	Youthlink
Angela Musich	Senior Child Welfare Social Worker	Hennepin County
Angela Richards	Street Outreach Worker	Ain Dah Yung Center
Anne LaFrinier-Ritchie	Safe Harbor West Central Regional Navigator	Someplace Safe
Artika Roller	Executive Director	Minnesota Coalition Against Sexual Assault
Athena Schuett	Youth Contributor	The Link
Autumn	Youth Contributor	The Link
Bethany Young	Registered Nurse	Hennepin Health
Bobbi Jo Pazdernik	Special Agent	BCA Human Trafficking Taskforce
Brandon Brugger	Police Officer	Minneapolis Police Department
Ceugant Scolaidhe	Day One Coordinator	Cornerstone
Cha MeeVue	Passageways Youth Specialist	The Link
Chancellor Williams	Youth Contributor	The Link
Charisma Smith	North Minneapolis Community Member and	Northeast Middle School and Community
Colleen Kaibel	Director Check & Connect and We Want You Back	Minneapolis Public Schools
Colleen Schmidt	Director of Programs	Cornerstone

Name	Title	Organization
Cora Burns	Safe Harbor Supportive Services Program Manager	The Link
Diana Chaman Salas	Administrative Manager – No Wrong Door Program	Hennepin County
Dr. BraVada Garrett-Akinsanya	Clinical Psychologist/President & CEO	Brakins Consulting & Psychological Services
Dr. Mark Hudson	Doctor in Adolescent Medicine and Pediatrics	Children's Hospital
Dr. Nancy Harper, MN FAAP	Medical Director	Otto Bremer Trust Center for Safe and Healthy Children
Drea Sortillon	Interim PRIDE Director	The Family Partnership
Ethropic Burnett	North Minneapolis Community Member and Leader	Community
Grace Song	Assistant Hennepin County Attorney	Hennepin County Attorney's Office
Holly Henning	Residential Director	Ain Dah Yung Center
Jake Wennmark	Former Police Officer and SWAT Team Member	Minnetonka Police Department
Jason Matlock	Director – Emergency Management, Safety & Security	Minneapolis Public Schools
Jenn H.	Cornerstone Advocacy Services	Cornerstone
Karla Gallien	Marketing and Development Manager	The Link
Karla Hurley, APRN CNP	Nurse Practitioner	Children's Hospital- Midwest Children's Resource Center
Katie Erickson	Child Protection Investigator	Hennepin County
Katie Miller	LGBTQIA+ Community Navigator	Minneapolis Police Department
Katie Ueland	Senior Child Welfare Social Worker	Hennepin County
Kelly Engebritson	Safe Harbor Aftercare Coordinator	The Link
Kimberlie Borge	Registered Nurse, SANE	Hennepin Health
Lakeisha Lee	Former Safe Harbor Mobile Case Manager	The Link
Laura Phelps	Collaborative Administrator	StreetWorks Outreach Collaborative
Laurel Edinburgh	Former Associate Director of Midwest Children's Resource Center	Children's Hospital- Midwest Children's Resource Center
Lisa Pung Michaelson	Executive Director of Youth Intervention Services	YMCA of Greater Twin Cities
Lisa Smith	Victim Specialist	FBI Minneapolis

Name	Title	Organization
Logan Tootle	Organizational Strategist	Minnesota Indian Women's Resource Center
Lorena Nevile	Vice President of Programs	The Family Partnership
Lynne Crockett	North Minneapolis Community Member and Leader	Community
Malachi Caballero	LGBTQ+ Community Contributor	Community
Manu Lewis	North Minneapolis Community Member	Community
Megan Wilman	Day One Lead Advocate	Cornerstone
Nancy Seger	Forensic Services Director	CornerHouse
Ombaazhi Guernsey	Safe Harbor Supportive Services	Minnesota Indian Women's Resource Center
Patina Park	Former Executive Director at Minnesota Indian Women's Resource Center	Director of Tribal State Relations and Systems Implementation at State of Minnesota
Pheng Thao	Youth Law Project Supervising Attorney	Mid-Minnesota Legal Aid
Quisha Stewart	Former Safe Harbor Division Director	The Link
Rebecca Foell, MSW, LICSW	Program Coordinator	Otto Bremer Trust Center for Safe and Healthy Children
Rhonda McConnell	Office Manager	The Link
Sally Larson	Youth Contributor	The Link
Sarah Florman	Trafficking Policy Coordinator	Minnesota Coalition Against Sexual Assault
Sherry Nail-Sadkowski	Nurse Manager	Hennepin Health
Shunu Shrestha	Senior Advisor for Human Trafficking Prevention	City of Minneapolis
Stacy Schultz	West Metro Regional Navigator	The Link
Symmie Williams	Young Adult Contributor	The Link
Tara Ferguson Lopez	Senior Assistant Hennepin County Attorney	Hennepin County Attorney's Office
Toangela Wimbush	Street Outreach Worker	The Link
Tori	Youth Contributor	The Link
Trevor Berberick	Former Safe Harbor East Metro Regional Navigator	Children's Hospital- Midwest Children's Resource Center

DISCIPLINE-SPECIFIC INFORMATION AND RESOURCES

SAFE HARBOR CORE PRINCIPLES THROUGH ALL DISCIPLINES

Victim/Youth-Centered

Trauma-Informed

Positive Youth Development (Strengths-Based)

Equitable & Inclusive

Cultural Responsiveness

INTERACTING WITH YOUTH WHO HAVE EXPERIENCED SEXUAL EXPLOITATION/TRAFFICKING

Please note the majority of this language has been adapted from the Safe Harbor Protocol Guidelines Book written by the Ramsey County Attorney's Office and the Minnesota Coalition Against Sexual Assault and Rape in 2017.

The trauma associated with sexual exploitation can have a devastating impact on a youth's mental health and well-being, resulting in depression, anxiety, post-traumatic stress disorder (PTSD), and harmful coping behaviors, including chemical dependency. It is crucial that providers and systems interacting with youth understand, not pathologize, this behavioral response to trauma.

At the heart of youth-centered, trauma-informed care is a nonjudgmental and supportive interaction between the professional and the victim/survivor. Beyond this, there are key fundamentals to highlight which come from young people with lived experience:

- Be respectful and compassionate
- Establish rapport by believing the youth
- A youth's experience is what the youth says it is

- Recognize that victim/survivors of sexual exploitation may be under great stress and at a high risk for continued harm while accessing services and/or systems
- Do not tell a youth what situation they are in-allow them to tell you when they are ready.
- Instead of telling youth they are victims, flip it around-ask them why they feel it is not or is their fault for what is happening in their life-why do you feel that you needed to get into this kind of life, do you feel that this is a decision you made on your own, etc. Ask what the main goal for getting into this life was, ask them who they wanted or want to be and assure them that they can and should follow their goals and that you can help or help connect them to people who can help them with this.
- If possible, find an area that you can relate to them on– relating on a more personal level (with appropriate boundaries) will help further trust.
- Understand that when speaking to youth you may not get a true, full story the first time, second time or maybe 8th time around. Spend time getting to know the youth and building a relationship with them-this will help them to be ready to speak if they feel they can trust you and relate to you.
- Youth who have experienced extreme violence may be in “survival mode”, in a state of self-protective hypervigilance. Be sensitive to their needs

It is common for people who are victims of violence and abuse to blame themselves. Be sure to explain that it is not their fault and help provide a bridge to resources and advocacy programs for ongoing support and recovery.

Never refer to victim/survivors of sexual exploitation as “prostitutes” or say that they have “prostituted” themselves. Moreover, it is also important to note many victims/survivors object to being referred to as victims or survivors.

Trauma-informed care is the best way to support a youth who has been sexually exploited for their healing. A youth who feels supported and respected is more likely to seek health care and services along with working with systems such as law enforcement and/or child welfare. Conversely, a bad encounter undermines trust and discourages the victim/survivor from ever accessing services, health care or other supports again.

Moreover, trauma-informed care must be responsive to historical trauma, especially to the experiences of historically marginalized young people. One must have a deep understanding of these experiences and legacies for that youth and their community in order to provide the best possible support and respect.

