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# Youth Trafficking: Systems of Care

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## YOUTH TRAFFICKING: SYSTEMS OF CARE

### Introduction

Since 2000, the Victims of Trafficking and Violence Protection Act, also known as the Trafficking Victims Protection Act (TVPA), and its reauthorizations have led to the increase in federal, state, and community anti-trafficking efforts in the United States. The TVPA includes provisions for prosecuting traffickers, preventing trafficking, and establishing protections for individuals who have been trafficked. Yet, there is ongoing need to expand knowledge of and services to youth who have been trafficked (Fong & Cardoso, 2010). One opportunity to better understand how to assist youth victims of trafficking is to acknowledge the “systems of care approach” that has served various youth populations in the United States since the 1970s.

A system of care includes a full range of services and effective coordination between providers to deliver a holistic response to targeted populations. The approach may be particularly effective at serving youth who have been trafficked. The core values of this approach include adapting to unique populations, including establishing an effective system to address the unique needs of youth who have been trafficked. Such an approach may be particularly effective because it is family and youth driven, community based, and culturally and linguistically appropriate (Stroul, Blau, Friedman, 2010). The objective of this literature review is to identify the needs of youth who have been trafficked, explain how youth are currently being served, and examine how a systems of care approach can be an effective framework to provide services to this population.

At the federal level, the TVPA defines minors in trafficking as victims and not criminals, framing the response around services and rehabilitation. States may differ in their definitions of labor trafficking and sex trafficking. Many states have laws pertaining to child trafficking that inform a particular service response, notably safe harbor laws, which provide some or total legal exemption to youth who have been trafficked and whom otherwise could face criminal charges (Dess, 2013). Safe harbor laws typically include legal protections from prosecution and administer services, including medical and mental health treatment, education assistance, and emergency/temporary or long-term housing. Of the 34 states with legislation, significant variation can exist between laws, and some are limited in scope (i.e., protections and services were only extended to youth in relation to commercial sexual exploitation rather than both sex and labor trafficking (Polaris, 2015a)).

These laws dictate how child trafficking responses are approached and how systems of care are modeled to serve victims and survivors. At the local level, law enforcement and court systems can determine the level of intervention warranted for youth and can range from rehabilitation to juvenile detention, depending on the decisions made by authorities (Dess, 2013). However, the implementation of the law varies by state, and the law itself contains gaps in protection. Some service providers see detention as the best option without utilizing other avenues of assistance and rehabilitation (Barnert et al., 2016). This approach can create tension with other service providers who believe that detention is never an appropriate option, regardless of whether alternatives are available to youth who have been trafficked.

### Methodology

A search for academic literature was conducted on EBSCOhost with the key words *minor trafficking*, *system of care*, and *domestic minor sex trafficking*. The initial search yielded 8,537 articles. This search



was further refined by peer-reviewed *human trafficking* articles published between 2012 and 2017. These restrictions on returned articles limited the results to a manageable number and focused our attention on the most recent reviewed literature. These search restrictions reduced the number of articles to 101. In addition, web content was reviewed from federal and state agencies and community programs. This content was current but not limited to publishing in the last 5 years. Additional searches through Google Scholar utilized these search terms: *trafficking and systems of care, systems of care in the United States, systems of care, child/youth labor trafficking in the United States, child/youth sex trafficking in the United States, and needs of trafficking victims.*

## CURRENT STATE

### Youth Trafficking in the United States

The trafficking of youth can occur in both licit and illicit industries and can range from sexual exploitation; domestic work; working in restaurant, beauty, or agriculture industries; peddling and begging; transporting drugs; and more (National Human Trafficking Resource Center, 2015a). Youth who experience poverty, unemployment, a lack of educational opportunities, a history of sexual abuse or mental health issues, and are in or leaving the child welfare system have an increased risk of sex and labor trafficking (Fong & Cardoso, 2010; Murphy, 2016; National Human Trafficking Resource Center, 2015a). Additionally, runaway, throwaway, and homeless youth experience a greater risk of trafficking as they seek food, shelter, and/or money (McClain and Garrity, 2011).