RESPONDING TO INITIAL DISCLOSURES

Research consistently demonstrates that the first disclosures of sexual violence (including sexual exploitation and/or trafficking) determine a victim's healing and recovery path.⁷ Disclosure often happens in multiple stages, with victims providing limited information to observe the reaction they will get from the person to whom they disclose; this determines whether it is effective to disclose more information about the situation and seek further help from that individual.⁸

This is especially true of the manner in which systems professionals, such as law enforcement, ask questions.⁹ If a victim experiences negative or judgmental reactions, they are more likely to never disclose again or alter what parts of their experiences they disclose.¹⁰ Negative experiences also deter the victim from seeking further help or engagement with systems, which increases experiences of negative mental and physical health outcomes and allows someone who has perpetrated to experience no consequences. If a victim experiences positive and supportive reactions to their disclosures, they are more likely to continue to seek services and will experience fewer mental and physical health impacts. This allows service providers the opportunity to hold perpetrators accountable. Positive or supportive reactions include empathy, support, active listening, and asking non-judgmental questions. Each of these strategies can result in more victims/survivors disclosing and continuing with various services and processes. An increase of victims and survivors disclosing their experiences also means an increase of data. This could ultimately be used to better understand how to help make a difference in the community through getting resources to individuals that have already been

⁷ Ullman, Sarah E., and Henrietta H. Filipas. "Predictors of PTSD symptom severity and social reactions in sexual assault victims." *Journal of traumatic stress* 14.2 (2001): 369-389.

⁸ Ahrens, Courtney. (2007). Being Silenced: The Impact of Negative Social Reactions on the Disclosure of Rape. *American journal of community psychology*. 38. 263-74.

⁹ Patterson, Debra. "The impact of detectives' manner of questioning on rape victims' disclosure." *Violence against women* 17.11 (2011): 1349-1373.

¹⁰ Stansell, Janna, and Amy Jennings. "To tell or not to tell: The impact of disclosure on sexual assault survivors' recovery." *Violence and victims* 25.5 (2010): 631-648.

sexually exploited/trafficked, in order to prevent sexual exploitation and trafficking in the future.

That being said, a truly youth-centered approach requires that professionals working with youth also are cognizant of whether research recommendations fail to include the perspectives of a youth's particular community and/or identity. Professionals should not be surprised if a youth does not behave in the way research has historically suggested.

All responders, regardless of the nature of their position, can offer positive and supportive reactions without compromising the integrity of their work. As such, this Protocol Team commits to increasing our effectiveness in responding to disclosures of sexual exploitation and trafficking.

CONFIDENTIALITY AND MANDATED REPORTING

There are mandated reporting and cross-reporting requirements in place to protect children and vulnerable adults from abuse or neglect. Minnesota Statute 626.556 "requires person in designated professional occupations to report suspected child abuse or neglect".¹¹

- Sexually exploited and trafficked youth have rights to privacy and confidentiality and, in some cases, rights similar to those held by adults
- Providers must inform youth of these rights and a provider's legal, professional, and ethical information sharing limits in the course of offering services to a youth
- All sex trafficking involving a minor is a mandated report in Minnesota
- Sexual exploitation and sex trafficking involving an adult require mandated reports if the reporter suspects a vulnerable adult is involved

¹¹ Mandated reporters form from Hennepin County

CHILD PROTECTION AND CHILD WELFARE PROTOCOL

Background

The Safe Harbor law transitioned from a punitive response towards youth victims/survivors of sex trafficking to one where the protection and welfare of children is paramount.

RECOMMENDATIONS

Based on the previous precedents and recent reports, The Protocol Team strongly recommends a survivor/victim-centered approach that is trauma-informed and strengths-based when working with child protection and child welfare cases.

- To ensure trust, make clear to the youth the Safe Harbor Law and that they cannot be charged for wrongdoing for exchanging a sexual act. There is still persistent belief that child protection is connected to law enforcement and prosecution.
- Youth should have access to therapeutic services, including mental health care. These entities are all subject to mandated reporting requirements
- Youth may reject interventions so it is important to act as a linkage to interventions when the youth is ready. It often takes time for youth to open up and make decisions influencing their lives.
- Child Protection and Welfare Social Workers should partner with the West Metro Regional Navigator to ensure youth have connections to advocacy and support that is culturally responsive and inclusive of their communal identity. This includes but is not limited to connecting African American/Black youth with African American/Black culturally specific services and support.
- Youth who identify as Native American should be connected to their Tribal Social Services and the Minnesota Indian Women's Resource Center (MIWRC).
- There is concern from some immigrant communities that there is a lack of education and understanding of how different cultural communities function. This lack of education and understanding can led to the opening of a child protection investigation. A recommendation is for the child welfare

and protection systems to develop intentional relationships with vulnerable immigrant communities within Hennepin County such as the Somali and Latinx communities in order to learn more about their cultures and to build/strengthen trusting relationships.

Youth victims/survivors of sex trafficking present in many different ways, whether directly to frontline child protection workers, within the juvenile justice system, through delinquency intervention, or among runaway cases. These are good opportunities to identify sexually exploited youth through attentive screening and information gathering.

- Law enforcement should be encouraged to file citations for runaways so they can be screened and potentially identified as youth who are at risk or are being sexually exploited.
- When screening is not possible, child protection and child welfare organizations, or the county attorney's office should be contacted to assist law enforcement.

MANDATED REPORTING

Known or suspected sex trafficking of a youth is a mandated report, regardless of whether the third party sex trafficker is a caregiver. When a reporter has reason to suspect that a third party may have been involved, a report must be made to child protection intake.

Sexual exploitation is not a mandated report unless an alleged offender is a caregiver, which includes parents, siblings and household members in a caregiving role. Sometimes it can be difficult to know whether a third party facilitated or profited from a youth's victimization through a commercial sex act. Even if a reporter suspects there could be a third party, but is unsure, it is strongly recommended they make a mandated report. All sexual exploitation of children should be reported to law enforcement.

INVESTIGATIONS

Reports of known or suspected sex trafficking of children require a Family Investigation, regardless of the relationship of an alleged offender to the victim,

including non-family and non-household members. Reports of sexual exploitation with caregivers, household members, persons in a position of authority, or those with a significant relationship to a child, as the alleged offender also require a Family Investigation.

COORDINATED RESPONSE

In addition to coordination with law enforcement, tribes, and county or tribal attorneys, it is important to coordinate early and often with the Safe Harbor regional navigator, as well as medical and mental health professionals that are able to meet the individual needs of a victim. It is highly recommended that a victim and their family be referred to county or tribal child welfare agency case management as soon as possible.

CASE MANAGEMENT AND SERVICE PLANNING WITH TRAFFICKED OR EXPLOITED YOUTH AND THEIR FAMILIES

By referring youth to case management, the child welfare agency can help connect them and their family to services and supports in the community while providing agency support beyond a Family Investigation or child welfare assessment. Youth and their families should be referred to case management as soon as possible. Safety is an ongoing concern for those who experience trafficking and exploitation. Caseworkers should continue to assess safety collaboratively.

Case management services may be offered through child protection or child welfare. Youth may be referred for child welfare case management following an assessment for sexual exploitation or after a Family Investigation. At the completion of an investigation, caseworkers may determine there are no child protection concerns with the parents or caregivers, but they could benefit from ongoing case management services. In these cases, services should be open under child welfare case management; the child or family could also be referred to community-based services.

Case management should be provided for sexually exploited youth, as well as for youth who are at risk of sexual exploitation, as soon as possible in order to provide ample opportunity for familial support in assessment, voluntary services, and

competency determinations. Youth should be directed to culturally responsive case management that works more intimately with their respective community and/or where youth feel most comfortable including accessibility and language interpreters as needed.

Available services and supports should be clearly presented to youth and time should be given for them to make the decision they feel most comfortable with.

If the matter moves into the court system, a Guardian ad Litem (GAL) may be assigned. A GAL advocates for the best interests of the young person and helps to give the youth power and voice in their court process. GALs should be mindful that youth who have been sexually exploited may be highly distrustful of their support as many youth do not want to be associated with the juvenile or child protection systems.

PLACEMENT

There are options for youth who have been sexually exploited when their family home is no longer safe or parents/guardians refuse return of a youth.

Placement only happens if a child protection petition has been filed or an out-of-home placement request has been filed for a runaway section. Without petition or placement, youth can go directly to shelters without court order. Youth may be eligible for services and support through the Homeless Youth Act.¹²

Foster care is an option, but due to the high level of need for youth victims/survivors of sexual exploitation, foster parents must have the training and resources to work with youth. Youth may feel distrustful of foster care or even being in shelter based on their prior experiences. Lack of culturally appropriate services or staff trained to work with youth from diverse communities may also contribute to this feeling.

For more specific information about the child protection response and real time updates please visit:

¹² Minn. Stat 256k.45 (Homeless Youth Act)

MN DHS Safe Harbor website: <https://mn.gov/dhs/partners-and-providers/program-overviews/child-protection-foster-care-adoption/safe-harbor/>

MN Best Practices Response to Trafficking and Exploitation of Children and Youth: <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7641Z-ENG>

SHELTER, HOUSING AND PLACEMENT PROTOCOL

LEGAL BACKGROUND

The Safe Harbor Law removes prostitution from the juvenile delinquency code meaning that no youth under the age of 18 can be arrested or charged with being hired to engage in sex. Instead, when appropriate, this youth should be referred to the child protection and welfare systems along with specialized services, shelter and housing for sexually exploited youth. A legal placement is driven by the child protection system. Please reference Minnesota Statutes 260C.175, 260C.176 and 260C.181 for further detail.

FURTHER CONTEXT AND BACKGROUND

Placement options for youth under 18 identified as sexually exploited is one of the most challenging issues faced by systems professionals and service providers.

Sexually exploited youth need and deserve settings specifically designed for their needs, which are also culturally responsive and staffed by skilled professionals who have experience working with this population. Unfortunately, at present, many therapeutic options that would be best for young people remain either limited or unavailable altogether in Hennepin County as well as the state of Minnesota.ⁱ

Moreover, youth may also have other identities that influence the type of shelter or housing placement that they feel most comfortable in or is most appropriate for them. For example, Native American youth may feel most supported in a Native-specific shelter or housing placement as opposed to one designated solely for

sexually exploited youth. Culturally responsive and specific options, such as Ain Dah Yung Center, should be presented to youth as appropriate options.

The Hennepin County Safe Harbor Protocol Team strongly recommends an increase in the number of culturally responsive emergency shelters and trauma informed residential facilities for sexually exploited youth who are suffering from mental health and/or chemical dependency issues.

In addition, our Protocol Team recognizes there are clear gaps—both in a centralized place for law enforcement to bring 18-24 year-old victims as well as emergency shelter, residential treatment and housing options. The Protocol Team recommends that a centralized space be developed along with the additional placement options referenced above.

The protocol outlined represent what our multidisciplinary Protocol Team recommends as a response for placement, shelter and housing for sexually exploited youth within the current capacity and resources that our county currently has. Our hope is that the Protocol Team will be successful in building the capacity per these recommendations in the future.

TYPES OF PLACEMENTS AND HOUSING

Recommendations

Our Protocol Team has made the following recommendations based on the first point where the youth is identified as a victim of sexual exploitation or trafficking. The goal is to provide a victim-centered response that will keep the youth safe.

Whenever possible, the Protocol Team recommends that a youth be able to make the decision about where they want to live, however, there may be times where they are at risk of imminent danger and/or a court order may determine where the youth will be placed or live. When at all possible, the Protocol Team would recommend the following protocol for working with exploited youth in determining the best and safest option for them to live.

LAW ENFORCEMENT (MINOR VICTIMS)

The Protocol Team acknowledges that depending on the circumstances of the situation, officers will use their discretion to determine what option is in the best interest and safest option for the youth. Below are three options that are best practice recommendations:

1. An officer can bring the youth to the Midwest Children’s Resource Center (MCRC) at Children’s Hospital in Minneapolis or University of Minnesota Masonic Children’s Hospital (Center for Safe and Healthy Children in collaboration with Hennepin Assault Response Team).

This provides immediate access to a Sexual Assault Nurse Examiner (SANE), mental health assessment, chemical dependency assessment, reproductive healthcare, and addresses other acute or chronic medical conditions. MCRC will then contact the West Metro Regional Navigator. Please see Appendix for additional list of culturally responsive providers.

2. Drop off youth at The Link’s Youth Connections Center (YCC) formerly called the Juvenile Supervision Center (JSC). In this case, YCC staff would then contact the West Metro Regional Navigator. Law Enforcement should also work with YCC staff to properly identify the youth and determine if youth is listed as a runaway through the National Crime Information Center.

Description of the Youth Connections Center (YCC): The YCC is a safe place that is open 24/7 located in downtown Minneapolis for youth between the ages of 10 and 17 who have been picked up by law enforcement within Hennepin County for any low level or status offense (and/or no offense) and/or who are suspected of being sexually exploited. After the officer has dropped off the youth, the staff within the YCC do a brief assessment with the youth and work with them to get them connected to a safe place to go (i.e. their home if that is safe and they have one, an emergency shelter and/or county placement setting) along with offering on-going mobile case

management and supportive services for the youth and their families. For more information on the YCC please visit The Link's website: www.thelinkmn.org

3. Contact the West Metro Regional Navigator directly at 612-232-5428 and have them provide crisis intervention, support and connection to needed/wanted services, shelter and housing.

Mandated reports will be made to child protection per mandated reporting laws.

LAW ENFORCEMENT (18-24 YEAR OLDS)

1. Contact the West Metro Regional Navigator directly and have them provide crisis intervention, support and connection to needed/wanted services, shelter and housing
2. If there are immediate medical needs, take the youth to a medical provider with specialized knowledge of providing medical care to sex trafficking victims/survivors, ideally one that is culturally responsive to the community the young person identifies as being from (please see Appendices for a list of providers). The medical provider would then contact the West Metro Regional Navigator.
3. Law Enforcement aims to have a centralized place to bring youth victims/survivors, 18-24, however, no such place currently exists. Our Protocol Team is currently exploring partnerships with non-profit service providers to determine if there is an available space that could be utilized for this purpose.

Mandated reports for vulnerable adults will be made when needed and in accordance with mandated reporting laws.

Child Protection (Minor Victims)

Please see page 37 for the child protection response.

YOUTH WHO SELF-IDENTIFY OR ARE REFERRED BY FRIENDS OR FAMILY:

1. If a young person is already connected with a Safe Harbor service provider such as The Link, Cornerstone, Minnesota Indian Women's Resource Center, YMCA or the Family Partnership, the young person would receive supportive services and connection to emergency shelter and housing.
2. If a young person discloses to a family or friend, but is not already connected to a Safe Harbor provider then that family or friend would contact with the 24/7 West Metro Regional Navigator (612-232-5428).

The West Metro Regional Navigator Program would then work with other Safe Harbor providers and systems as appropriate to provide support for the young person.

CULTURAL CONSIDERATIONS¹³

Creating partnerships with culturally-specific organizations and hiring diverse staff are both ways to increase the comfort level for youth served by a shelter or in residential care.

Policies should include procedures for observing different religious holidays and traditions, providing for dietary needs, serving different sexual orientations and gender identities, and offering programming that appeals to the mind, body and spirit without a preference of one religion or cultural practice over another.

If a shelter or residential setting is serving residential youth who are male, it is important that they have programming tailored to their needs.

For LGBTQIA+ youth, inclusivity includes:

- using the gender the youth identifies with for bedroom and bathroom assignments;
- providing gender-neutral access to clothing, hair products, and make-up;
- avoiding heterosexist language; and
- using the youth's preferred name and preferred pronouns.

¹³ RAO & SVJI at MNCASA. 2017. Retrieved from http://www.mncasa.org/wp-content/uploads/2018/07/Safe_Harbor_Protocol_Guidelines.pdf

LGBTQIA+-sensitive supportive services, such as a trans-friendly medical providers and safer-sex supplies for same-sex relationships, should be made available as well.

HEALTH CARE PROTOCOL

Please note the majority of this language has been adapted from the Safe Harbor Protocol Guidelines Book written by the Ramsey County Attorney's Office and the Minnesota Coalition Against Sexual Assault and Rape in 2017.

ORGANIZATION AND TRAINING

As a first step, each health care system and facility should designate a point person who will be responsible for developing the system or facility's approach to sexual exploitation.

All health care providers, no matter their role, should receive training and ongoing education on identification, response and resources regarding sexual exploitation and trafficking. In many cases, trainings can be incorporated into existing opportunities such as staff meetings, grand rounds and educational events for continuing credits. The best source of training is by healthcare professionals with expertise in this area, in partnership with victim/survivors and the agencies who work with them.

MINOR CONSENT TO MEDICAL TREATMENT

It is also important for medical providers to understand the Minor's Consent to Medical Treatment, MN Statute 144.341.

In Minnesota, as in most other states, the general rule is that a parent or guardian must be informed about and give consent for medical treatment of the parent or guardian's minor child. However, there are exceptions to this rule:

- For example, a minor may consent to medical services to diagnose and treat pregnancy or sexually transmitted infections

- A minor may also access contraceptive care without parental consent, as well as obtain medical to address chemical dependency issues
- When a minor's life or health is at such risk, that treatment should not be delayed; consent from a parent is not required

A youth who is (or has been) married, or is living separately from a parent or legal guardian and managing their own financial affairs may also seek any medical treatment for the youth or the youth's own child without parental consent.