One study found that one in five homeless youth experienced labor or sex trafficking (Murphy, 2016), and LGBTQ youth have a significantly higher risk of trafficking as they account for an estimated 20 to 40 percent of homeless youth (McClain and Garrity, 2011). Out of nearly 650 homeless youth receiving services from Covenant House, LGBTQ youth disproportionately overrepresented the sample by accounting for 36 percent of sex trafficking victims, but only made up 19 percent of the total sample (Murphy, 2016). Youth in this population can be particularly at risk as shown in Urban Institute's study on LGBTQ youth who engage in survival sex in New York City. Nearly half lived in a shelter (48 percent), on the street (10 percent), in a family home (11 percent), at a friend's home (10 percent), or at their own place (9 percent). In addition, youth in this population frequently reported survival sex in order to obtain basic necessities (Dank, et al, 2015). In comparison to heterosexual youth, LGBTQ youth are estimated to be five times more likely to experience trafficking (U.S. Department of Education, Office of Safe and Healthy Students, 2015).

In the United States, reliable statistics on the number of youth who have been trafficked is particularly difficult to obtain because of a disinclination to report trafficking in fear of deportation, threats, or violence; a lack of knowledge regarding their rights; and language barriers (National Human Trafficking Resource Center, 2015a). According to the limited data available, child labor trafficking appears to be less prevalent than child sex trafficking, but difficulties in identifying child labor trafficking may constitute some difference in the prevalence of each type (Developmental Services Group, Inc., 2016). In the United States, of 1,630 potential cases of youth being trafficked reported in 2015 to the National Human Trafficking Resource Center (NHTRC), 85 percent were sex trafficking, 7 percent labor, 2 percent sex and labor trafficking, and 6 percent unspecified (NHTRC, 2015b).

After being trafficked, youth may encounter welfare services, law enforcement, community groups, and/or health care providers to various extents. For example, youth who have been trafficked may obtain services from child welfare agencies following opened maltreatment cases (Fong & Cardoso,



2010). In the United States more than 60 percent<sup>1</sup> of children in 2015 maltreatment cases with Child Protective Services (CPS) received postinvestigation/postresponse services, “activities provided or arranged by the child protective services agency, social services agency, or the child welfare agency for the child or family as a result of needs discovered during the course of an investigation.” This may include “such services as family preservation, family support, and foster care” and “are delivered within the first 90 days after the disposition of the report” (U.S. Department of Health and Human Services, 2017). Therefore, if a youth who has been trafficked has an open maltreatment case with CPS, they may have access to agency resources and services; however, services do not reach all children with open maltreatment cases.

The U.S. Department of Health and Human Services (HHS) found that children who experienced sexual abuse were 24 percent less likely to obtain services compared to children who experienced physical abuse. Additionally, older children and children with reports of maltreatment or abuse by nonparent perpetrators were less likely to receive postinvestigation/postresponse services (U.S. Department of Health and Human Services, 2006). Such figures are vital to understand and mitigate, considering the prevalence of youth who have been sex trafficked (Developmental Services Group, Inc., 2016).

While runaway, throwaway, and homeless youth are more likely to face exploitation, some youth live at home and attend school while being trafficked (U.S. Department of Education, Office of Safe and Healthy Students, 2015). According to 2017 records from the National Human Trafficking Hotline, intimate partner/marriage proposal and familial recruitment tactics were frequently reported for sex trafficking, and familial recruitment tactics were listed as the fourth most reported recruitment tactic for labor trafficking after a job offer, fraud and false promises, and smuggling-related tactics (Polaris, 2017). Research by Covenant House has also found that when a youth’s family is involved in trafficking or gangs, youth are at an increased risk for trafficking (Murphy, 2016).

Additionally, a 2013 study by Covenant House found that of 185 homeless youth surveyed, 36 percent were trafficked by their parents or immediate family members (Covenant House New York, 2013). As such, outside welfare services in which children have been removed from their homes, children who have been trafficked may obtain services following identification in immigration checkpoints (i.e., border crossings, detention facilities, etc.), by law enforcement, and/or through educational systems and service providers (i.e., social services or medical) (Goździak, 2010). Lastly, while children may obtain nontrafficking services from agencies such as CPS, some may go untreated as funds earmarked for trafficking require individuals to be officially recognized as victims of trafficking (Goździak, 2010).