PRIVACY

In many instances, youth victims/survivors may be reluctant to disclose information. Some examples are:

- Sexually exploited youth may be reluctant (or unable) to disclose information during exams and treatment
- They may not wish to disclose a full medical history during a routine exam
- They may be concerned that their family will learn about a visit to a physician or emergency room and may not want them to know about their health issues
- They may be concerned that information they share will show up on an explanation of benefits on the family's insurance plan
- The youth may be from another community (physical and/or cultural), region, or state and may not want their families to know where they are or feel comfortable disclosing information
- Some youth may be unable to provide basic information like an address or phone number and/or may not want their families to know where they are

Patients who appear to be at risk of experiencing sexual exploitation should be seen alone for at least some part of the visit, even if someone else accompanies them to the health care facility as a support. However, it is not uncommon for an exploiter, even someone of the same age or from the patient's family, to accompany the patient in a healthcare setting. For example, a trafficker may bring a youth in for treatment so the youth can be in a physical condition to be exploited again. Further, when a non-offending caregiver, such as a parent or guardian accompanies the young person, the youth might be less inclined to divulge crucial information for fear of upsetting or angering their family.

CLINICAL EVALUATION

There is a large body of research regarding the specific health problems affecting victim/survivors of sexual exploitation. One study suggests six broad categories of health consequences for victim/survivors of human trafficking: (1) infectious diseases including HIV and AIDS, (2) noninfectious diseases, (3) reproductive health problems, (4) substance use disorder, (5) mental health problems, and (6) physical trauma.¹⁴

RECOMMENDATIONS

The Protocol Team recommends the following processes to be used within healthcare and hospital settings for youth that are suspected of or who have already been identified as being sexually exploited and/or trafficked.

- The provider should be aware of these sets of issues when evaluating potential patients who may have experienced sexual exploitation. Keep in mind that exploitation may well be hidden
- A patient who presents acutely shows signs of sexual assault should immediately be offered a medical forensic exam from a trained and certified provider with the appropriate medical expertise
 - Two such options are the following: a sexual assault nurse examiner (SANE) or medical provider, such as Midwest Children’s Resource Center or Masonic Children’s Hospital and the Center for Safe and Healthy Children. This exam is helpful for both investigatory purposes and to address the complex healthcare needs of these patients

The clinical evaluation of patients who have been sexually exploited may be lengthy and detailed, given the risk factors for chronic and acute mental and physical health problems. Sexually exploited youth should be screened for:

- Suicidal ideation, self-harming behavior, and active suicidality
- Problem substance use, substance use disorders, and withdrawal symptoms

¹⁴ Reference: Human Trafficking and the Healthcare Professional, supra note 1.

- Youth with an alcohol use disorder or opioid use disorder should have access to Medication Assisted Treatment (MAT)
- Arrangements for this level of care should begin upon the initial visit when youth is first identified/recovered.

Any injuries noted should be assessed. Lastly, prophylaxis for sexually transmitted infections (STIs) and pregnancy, including contraceptive options should be discussed and provided. It is key that reproductive healthcare go beyond laboratory testing and an immediate forensic sexual assault exam.

Laboratory testing for patients involved in juvenile sexual exploitation should be aimed at assessment of both sexual and non-sexual health.

- Complete STI testing should be done including serology for syphilis and HIV, with consideration given to Hepatitis B and C exposure
- STI testing should also include *Neisseria gonorrhoeae* (GC), *Chlamydia trachomatis* (CT), and *Trichomonas vaginalis* testing
 - Testing for GC and CT may be done using Nucleic Acid Amplification Tests (NAAT) on urine
 - Alternatively, cultures may be done on patients
 - Urethral swabs are not recommended
 - The least invasive method of diagnostic testing is preferred for all youth

The patient's health care needs should be evaluated in a timely manner with an emphasis on follow up and building relationships that fully involve the patient in decision-making about the patient's treatment. For example, an ignored STI can lead to lifelong consequences; it is imperative that the medical response not only address the immediate symptoms but also provide information about prevention and long-term care so that the patient can make informed decisions. Other health concerns should be addressed as they present. Lastly, the healthcare provider should provide contact information for follow up in case the patient has further questions.

It is recommended that hospitals and healthcare providers use a validated tool to assess whether or not a child/patient has experienced sexual exploitation and/or trafficking.

Based on this screening, if a youth is suspected of or has been identified as being sexually exploited and/or trafficked, the healthcare provider will contact the West Metro Regional Navigator. One can also use validated screening tools for substance abuse, PTSD, anxiety, and depression.

If the youth would prefer a culturally responsive contact, the provider will make initial contact (for example with the Hmong American Partnership for Southeast Asian youth, Minnesota Indian Women's Resource Center for American Indian youth).

The West Metro Regional Navigator or a culturally specific youth worker will then work with the healthcare provider and the youth to determine what services and needs the youth is requesting and help coordinate so the youth receives appropriate culturally specific support and referral connections.

MENTAL HEALTH RECOMMENDATIONS

Mental health must be given critical attention when working with sexually exploited youth. Often, trauma associated with sexual exploitation can result in significant mental health barriers for victims/survivors.

Services, when offered, can support victims/survivors as they manage major lifestyle changes, reconnect to family, learn to ground themselves, and properly handle the triggers that may recall traumatic experiences. Mental health professional should be prepared to screen youth in treatment programs, child advocacy centers (CACs) like Minnesota Children's Resource Center, and victim services programs like Minnesota Indian Women's Resource Center. Moreover, they should be in close collaboration with colleagues in other disciplines to find creative and culturally responsive solutions and resources for youth victims/survivors.

There are key elements to consider when evaluating mental health of youth victims and survivors:

- There is significant stigma and shame associated with mental health barriers; youth may feel embarrassed as they seek out services

- There is a historical gap among mental health professionals working with certain cultural and geographic communities; this could present additional room for vulnerabilities among youth

The Protocol Team strongly recommends an increase in funding for mental health services, especially those that are trauma-informed and culturally responsive. There must be additional resources for communities that have historically been marginalized as well as appropriate training for screening.

SCREENING

Screening for mental health should consider a number of tools as there is currently no evidence-based screening tool for vulnerability to sexual exploitation.

Professionals should consider the following:

- Adverse Childhood Experiences (ACEs)
- Problem Oriented Screening Instrument for Teenagers (POSIT)
- Massachusetts Youth Screening Instrument Version 2 (MAYSI-2)
- Strengths and Difficulties Questionnaire (SDQ)
- Child Adolescent Screening Intensity Inventory (CASII)

Screening should be highly sensitive to the trauma experienced by youth and last as short as possible to ensure youth complete it.

There is a wide variety of reactions to trauma, and traumatized individuals can require a similar wide variety of supports. Assessments can act as a follow up to look at levels of experience, frequency of behaviors, level of affect or dysfunction being caused. They can see both short and potential long-term health effects associated with trauma. Early intervention can be helpful in addressing traumatic experiences before it becomes more complex and difficult to treat.

After assessment, a mental health professional may have enough information to offer a diagnosis of the client's behaviors and reported symptoms. Common diagnoses could include: PTSD, depression, anxiety, dissociative disorder, substance use disorder, adjustment disorders, and/or intermittent explosive disorder.

Please be cautious when diagnosing: symptoms can emerge for a number of reasons, and youth may be more resilient or fragile than diagnosis indicates. This label, however, will follow youth into adulthood and could define their adolescence in medical and insurance company files. This label could be viewed as a stigma by non-mental health professionals and could become emotionally destructive or even dangerous for youth victims/survivors.

TREATMENT

Treatment can vary greatly. Nevertheless, the focus must be on safety, security, and stabilization. Victims/survivors must have access to trusting, supportive relationships so they can transition into counseling and a treatment plan. This may take time. Youth should not be forced into a treatment plan.

The focus is on safety and building a relationship with youth that can model other health relationships with adults. Some therapy options that may apply to youth victims/survivors of sexual exploitation:

- Cognitive Behavioral Therapy (CBT), which emphasize mindfulness, distress tolerance, interpersonal regulation and emotional regulation
- Eye Movement Desensitization and Reprocessing (EMDR), which helps heal symptoms of emotional distress associated with traumatic experiences
- Attachment-based therapies, which address depression, anxiety, and radical attachment disorders

Chemical use can often be a critical issue faced by victims/survivors of sexual exploitation. Meet youth where they are at emotionally and physically. Go with what is comfortable for the youth in terms of setting and communication. Ensure basic needs are being met and that youth are not hungry, without shelter, or sleep deprived.

Be extremely mindful of the youth's cultural background and cultural community. If youth are not working with a preferred culturally responsive provider, ensure that this happens or at least the option is made available. Consider the importance of non-Western medicine for some youth, which focus on mind, body, and spirit connection and healing through alternative therapies. Yoga is known to help with PTSD; storytelling, tai chi, and even equine therapy has proved useful for working with youth.

Ultimately, one's support system must be rebuilt and strengthened. Family members, once the young person is comfortable, should be considered and brought in to help best support the youth. This is not always possible, but youth often need a base to not feel alone, abandoned, or isolated. Family members or community supports (also specific to cultural communities) can act in this role as well.

SCHOOL PROTOCOL

Please note the majority of this language has been adapted from the Safe Harbor Protocol Guidelines Book written by the Ramsey County Attorney's Office and the Minnesota Coalition Against Sexual Assault and Rape in 2017.

IDENTIFICATION AND TRAINING

School personnel are poised to observe changes in the lives of the students they see. These changes point to underlying problems that are affecting a student's behavior and appearance, academics and social life. Problems within the school environment such as multiple unexplained absences, academic decline, and disciplinary problems are red flags that can prompt an intervention not only for obvious reasons, but also for the possibility of hidden sexual exploitation.¹⁵ All adults working in school settings should pay attention to the possibility of sexual exploitation, including but not limited to:

- Teachers
- Nurses and school-based health centers
- Social workers and guidance counselors
- Lunch room staff and attendance personnel
- Coaches, after school and enrichment program staff
- Paraprofessionals
- Volunteers
- Bus drivers

¹⁵ E. Wright Clayton, R. Krugman, and P. Simon, eds. *Confronting Commercial Sexual Exploitation and Sex Trafficking of Minors in the United States*, 297 (Sept. 25, 2013).

- Maintenance staff

Several indicators may be present when a student is being sexually exploited, although none of these conclusively confirm a youth is being exploited or trafficked. Some of these indicators are:

- Changes in behavior and academic performance
- Attendance problems
- Hunger, tiredness, depression or withdrawal
- Lack of records about previous schools or homes
- Running away from home
- Use of lingo connected with sexual exploitation
- An excess of cash, expensive clothing, or jewelry that may be beyond the means of the student
- Academic regression¹⁶

Training for educators and school personnel is critical, highly recommended and must include how to recognize trafficking and how to respond.

Our recommendation is for each school district to partner with their local Safe Harbor Regional Navigator agency (which in Hennepin, Scott, and Carver counties is The Link) on at least an annual basis to provide training for school personnel which includes but is not limited to: Check & Connect staff; social workers, and teachers. For community-specific schools or school programs (e.g. Nawayee Center School and All Nations Program at South High School), we recommend partnering with their local, culturally responsive grantee to provide training for school personnel.

School districts can also request one page implementation surveys (otherwise known as cheat sheets) from the West Metro Regional Navigator to distribute to school staff so they are made aware of indicators that could indicate trafficking. It will also include the West Metro Regional Navigator number (612-232-5428).

¹⁶ *No Wrong Door: Hennepin County Response Plan to End the Sexual Exploitation of Youth*, 23(2014).

RECOMMENDATIONS FOR SCHOOLS FROM YOUTH:

1. Schools need more culturally specific guidance counselors and more guidance counselors to be available for youth to talk to.
2. Schools need to have more trainings for teachers and students on how to be respectful and inclusive of students identifying as LGBTQ+; homeless and sex trafficked.
3. Schools should have after school support groups for youth experiencing homelessness, sex trafficking and for students identifying as LGBTQ+.
4. Sexual exploitation/trafficking awareness and prevention should be taught in schools.
5. Schools should partner more with street outreach workers.
6. Try to help support students and their families so that they do not have to switch or move schools often including help with coordinating transportation to and from school.

RECOMMENDATIONS FOR SCHOOLS REGARDING IMMIGRANT COMMUNITIES:

1. Multilingual Family Outreach Programs, Immigrant and Resources Program should be coordinated and worked collaboratively with in regards to sexually exploited and/or trafficked youth.

SCHOOL PROTOCOL RECOMMENDATION:

Once a youth has been identified as being sexually exploited (or suspected of being sexually exploited), the school personnel that identifies them should contact the West Metro Regional Navigator at 612-232-5428.

The West Metro Regional Navigator will then work with the school personnel and the youth to provide the requested and needed support.

LAW ENFORCEMENT AND SERVICE PROVIDER PARTNERSHIP PROTOCOL

BACKGROUND

The roles of law enforcement and service providers are both important roles in the response and support for youth who have been sexually exploited and/or trafficked.

Some of the gaps identified during this protocol and subsequently being addressed but may not have resolution by the time the protocols are published are:

- Lack of a drop-in location for victims/survivors that are age 18 or older
- Difficulty of not having centralized communication/list for who main contacts are within each law enforcement jurisdiction and service providers are as well staffing changes

PROTOCOL RECOMMENDATIONS

Our Protocol Team has made the following recommendations based on the first point where the youth is identified as a victim of sexual exploitation or trafficking.

The goal is to provide a victim centered response that will keep youth safe.

LAW ENFORCEMENT (MINOR VICTIMS)

The Protocol Team acknowledge that depending on the circumstances of the situation, officers will use their discretion to determine what option is the safest and in the best interest of the youth. Below are three options that are best practice recommendations.

- Bring the youth to the Midwest Children’s Resource Center (MCRC) at Children’s Hospital or Masonic Children’s Hospital and the Center for Safe and Healthy Children.

This provides immediate access to a Sexual Assault Nurse Examiner (SANE), mental health assessment, chemical dependency assessment,

reproductive healthcare, and addresses other acute or chronic medical conditions. MCRC or the Center will then contact the West Metro Regional Navigator. Please see Appendix for additional list of culturally responsive providers.

- Drop off youth at The Link's Youth Connections Center (YCC) formerly called the Juvenile Supervision Center (JSC). In this case, YCC staff would then contact the West Metro Regional Navigator.

Description of the Youth Connections Center (YCC): The YCC is a safe place that is open 24/7 located in Minneapolis City Hall (need to change to new location?) for youth between the ages of 10 and 17 who have been picked up by law enforcement within Hennepin County for any low level or status offense (and/or no offense) and/or who are suspected of being sexually exploited. After the officer has dropped off the youth the staff within the YCC do a brief assessment with the youth and work with them to get them connected to a safe place to go (i.e. their home if that is safe and they have one, an emergency shelter and/or county placement setting) along with offering on-going mobile case management and supportive services for the youth and their families. For more information on the YCC please visit The Link's website: www.thelinkmn.org

- Contact the West Metro Regional Navigator directly at 612-232-5428 and have them provide crisis intervention, support and connection to needed/wanted services, shelter and housing.

Mandated reports will be made to child protection per mandated reporting laws.

LAW ENFORCEMENT (18-24 YEAR OLDS)

1. Contact the West Metro Regional Navigator directly at 612-232-5428 and have them provide crisis intervention, support and connection to needed/wanted services, shelter and housing

2. If there are immediate medical needs, take the youth to a medical provider that has specialized (and culturally specific) knowledge of providing medical care to sex trafficking victims. Please see Appendices for a list of providers. The medical provider would then contact the West Metro Regional Navigator.
3. Law Enforcement would like to have a centralized place to drop youth victims/survivors, 18-24 old, however, there is not a place that currently exists. Our Protocol Team is currently in the process of exploring partnerships with non-profit service providers to determine if there is a space that could be utilized for this purpose.

GOOD LINES OF COMMUNICATION

The Protocol Team acknowledges that building trusting relationships between law enforcement and service providers is critical in being able to partner together in best serving youth who have been sex trafficked. This can prove difficult as one of the realities of the work is staff turnover and/or reassignments within both the law enforcement and service provider fields. Moreover, historical trauma and legacies of distrust exist in many communities for police due to historical injustice. As a result of these considerations, the Protocol Team created the following recommendations:

1. Hold a quarterly meeting with law enforcement officers and service providers. These meetings would provide further opportunity to build relationships and partner.
2. Add information into the Youth Services Network App (<https://ysnmn.org/>), identifying key staff and services available to sexually exploited youth. Some of these already exist such as the Regional Navigators and emergency shelter options, but it should be strengthened.
3. Whenever possible, selected service providers should be made aware of upcoming stings/law enforcement operations regarding sex trafficking in order to best prepare to serve a larger number of victims/survivors.

COMMUNICATION WITH YOUTH REGARDING LAW ENFORCEMENT OPTIONS

Services providers must always make youth aware of their legal options and their legal rights in reporting to law enforcement.

- Service providers should allow youth to make the decision on how and if they want to report to law enforcement and support them in their decision.
- If the youth wants to report into law enforcement, the service provider should contact the appropriate law enforcement and help make the connection.
- If youth do not want to report into law enforcement but are under the age of 18, the service provider would need to refer to mandated reporting requirements to determine if a report would still need to be made.
- Service providers should always explain the mandated reporting requirement to youth at the beginning of the initial interaction or relationship with youth.