## Needs of Youth After Trafficking

Identifying youth who have been trafficked, providing crisis responses, and meeting the immediate needs of youth are imperative, but they only address a portion of the needs of a youth who has been trafficked. To provide a complete response, services should include a range of medical, psychological, emotional, educational, and independence-supporting services and provide support and resources after an individual’s immediate needs are met (Twigg, 2017). Youth who have been trafficked can face a variety of hurdles caused by trafficking and by factors preceding trafficking that may have increased their likelihood for trafficking.

The presence of adverse childhood experiences (ACEs) can increase a youth’s risk for exploitation and may include abuse, neglect, maltreatment, unstable housing or homelessness, and exposure to

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<sup>1</sup> This number includes duplicate victims (children with numerous maltreatment cases opened in 2015), and states self-report with some indication that they may be reporting case management services and referrals rather than actual services (U.S. Department of Health and Human Services, 2017).



substance use and more. These experiences make youth more susceptible to predators and trafficking because they may have psychological and mental health difficulties as a result of ACEs, such as an unsupportive family and low self-esteem and confidence, or they may have been abandoned or are runaways. Traffickers identify potential individuals who have these weaknesses and may lure at-risk youth by building “trust”—promising a better lifestyle with material rewards and/or creating the illusion of a safe place to live with someone who “really” cares about them (Reid et al., 2016; Hampton & Shade, 2015). These situations can become a gateway for further abuse. Furthermore, a history of sexual abuse has been correlated with an increase in risk for exploitation in both boys and girls. Described as a “gateway” trauma, such adverse experiences can increase a child’s susceptibility to duplicitous recruitment practices as explained above and as children seek approval and belonging from others (Reid et al., 2016). Therefore, the services provided to youth who have been trafficked must be reflective of their unique experiences.

Support systems are needed for survivors of youth trafficking to facilitate rehabilitation and a successful reintegration back into society. A variety of services are available to help youth build skills and feel empowered. Areas of support include health and behavioral health, educational, vocational, job skills, and permanent housing assistance. Providing these services to youth who have been trafficked helps build feelings of self-sustainment, aids social reintegration, helps reestablish their identity, and builds self-esteem. When administered in an environment of trust and safety, these approaches promote independence and sustained recovery (Twigg, 2017). Youth who have been trafficked require a range of services that can vary from legal assistance to child care. The following sections explore some common areas of need after youth have experienced trafficking: crisis intervention, medical, psychological and emotional, legal, educational, independence-supporting services, and housing.

## Crisis Intervention

Following trafficking, youth may require immediate crisis intervention to meet their basic needs. Basic needs of a youth who has been trafficked may include immediate needs for safety; emergency housing; access to food, water, and appropriate clothing (i.e., clothes that fit, including undergarments); access to translation services; and establishing legal guardianship for the youth (Hammond & McGlone, 2014; Clawson & Dutch, 2008). Only once a youth’s basic needs are met can other needs be addressed.

## Medical

After meeting the immediate medical needs of youth, aftercare systems should be prepared to address a wide range of needs, including physical pain, infections, and long-term physical problems (Twigg, 2017). Any health problems preceding trafficking may have exacerbated, and individuals are likely to have developed additional health problems as a result of being trafficked, including sexually transmitted diseases, sexual and reproductive health issues, and chronic pain or injuries. While youth are trafficked, any treatment for medical problems preceding or developed during trafficking is unlikely, minimal, and only in the case of dire emergencies (Hammond & McGlone, 2014).

## Psychological and Emotional

Youth who have experienced severe abuse and neglect during trafficking can develop trauma-related disorders such as posttraumatic stress disorder (PTSD), anxiety, panic attacks, depression, and more (Hammond & McGlone, 2014; Twigg, 2017). Service providers should also be aware of psychological and emotional difficulties preceding trafficking, as major mental illness has been found to increase an individual’s risk of trafficking (Stoklosa, MacGibbon, & Stoklosa, 2017).



Youth may also require assistance in treating substance addiction (Hammond & McGlone, 2014). Alcohol, marijuana, cocaine, and opioid use is commonly reported by individuals who have been trafficked and, like mental illness, can precede trafficking (Stoklosa, MacGibbon, & Stoklosa, 2017). Therefore, it is essential service providers address the various needs of youth and take into consideration an individual's psychological and emotional history.

## Legal

Youth who have been trafficked in the United States are identified in two ways: as a foreign child or as a domestic child. Such designations distinguish how services are provided to youth who have been trafficked. Foreign youth may require visa and immigration assistance as well as help in obtaining a letter of eligibility from HHS. The letter of eligibility enables youth to apply for federal services to the same extent as a refugee, including public housing, mental health services, food assistance, and work assistance (National Human Trafficking Resource Center, 2015a). Domestic youth may also require legal advocacy or representation if the youth has criminal charges (Hammond & McGlone, 2014).

## Educational

Youth may require assistance in obtaining a GED, reenrolling in school, or continuing to higher education. By obtaining these services, youth can develop skills and interests that allow them to become independent (Shared Hope International, ECPAT-USA & the Protection Project at Johns Hopkins University School of Advanced International Studies, 2013).

## Independence-Supporting Services

One of the primary goals in addressing the needs of youth who have been trafficked is reintegration. As such, developing life skills is an important milestone to reintegrate youth into society and to prevent youth from revictimization (Rafferty, 2013). Therefore, youth may also require assistance developing life skills such as managing finances or using public transportation. By developing these life skills, youth can develop self-sufficiency and long-term independence (Hammond & McGlone, 2014).

## Housing

Domestic and international youth may also require reunification services if they are not living with family. If youth are not living at home and reunification is not an option, youth may also require assistance in obtaining housing (Hammond & McGlone, 2014). Residential facilities specific to youth who have been trafficked are limited, and in the event youth cannot be reunited with their family, youth may be placed in juvenile detention centers or placed with state CPS Agencies (Fong & Cardoso, 2010).

Unfortunately, aftercare services are not always part of the recovery plan for youth who have been trafficked. Youth frequently enter the juvenile delinquency system because they are identified as offenders rather than victims and may therefore not receive comprehensive aftercare services needed for rehabilitation. The misidentification of youth who have been trafficked has resulted in programs, such as Gateway Community Outreach in California, to cite "low treatment rates, high recidivism rates, and increased failure for successful treatment" when individuals who have been trafficked are inappropriately placed in detention (Pond, 2014).



## SYSTEMS OF CARE APPROACH

The concept of a system of care is a framework and philosophy, intended to help guide systems to effectively serve children (Stroul, Blau, & Friedman, 2010). The approach's origin is in the Individuals with Disabilities Education Act of 1975 (the Act), which dictated that certain services are available to children with disabilities. The Act expanded the availability of services in local schools and communities. Following the Act, it became "clear that no single child-serving agency, because of policy, programmatic, or financial limitations, has the ability to provide all the services and supports needed by families with children who have disabilities and/or are at risk for abuse and neglect (Child Welfare Information Gateway, 2008)." This realization and the movement that followed provided adequate support and services to children with mental health issues and addressed problems surrounding their care, including services provided "in restrictive out-of-home settings," limited community services, and limited partnerships between services (Child Welfare Information Gateway, 2008).

Originally conceived in 1986 to assist children with mental health problems, the concept has continued to develop and be utilized across the United States. Fundamentally, a system of care includes "a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life" (Stroul, Blau, & Friedman, 2010). While the framework was initially intended for children with mental health challenges, the concept has been readily developed and expanded to include a variety of youth populations.

### Youth Service Area Needs Framework

Mental health services  
Social services  
Educational services  
Health services  
Substance use services  
Vocational services  
Recreational services  
Juvenile justice services

Stroul & Friedman, 1986 (as cited in Stroul, Blau, & Friedman, 2010)

The framework for a systems of care approach includes eight service need areas meant to overlap and work in conjunction to address the needs of youth and their families. The framework does not indicate specific services, providers, or organization of the system but is intended to be used to identify the areas of need that systems of care should address. The core values in this approach are (1) community based; (2) family driven and youth guided; and (3) culturally and linguistically competent.

The community-based value delineates how a system of care should be provided at the community level with services managed and implemented within the youth's community. The family-driven and youth-guided value highlights the significance of recognizing the importance and necessity for families and youth to be the primary decision makers of their care and ensuring care is reflective of their needs. The culturally and linguistically competent value challenges providers and partners to recognize and respond to cultural and linguistic differences appropriately and ensure that youth and their families obtain the best possible outcomes that reflect their values and beliefs (Stroul, Blau, & Friedman, 2010).