INTERVIEWS WITH LAW ENFORCEMENT AND YOUTH

1. Youth recommend not flashing a light in a youth's eyes while talking with them; ask if they are okay prior to any other questions, be respectful and understanding and refer the youth to a victim service provider. Youth also ask that law enforcement not make assumptions based on how they are dressed.
2. Youth recommend that law enforcement be understanding that youth may be scared and therefore not be honest about their experience being sexually exploited and/or trafficked.
3. Whenever possible, law enforcement should coordinate and communicate to schedule interviews with the youth's service provider (when and if they have one). This is especially the case if youth is living in a shelter or a supportive housing program.
4. In Hennepin County, CornerHouse offers forensic interviews and family services for sexually exploited youth. This allows interviews to happen in a

person-centered, trauma-informed environment where youth tend to feel more comfortable. Caregivers can access case management and support group services as well. It may be most appropriate for a forensic interview to happen at a later stage in the investigation when the youth is ready to talk about their experiences.¹⁷

5. Whenever possible, law enforcement should allow a service provider staff to sit in with the youth during interviews if youth requests it. The service provider should know and clearly understand that if they sit in during an interview with law enforcement that they could be called as a witness during court proceedings.

Law Enforcement response looks different from the perspective of a patrol officer compared to a responding investigator.

PATROL OFFICER RESPONSE:

- Law Enforcement Agencies should seek training for patrol officers and 911 response in identification of Human Trafficking victims and traffickers.
- If Law Enforcement identifies a victim/survivor, first separate victim from all others on scene, in particular if a potential trafficker is on scene, remove them from being able to have visual contact as well.
- Establish safety and wellbeing of victim, assure that essential needs are met such as medical attention, basic food, water, clothing, etc.
- Keep in mind victims may have been controlled and manipulated and therefore may have a negative response to law enforcement in general. A victim may have a specific trigger to an officer (gender, race, size, etc). If possible, ask the victim if they would be more comfortable speaking with you or a partner.
- Offer victims the opportunity to speak with a Safe Harbor Victim Service Advocate through West Metro Regional Navigator at 612-232-5428.

¹⁷ Citation—Johanna Lindholm etc. Adolescent girls exploited in the sex trade (2014)—get reference

- During your conversation with victim make it clear you are there to help them and not to incarcerate them. The investigation may have to come second as victims could see you as just another person who wants something from them. This could result in them shutting down and even further distrust in Law Enforcement.
- Meet the youth where they are at without victim blaming. Keep in mind tone of voice, body language and be cognizant of victim's way of communicating. For example, a victim may refer to the trafficker as a "boyfriend" or "girlfriend", instead of disagreeing continue to use their language.
- Make sure you have contact information to provide to the victim for a sex trafficking investigator and or advocate. At a minimum offer them services through Safe Harbor West Metro Regional Navigator. They may not want to talk to Law Enforcement on scene, but may want to call a Law Enforcement Officer/Investigator at a later time when they are ready.
- Law Enforcement Resource Pocket Cards are available through the MN Human Trafficking Investigators Task Force.
- Document the contact with victim and all others involved and forward to a sex trafficking investigator.

CLOSING REMARKS

We appreciate your support of these protocols. Our common goal is to help all victims and survivors to be safe and successful in ways that they define success; to help them to grow into a place of further empowerment, well-being and happiness.

APPENDICES AND ADDITIONAL MATERIALS

RELATED STATUTES

CRIMINAL LAW

MN. Stat. § 609.321 subd. 7a (1) “receiving, recruiting, enticing, harboring, providing, or obtaining by any means an individual to aid in the prostitution of the individual”

MN. Stat. § 609.321 subd. 7a (2) “receiving profit or anything of value, knowing or having reason to know it is derived from [sex trafficking].”Minn. Stat. § 609.321, subd. 7a.

No force, fraud, or coercion required for youth or adults.

CHILD PROTECTION LAW

MN. Stat. § 626.556, subd. 2(n) and 3(e). Sex trafficking is a form of sexual abuse and child protection must investigate all reports regardless of the relationship between the alleged victim and the alleged offender.

MN. Stat. § 260B.007, subd. 6(c). Juvenile victims of exploitation and trafficking are now treated as victims, not perpetrators. Definition of “delinquent child” excludes child engaged in sex-for-hire.

MN. Stat. § 260C.007, subd. 6(11), 31. Definition of “child in need of protection or services” (CHIPS) includes “sexually exploited youth,” such as child engaged in sex-for-hire, involved in sexual performance (e.g., stripping or pornography), or “sex trafficking victim.”

PLACEMENT OF A CHILD

MN. Stat. § 260C.175, subd. 1. No child may be taken into immediate custody except: (1) with an order issued by the court, (2) by a peace officer: (i) when a child has run away from a parent, guardian, or custodian, or when the peace officer reasonably believes the child has run away from a parent, guardian, or custodian, but only for the purpose of transporting the child home, to the home of a relative, or to another safe place, which may include a shelter care facility; or (ii) when a child is found in surroundings or

conditions which endanger the child's health or welfare or which such peace officer reasonably believes will endanger the child's health or welfare. (3) by a peace officer or probation or parole officer when it is reasonably believed that the child has violated the terms of probation, parole, or other field supervision; or (4) by a peace officer or probation officer under section [260C.143, subdivision 1](#) or 4.

MN. Stat. § 260C.176 subd. 2 (a) If the child is not released as provided in subdivision 1, the person taking the child into custody shall notify the court as soon as possible of the detention of the child and the reasons for detention. (b) No child taken into custody and placed in a shelter care facility or relative's home by a peace officer pursuant to section [260C.175, subdivision 1](#), clause (1) or (2), item (ii), may be held in custody longer than 72 hours, excluding Saturdays, Sundays and holidays, unless a petition has been filed and the judge or referee determines pursuant to section [260C.178](#) that the child shall remain in custody

MN. Stat. § 260C.181 subd. 2 “if the child had been taken into custody, and is not alleged to be delinquent, the child shall be detained in the least restrictive setting consistent with the child's health and welfare and in closest proximity to the child's family as possible.”

MINOR CONSENT TO MEDICAL TREATMENT

MN. Stat. § 144.341 “any minor who is living separate and apart from parents or legal guardian, whether with or without the consent of a parent or guardian and regardless of the duration of such separate residence, and who is managing personal financial affairs, regardless of the source or extent of the minor's income, may give effective consent to personal medical, dental, mental and other health services

Find more information on Consent and Confidentiality Laws in MN at:
<https://www.health.state.mn.us/people/adolescent/youth/confidential.html>

CHILD PROTECTION INVESTIGATIVE PROTOCOLS

The revised MN Department of Human Services bulletin #17-68-09C: Sex Trafficked Children and Youth Investigative Protocols is available at: <http://www.dhs.state.mn.us/main/groups/publications/documents/pub/dhs-293934.pdf>

MINNESOTA HUMAN TRAFFICKING INVESTIGATORS TASK FORCE (MNHITF)

The Task Force is led by the Minnesota Department of Public Safety Bureau of Criminal Apprehension (BCA). MNHITF is dedicated to targeting crimes committed by organized groups or individuals related to child sexual exploitation, sex trafficking with a focus on minors being trafficked, and labor trafficking. Agencies that elect to become members of the MNHITF assign at least one investigator full time to the task force and their offices are then housed at the BCA Headquarters in St Paul.

Agencies also have the option of becoming an Affiliate Member. Affiliate members do not assign an investigator to the MNHITF but their regular investigators work with the task force members as needed on cases of interest to both agencies. Both members and affiliates have access to the BCA's equipment, analysts, and operations funds.

Local law enforcement (including non-affiliate agencies) can contact MNHITF for support with operations and investigations at whatever level is needed. MNHITF staff are able to assist in whatever capacity is necessary to produce a successful case to include everything from consultation to working a joint investigation.

MNHITF support is available 24/7 via the BCA operations center (651-793-7000). The operations center staff can either pass messages or information requests along to Task Force members to follow up on, or put callers in contact with someone right away if needed.