Partnerships between service providers and members of a system of care are identified as critically important throughout systems of care and responses to trafficking literature. One service provider cannot provide all facets of care necessary for a youth who has been trafficked and an effective system will ensure coordinated and integrated care. Coordination and integration of services follow the guiding principles of a system of care and allow services to be flexible and therapeutic (Stroul, Blau, & Friedman, 2010). Identifying partnerships and building communication and trust provides more



### Core Values in a System of Care

Community based  
Family driven and youth guided  
Culturally and linguistically competent

comprehensive care, improves crisis response, and allows for more accurate data collection (thus contributing to evidence-based research for better outcomes). Partnerships allow for a single service provider to instead be a “connective tissue” to other resources at the local and state level (Polaris, 2015b). All partnerships carry the risk of impairing services and being detrimental to youth who have been trafficked, but a successful system of care navigates and mitigates these challenges inherent in any system. It is important that (1) conflict or miscommunication between partners are handled with care and urgency, (2) the system prevents individuals from becoming discouraged and not obtaining followup care by ensuring that immediate intervention groups provide adequate information and/or support, and (3) providers and partners avoid re-traumatization by requiring individuals to repeat their experiences to multiple partners (Polaris, 2015b).

Ultimately, a system of care will address the various needs of youth through strategic partnerships and by respecting their core values. Services providers, services, and the types of agencies or organizations will vary, but by following the system of care framework and values, any system can become a system of care (Stroul, Blau, & Friedman, 2010).

## Care Approaches

Service providers should be trained to address trafficking in a way that is compassionate, culturally sensitive, appropriate, and trauma informed. This training should extend to all service partners, including law enforcement, social workers, and community partners, and it is important to build trust and feelings of safety and compassion with the individual (Ahn, et al., 2013; Tracy & Konstantopoulos, 2012). While systems of care incorporate various core values, two additional approaches—trauma-informed care and survivor-informed care—are particularly relevant and appropriate when serving youth who have been trafficked.

### Trauma-Informed System of Care

Trauma-informed care approaches minimize harm to survivors of youth trafficking by being conscious of their experiences and making considerations to avoid re-traumatization (Twigg, 2017). The trauma-informed health services approach allows the individual to be in control of their care and choices, aiding recovery from their trafficking situation in which they did not have control. Trauma-informed systems of care are built around the unique experiences of individuals and the trauma they have endured. The voice, emotions, and cultural responses are different for each individual, and working with each person is considered unique and not part of a general trafficking approach. The trauma-informed care model recognizes the impact of trauma and how it affects each individual differently; this guides the framework through which care is provided. The framework consists of “trauma awareness, safety, rebuilding control, and using a strength-based approach” (Hopper, Bassuk, & Olivet, 2010). Acknowledging the individual’s trauma and encouraging their unique voice in the care and recovery process leads this recovery process, while also being mindful of not re-traumatizing them (Heffernan & Blythe, 2014).

### Survivor-Informed System of Care

Survivor-informed systems of care reach out to individuals who have been trafficked and those in rehabilitation in a unique way—they can relate to the traumatic experiences and emotions the individual is experiencing. This connection is also valuable because persons can see a “survivor” of trafficking who is now in a safe, stable place where he/she can help others. Programs that use the survivor-



informed model include Girls Educational and Mentoring Services and Motivating, Inspiring, Supporting and Serving Sexually Exploited Youth. These providers connect exploited youth with survivor–mentors to build support, communication, and connections to services (Institute of Medicine and National Research Council, 2014).

## SYSTEM OF CARE IN ACTION

An effective system of care is one that utilizes all available resources and facilitates coordination between service providers and partners while maintaining the core values of being community based, family driven, youth guided, and culturally and linguistically competent. Additionally, an effective system will achieve linked goals and outcomes at three levels: (1) state, tribal, or territorial system; (2) local system; and (3) service delivery (i.e., there is an observable causality between outcomes at all three levels) (Stroul, Blau, & Friedman, 2010).

One example of a successful system of care is the Children’s Mental Health Initiative that has revealed various positive outcomes (Stroul & Friedman, 2011). At the service delivery level, recognizable changes were recorded, including reduced suicide attempts, reduced contact with law enforcement, improved stability of living conditions, an increase in resources, and improved clinical and functional outcomes. At the system levels, outcomes included policy and infrastructure changes—and as a whole, the system of care framework was found to be a cost-effective method to redistribute funding (Stroul & Friedman, 2011).

Another study on the service delivery level of a system of care found that caregivers reported their service experiences as meeting the principles of a system of care (i.e., culturally competent and family centered), but sites did not implement principles consistently. Such differences, the researchers argued, may be a reflection of the priorities of the sites themselves (i.e., caregivers in a system in Alabama rated the system as more culturally competent, but caregivers in Nebraska rated their system higher on family-focused principles). One explanation for this is that caregivers value systems of care principles differently and as caregivers in Nebraska were predominately white, cultural competency was given lower priority (Riehman et al., 2011).

Two Substance Abuse and Mental Health Services Administration (SAMHSA) funded initiatives—Comprehensive Community Mental Health Services for Children and Their Families Program (CMHI) and Emerging Adults Initiative—have produced positive results. CMHI found that following participation in a system of care, youth ages 6–21 showed a 38 percent improvement in behavioral and emotional health, youth 18 and older experienced a 36 percent drop in homelessness, and confidence in life skills (i.e., the ability to prepare meals or securing housing) improved. The latter initiative resulted in a 37 percent increase in reported positive functioning, a 30 percent increase in stable housing obtainment, and a 10 percent increase in job attainment or school attendance (Substance Abuse and Mental Health Services Administration, 2013).

A national cross-site evaluation between 2003 and 2007 of nine sites in the United States also identified positive results from implementation of a system of care for various child populations that included children in out-of-home care or children in or at risk of entering the child welfare system. Overall, the evaluation found a reduction in the number of re-referrals of children in the welfare system and an increase in placement stability (i.e., number of placements and length of placements decreased and placement with relatives and adoptions increased). The study also found an increase in medical care and dental care utilization, enrollment in Children’s Health Insurance Program/Medicaid, and an increase in immunizations. Additionally, there was a recognizable increase in interagency collaboration



with service providers, therapists, counselors, and court-appointed special advocates or guardian ad litem (U.S. Department of Health and Human Services, 2010).

Furthermore, a study comparing youth receiving services from a system of care to a matched control sample found youth obtaining services in a system of care to have decreased rates of juvenile justice contact and for status offending, parole violations and theft. In comparison, the control group reported higher rates of juvenile justice contact and for more serious offenses, including public order offenses, theft, and property damage. In this example, a system of care was well equipped to serve this population because family participation had positive effects on emotional and behavioral outcomes, encouraged self-control, and positive familial attachments. And, when youth are served in the community, they are less likely to encounter delinquent peers in the juvenile justice system (Matthews et al., 2011).

Lastly, a study on whether a system of care improved commitment to child and family team (CFT) meetings and child welfare practices in North Carolina was conducted by Snyder, Lawrence, and Dodge (2012) with positive results. In comparison to counties without a system of care, systems of care counties were found to have better equipped facilitators, and caregivers, youth, and family members were more likely to share their priorities and needs, which took precedent in decision-making processes. Furthermore, a family's strengths were more likely to be acknowledged and used to obtain team goals developed during CFT meetings (Snyder, Lawrence, & Dodge, 2012).

These examples indicate the various positive outcomes of a system of care; however, a 28-year literature review on Wraparound, a type of system of care, found that a great deal of literature exists on the definition of and implementation of systems of care (such as Wraparound) but less research has been conducted on *evaluations* of systems of care. The plethora of articles defining system of care and its implementation in various settings indicates the enthusiasm for and applicability of the framework, but a limited number of current evaluations on the effectiveness, cost-effectiveness, theory, and methods of systems of care indicates research opportunities for the field (Coldiron, Bruns, & Quick, 2017).

While few systems of care have been created solely for children who have been trafficked, numerous systems of care show the flexibility of the framework that can be adapted to serve the needs of this population. Two examples include systems of care for children with emotional and behavioral disorders and children with comorbid trauma disorders and substance use disorders.