ADDITIONAL RESOURCES

SAFE HARBOR PROTOCOL GUIDELINES

The Safe Harbor Protocol Guidelines were developed by the Ramsey County Attorney's Office in partnership with the Sexual Violence Justice Institute at the Minnesota Coalition Against Sexual Assault. The Guidelines are available online at: [http://www.mncasa.org/wp-content/uploads/2018/07/Safe Harbor Protocol Guidelines.pdf](http://www.mncasa.org/wp-content/uploads/2018/07/Safe_Harbor_Protocol_Guidelines.pdf)

MINNESOTA SAFE HARBOR OVERVIEW

Information about Minnesota's Safe Harbor law and response can be found on the Minnesota Department of Health website. An overview handout is available at:

<https://www.health.state.mn.us/communities/safeharbor/documents/safeharborhandout.pdf>

SAFE HARBOR SERVICES MAP

Locations and contact information for all Safe Harbor Regional Navigators and service providers can be found at:

<https://www.health.state.mn.us/communities/safeharbor/documents/safeharbormap.pdf>

STREET OUTREACH METHODS FOR SEXUALLY EXPLOITED YOUTH

Specialized Street Outreach methods and research can be found in the Journal of Child Sexual Abuse article "The Illusions and Juxtapositions of Commercial Sexual Exploitation among Youth: Identifying Effective Street-Outreach Strategies" at: <https://thelinkmn.org/wp-content/uploads/2021/01/Journal-of-Child-Sexual-Abuse-2013.pdf>

UNIVERSITY OF MINNESOTA’S MASONIC CHILDREN’S HOSPITAL

The Center for Safe and Healthy Children at the University of Minnesota Masonic Children’s Hospital is dedicated to providing medical care for victims and potential victims of child abuse and neglect. They provide comprehensive consultation, education and support for medical providers, community agencies and caregivers. To make a referral or for more information, call 612-273-SAFE (7233), 24 hours a day. More information can be found at: <https://www.mhealth.org/childrens/care/overarching-care/child-abuse-and-neglect-services-pediatrics>

MIDWEST CHILDREN’S RESOURCE CENTER

Midwest Children’s Resource Center (MCRC) is a child advocacy center and clinic within Children’s Minnesota. They offer medical evaluations and case management in alleged child abuse cases, serious neglect and witness to violence. To start a referral or request a consultation call 612-343-2121. More information can be found at: <https://www.childrensmn.org/services/care-specialties-departments/midwest-childrens-resource-center/>

CULTURALLY SPECIFIC MENTAL HEALTH RESOURCES AND COMMUNITY PROVIDERS

CRISIS

Community Outreach for Psychiatric Emergencies (C.O.P.E.)

- 18+: 612-596-1223
- 18-: 612-348-2233

Peoples Inc (All Ages)

- 18+ Residential Crisis (7a-5:30p) 651-774-0011

Crisis Nursery (0-6)

Intake: 763-591-0100

- 24/7 Crisis
- Children can stay up to 72hrs in a row with a total of 30 days per year
- Family Support

YOUTH ONLY

Volunteers of America: Hope For Children and Adults (Hennepin County – only youth)

Phone: 952-945-4168

- Have to have a diagnostic assessment for eligibility

Runaway Intervention Program –R.I.P. - MCRC

Phone: 651-220-6750

- Mental Health
- Medical
- Insurance Needed (will work with families to avoid out of pocket costs)

Center for Safe & Healthy Children (18 & Under)

Phone: 612-273-7233

- Mental Health
- Medical
- Insurance Needed

Juxtaposition Arts (18 & Under)

Phone: 612-588-1148

- Teen-staffed art and design center, gallery, retail shop and artists' studio space in North Minneapolis

ALL AGES

Peoples Inc (All Ages)

Central Intake: 612-230-1300

- Insurance needed – medical through city covers
- Therapy

- CD
- Outpatient
- Supportive Housing & Services
- Youth & Family Services

Community University Health Care Center (CUHCC) (All Ages)

Phone: 612-301-3433

- No insurance necessary
- Chemical Dependency
- Mental Health
- Sexual Violence
- ARMS workers

Headway Emotional Health (All Ages)

Phone: 612-861-1675

- Adult DBT
- Outpatient
- Children & Family Support

The Family Partnership (All Ages)

Phone: 612-728-2061

- Mental Health
- Home Visiting
- Unified Therapy Rehab (Occupational, Physical, Speech)

Cornerstone (All Ages)

Intake: 612-374-9077

- Therapy
- Sliding Scale or Insurance Needed

Caspersen (All Ages)

Leila Erlandson MA, LMFT

Phone: 952-428-6332

- Therapy
- Private Practice – Insurance Needed

Southside Harm Reduction Services (All Ages)

Phone: 612-615-9725

- Naloxone, clean syringe & works delivery
- Text the number above Mon-Thurs 5-8pm

NATIVE SPECIFIC

Native American Community Clinic (NACC) (All Ages- Native Therapists include: Larissa White and Josette Croud)

CD: 612-843-5921

Mental Health: 612-843-5981

- No Insurance needed
- Sliding Fee Payment
- Therapy
- Psychiatry
- Rule 25

White Earth Urban Office (All Ages) - Native Specific, may require tribal enrollment or descendency

Phone: 612-872-8388

- Therapy
- CD

Indian Health Board (All Ages) - Native Specific

Phone: 612-721-9800

- Therapy

Minnesota Indian Women's Resource Center (All Ages) - Native Specific, some programs require tribal enrollment or descendency

Phone: 612-728-2000

- Therapy
- CD (women 18+)

American Indian Community Development Corporation - Native Specific

Website: <http://www.aicdc-mn.org/>

Phone: 612-813-1610

Upper Midwest American Indian Resource Center - Native Specific

Phone: 612-522-4436

Center School - Native Specific

Phone: 612-721-1655

- Open to students in grades 7-12 (ages 12-19)

Mending the Sacred Hoop - Native Specific

Website: <https://mshoop.org/>

Phone: 888-305-1650

Dream of Wild Health - Native Specific

Website: <https://dreamofwildhealth.org/>

Phone: 612-874-4200

BLACK/AFRICAN AMERICAN SPECIFIC

Increasing Life Changes 4 You (All Ages)

Carl Young, MS

Phone: 612.310.3093

- Therapy & Crisis Therapy
- Sliding Scale
- Individual & Family

Cultivating Family Services (All Ages)

Phone: 763.355.5461

- Therapy
- Play Therapy
- Diagnostic Assessments
- Insurance and Sliding Scale
- Individual and Family

North Point (Ages 5-Adult)

Phone: 612-543-2500

- Therapy
- CD
- Psychiatric
- Support Groups
- Insurance & Sliding Scale

Turning Point (All Ages)