A significant portion of resources for public child serving systems (40–70 percent) is allocated to a tenth of youth with the most serious emotional and behavioral disorders (SEBD) with funding typically used for congregate<sup>2</sup> and institutional care (Coldiron, Bruns, & Quick, 2017). As such, systems of care have been recommended to address the needs of this population and alleviate funding for prevention, identification, and treatment for non-SEBD children. The Wraparound process mentioned above has gained support over evidence-based treatments that may have limited generalizability, accessibility issues, poor provider attitudes, and high organizational costs. A Wraparound model adopts management strategies and integrated service models to address the needs of “youth with multiple and complex needs.” It allows for coordination across child-serving agencies and organizations to provide locally adaptable, individualized care (Coldiron, Bruns, & Quick, 2017).

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<sup>2</sup> Congregate care is a type of placement and includes group homes (7 to 12 children) or institutions (12 or more children) with 24-hour supervision for children who require alternative placements to their homes or group living (U.S. Department of Health and Human Services, 2015).



Whitson, Connell, Bernard, and Kaufman (2012) studied a system of care with applicability for children who have been trafficked. Their study identified the outcomes of a community-based system of care on children with severe emotional and behavioral disorders (i.e., attention deficit/hyperactivity disorder, adjustment disorders, impulse control disorders, and mood disorders) and a history of trauma. The study found that overall children receiving services through the system of care had improved outcomes (i.e., increased emotional and behavioral strengths and decreased internalizing and externalizing behavior) but that children with a history of physical abuse, sexual abuse, or family violence improved at a slower rate than children without a trauma history (Whitson et al., 2012). As children who have experienced trafficking are more likely to have a history of adverse childhood experiences and trauma (Reid et al., 2016) and subsequent emotional and behavioral disorders (Hammond & McGlone, 2014; Twigg, 2017), this study indicates the applicability for this population in addition to how children with this background may respond to services in a system of care.

In a study on the co-occurrence of trauma disorders and substance use in youth, Suarez, Belcher, Briggs, and Titus (2012) identified the necessity for a system of care to address the population's complex needs. In comparison to youth with only one condition, the authors found that youth who reported co-occurring trauma exposure and substance use rated higher in severity of emotional and behavioral symptoms, functional impairment, and utilization of multiple systems (Suarez et al., 2012). As such, a system of care is well equipped to recognize and takes into consideration the exacerbating effects of comorbidity through effective coordination of flexible services, which is especially important for a population with high rates of trauma and substance use (Hammond & McGlone, 2014; Reid et al., 2016).

Once a youth's immediate needs are addressed, typical services offered to youth may not be appropriate for meeting the unique and various needs of this population. Youth who have been trafficked face a unique trauma, and typical welfare services may not appropriately meet their needs. Therefore, it is vital that service providers and the welfare system take into consideration the additional adverse experiences of youth who have been trafficked (Fong & Cardoso, 2010). As a result of trauma, children may face an increase in emotional and behavioral problems, higher levels of anxiety, depression, PTSD, alcohol and drug use, functional impairments, and violent behavior. When left untreated, trauma can have long-term impacts into adulthood, including

### SYSTEM OF CARE CASE

Monte is a 13-year-old boy in the child welfare system. His mother has a history of substance use and child neglect. Due to a shoplifting charge, Monte has recently become involved with the juvenile justice system. Thanks to the systems of care approach in his community, local agencies and organizations partner with the family in a coordinated way to keep Monte in his home and help his family access services that address their strengths and needs:

- By arranging to meet Monte and his mother in their home at a time that does not conflict with the family's schedule, agency representatives are able to work in partnership with the family to ensure the goals of their individualized service plan can be met.
- By working with the school system, the care coordinator is able to arrange alternative busing [in the event of a] stay in a temporary shelter, allowing him to continue at his current school.
- By working as a liaison with the juvenile justice and dependency court judges, a family advocate ensures Monte's family is able to adhere to multiple agency requirements and expectations.
- With support of flexible funding, Monte is able to attend music lessons, which he identified as an interest, while his mother participates in mandatory substance use counseling, reducing the need for childcare.

(Child Welfare Information Gateway, 2008.)



increased risk for substance use, suicide attempts, sexually transmitted diseases, depression, PTSD, low occupational attainment, and poor health (Whitson et al., 2012).