Phone: 612-520-4004

- CD
- Housing Support
- Culturally Specific Services

Bridging Therapy, LLC

Eva-Mae Emmerich, MA

Phone: 612.324.4834

Kente Circle, LLC

www.kentecircle.com

Phone: 612.243.1600

Levan Counseling

Erika McAfee Levan

Phone: 612.440.0914

Arubah Emotional Health

Anissa Keyes, MA, LMFT

Phone: 612.284.8115 ext. 1

African American Wellness Institute

Phone: 612.813.5034

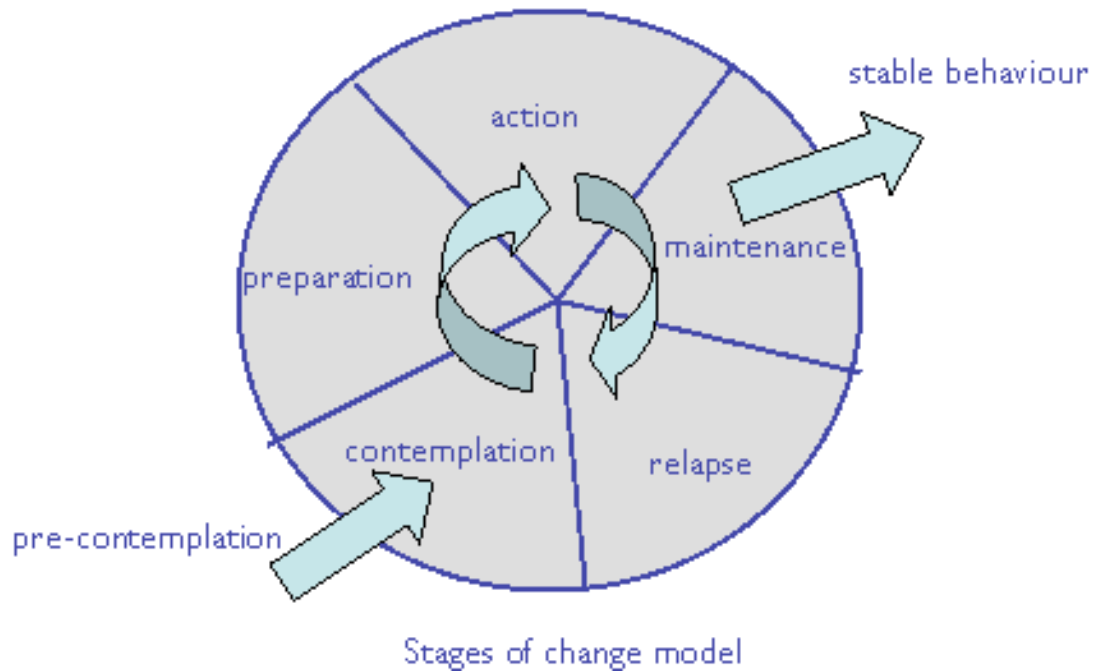
LGBTQ+ SPECIFIC

Pride Institute

Phone: 952-934-7554

- Therapy
- Outpatient
- Insurance & Sliding Scale

Stages of Change



Pre-contemplation

Not yet acknowledging that there is a problem behavior that needs to be changed

Contemplation

Acknowledging a problem but not yet ready or sure of wanting to make a change

Preparation

Getting ready to change

Action

Changing behavior

Maintenance

Maintaining the behavior change

Relapse

Returning to old behaviors and abandoning the new changes

Stages of Change in CSEC Counseling

<p>Stage of Change</p>	<p>Pre-Contemplation</p> <ul style="list-style-type: none"> • Denies being sexually exploited • Discloses involvement in the life, but does not present it as a problem • Is defensive • Does not want your help, wants you to “stay out of their business” 	
<p>What This Looks Like with CSEC Victims</p>	<ul style="list-style-type: none"> • Not ready to talk about abuse • Will defend or protect abuser • Does not want help or intervention 	<ul style="list-style-type: none"> • “I love my daddy. He takes care of me.” • “I’m happy making money.” • “I’m good with the way things are.” • “I make money doing what other people give away for free”
<p>Counselor’s Goals</p>	<ul style="list-style-type: none"> • Validate experience/lack of readiness • Encourage re-evaluation of current behavior • Encourage self-exploration, not action • Explain and personalize risk • Get legal identification documents • Set up appointments for healthcare & mental health 	<ul style="list-style-type: none"> • “I can understand why you feel that way.” • “Is there anything about your relationship with him that you don’t like?” • “How do you feel when..?” • “I’m proud of you. You’re taking big steps right now. Be proud of yourself!”

<p>Stage of Change</p>	<p>Contemplation</p> <ul style="list-style-type: none"> • Acknowledges that being in the life is painful and probably not what they want for themselves • Not yet ready to leave but processing the abuse and the effects of the abuse • Ambivalent about actually leaving • Open to self-reflection, weighing consequences, and talking about feelings 	
<p>What This Looks Like with CSEC Victims</p>	<ul style="list-style-type: none"> • Often an external event, or “reality”, has confronted the pre-contemplative stage. • Incidents can include violence, rape, assault, getting pregnant, diagnosis with an STD, new girls in the house, getting arrested, not getting bailed out. • Fear of the consequences of leaving: violence, retribution, threats to self and family, being homeless, having no money • Thinking of leaving but feeling isolated from the “square” world 	<ul style="list-style-type: none"> • “I didn’t think it was going to turn out this way.” • “I feel like I don’t deserve this.” • “I don’t want this for my daughter.” • “I’m afraid that if I try to leave he’ll just track me down and find me. There’s no point.” • “This is what I’m good at. I’m not good at anything else.”
<p>Counselor’s Goals</p>	<ul style="list-style-type: none"> • Listen!!!! • Encourage client to list out the pros and cons • Reflect change talk • Affirm processing of problems • Validate ability for client to make changes • Identify and assist in problem solving/obstacles • Help identify sources of support 	<ul style="list-style-type: none"> • “When are the times you feel really good? When are the times you feel really bad?” (make lists) • “What do you feel is holding you back the most?” • “I think you should be proud of yourself for...” • “I’m proud of you. You’re taking big steps right now. Be proud of yourself!”

<p>Stage of Change</p>	<p>Preparation</p> <ul style="list-style-type: none"> • Has made a commitment to leave • Has thought a lot about leaving, now begins to “test the waters” • Exhibits signs of independence by taking small steps to be able to leave • Researches and is open to resources available 	
<p>What This Looks Like with CSEC Victims</p>	<ul style="list-style-type: none"> • Regularly attends events/groups/counseling at agency • Stashes money • Brings clothes or belongings to the agency • Doesn’t answer cell phone every time exploiter calls • Starts GED classes • Thinking about a part-time job • Exploring housing/shelter options 	<ul style="list-style-type: none"> • “I would really like to finish school.” • “I still love home and want to be with him, just not with all the other stuff.” • “I want to leave, I just want to save some money first.”
<p>Counselor’s Goals</p>	<ul style="list-style-type: none"> • Create a safety plan • Case management: find housing, education, employment, regular therapy • Encourage small initial steps • Validate fear of change • Introduce client to new experiences where he/she can gain new skills and increase self-esteem • Affirm underlying skills for independence 	<ul style="list-style-type: none"> • “You should be really proud of yourself for doing _____, you are doing something healthy for yourself.” • “It’s normal to be nervous about the changes you’re making.” • “What kinds of things are you interested in? What are your dreams for the future?” “I’m proud of you. You’re taking big steps right now. Be proud of yourself!”

Stage of Change	Action	
What This Looks Like with CSEC Victims	<ul style="list-style-type: none"> • Leaving the life 	<ul style="list-style-type: none"> • There are often stages of exiting (may feel the need to rely on a few regular “johns” until financial situation is stable) • Goes through intake at a youth shelter • Placement at a residential treatment center • Staying with relatives • Starts part-time job • Cuts off contact with pimps/johns • Moves from area of exploitation
Counselor’s Goals	<ul style="list-style-type: none"> • Support and validate the effort it takes to leave • Address safety concerns • Focus on restructuring environment and social support • Discuss self-care • Create system with youth for short-term rewards he/she can give to him/herself • Process feelings of anxiety and loss • Reiterate long term benefits of change 	<ul style="list-style-type: none"> • “It’s so hard and it’s taking so long to get everything together.” • “I’m so glad I left. I hate him...but I miss him.” • “I can see myself going to college and getting a good job.” • “It’s so weird being in the ‘square’ world. I feel different from everyone else.”

Stage of Change	Maintenance <ul style="list-style-type: none"> • Remains out of CSEC • Develops new skills for a new life • Successfully avoids temptations and responding to triggers 	
What This Looks Like with CSEC Victims	<ul style="list-style-type: none"> • May maintain job/school • Living in stable environment • Develops new relationships (intimate and social), often struggles with this • Develops network of support • Begins to address trauma of experiences 	<ul style="list-style-type: none"> • “I can’t believe I wasted so many years. It’s like I never had a childhood.” • “I could never go back to the track/club.” • “I feel bad for other girls/boys who are still in it.” • “Sometimes I’m bored and kinda miss the drama.” • “It’s hard starting relationships because they only want one thing.”
Counselor’s Goals	<ul style="list-style-type: none"> • Plan for follow-up support • Reinforce internal rewards and self care • Discuss coping with relapse • Discuss triggers and temptations, creating coping strategies • Continue to help look for opportunities to develop new skills and invest in supportive communities • Recognize progress and validate strengths • Be patient and realistic 	<ul style="list-style-type: none"> • “Can you tell me the times you most feel like going back? What do you miss the most?” • “How can you find ‘excitement’ and ‘attention’ in other ways?” • “What kinds of people are you attracted to? Why do you think that is?” • “I’m proud of you. You’re taking big steps right now. Be proud of yourself!”

<p>Stage of Change</p>	<p>Relapse</p> <ul style="list-style-type: none"> • Returns back to the life 	
<p>What This Looks Like with CSEC Victims</p>	<ul style="list-style-type: none"> • Runs away from program • Re-establishes contact with exploiter (exploiter gets out of jail, runs into exploiter or someone from the life on the street, seeks exploiter out to reconnect) • Returns to strip club or escort agency • Begins to see “johns” regularly 	<ul style="list-style-type: none"> • “He really loves me.” • “I’m always going to be like this. This is who I am.” • “I’m so ashamed. I don’t want to come back.” • “You don’t understand. I missed him and besides, it’s different now.” • “It was too hard. I just couldn’t do it.”
<p>Counselor’s Goals</p>	<ul style="list-style-type: none"> • Address feelings of failure • Reassure that most people experience relapse • Revisit subsequent stages of change (hopefully preparation or action, but sometimes contemplation) • Evaluate the triggers that resulted in relapse • Reassess motivation to leave again and barriers • Plan stronger coping strategies 	<ul style="list-style-type: none"> • “It’s ok. It’s normal to struggle with making really big changes. You’re still welcome here.” • “What did you feel like you needed that you weren’t getting?” • “Perhaps we can talk about why it was so hard.” • “Are things better this time? Why do you think that? What changed?” • “I still support you and believe in you.”