In the event of comorbidity, a system of care can provide comprehensive treatment beyond symptom improvement by developing an integrated system with cross training between partners and providers that effectively responds to the needs of youth with a complex history and complex needs. In a system of care, services will address all conditions simultaneously (i.e., trauma-related disorders and substance use) and will address symptoms in addition to improving a child's environmental stability and academic and social functioning (Suarez et al., 2012).

The system of care case highlighted in the box above is an example of an effective systems of care approach for a youth in the child welfare system. While services for youth who have been trafficked will differ, the core values and philosophy behind a system of care can transfer effectively to meet the needs of a variety of populations, including youth who have been trafficked. There is successful collaboration between local agencies and community organizations, a case manager working as a liaison to help coordinate services, and flexibility in services that allows a representative to meet the youth and their family in the home. Furthermore, there is an effort to keep the child in their home and in their community while addressing and meeting their needs. By maintaining the core values of a system of care, the youth and their family are provided with the tools and assistance to succeed.

As previously mentioned, the services and service providers in a system of care can vary. It does not require legal or governmental participation and can be solely provided by community-based organizations. Community programs offer a variety of services for youth who have been trafficked, including shelters, crisis hotlines, and referral services to additional systems of care. These service providers meet basic needs such as food, clothing, showers, and a safe place to sleep. They can offer medical care, counseling and treatment, youth programming, and referrals to more long-term care facilities and resources (Trafficked Minors—System of Care, 2017; Clawson & Grace, 2007). Crisis hotlines can help direct at-risk youth or individuals who have been trafficked to local care facilities, assist them with getting immediate help through law enforcement if in a crisis, or simply talk with them about resource options if they do not yet feel empowered to leave their current situation (Polaris, 2015b).

One example of a community-based system of care for trafficking is the Bill Wilson Center—System of Care for Commercially Sexually Exploited Minors Trafficked Youth. This system of care is composed of three phases that address different needs: crisis intervention, stabilization, and long-term support/followup. Phase 1 occurs 24 hours after entry and addresses the immediate needs of the individual. Phase 2 occurs between 24 hours to 21 days after entry and includes a Child and Adolescent Needs and Strengths assessment, providing legal support, safe housing, a safety plan, coordinated mental health services, and substance use assistance. At Phase 3, ranging from 21 days to 90 days after entering the program, individuals can continue to receive counseling and legal support to meet the needs of survivors (Bill Wilson Center, 2017).

## CONCLUSION

While the degree to which youth have been trafficked in the United States is unknown, it is essential that youth who have been trafficked are given the best opportunities to recover and reintegrate into society. Youth who have been trafficked require a range of services and a holistic and flexible system of care is uniquely equipped to address their needs. A system of care can address many of the needs of youth who have been trafficked by ensuring services are provided according to the core values of the



framework. Numerous studies have shown the positive outcomes that result from youth obtaining services in a system of care. Outcomes include improved behavioral and psychological functioning (Substance Abuse and Mental Health Services Administration, 2013; Whitson et al., 2012), decreased recidivism rates (Matthews et al., 2011), and increased service use and collaboration between service providers (U.S. Department of Health and Human Services, 2010). As indicated by Coldiron, Bruns, and Quick (2017), more research is needed on the long-term effectiveness of systems of care, but the wealth of literature on how systems of care have been implemented in numerous settings indicates the field's support for the framework and its applicability across populations.

Furthermore, partnerships between systems are necessary, and trauma- and victim-informed systems of care can help direct how services should be offered to youth who have been trafficked. Additional research is needed to inform evidence-based practices and services for youth who have been trafficked because of their unique history and experiences. As systems of care are community based, family driven, youth guided, and culturally and linguistically competent, the framework is uniquely situated to facilitate these services. Long-term, aftercare services are important for recovery, including access to physical and mental health care, opportunities for safe housing and stability, encouragement for social rehabilitation, assistance for acquiring skills, and support with continuing education.

Next steps for providing holistic systems of care to youth who have been trafficked include building knowledge of evidence-based practices and working across services to build partnerships and identify gaps in care. While expert providers may be able to provide a range of services from limited to comprehensive, partnerships between systems are essential to maximize resources and the benefits available for youth who have been trafficked.



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