

State of Louisiana Child Sex Trafficking Project Report

Prepared by:
Cathy Delapaz
AMBER ALERT Training and Technical Assistance Program
National Criminal Justice Training Center
Fox Valley Technical College



TABLE OF CONTENTS

2	Introduction
3	Project Executive Summary
4	Alexandria Region Site Report
9	Baton Rouge Region Site Report
15	Covington Region Site Report
20	Lafayette Region Site Report
26	Lake Charles Region Site Report
32	Monroe Region Site Report
37	Orleans Region Site Report
46	Shreveport Region Site Report
51	Thibodaux Region Site Report

Introduction

The Louisiana Governor's Office in collaboration with national, state and local partners held a series of nine Regional Community Response to Human Trafficking Symposiums from November 2017 through March 2018. The symposiums were intended to collect information from key community/system stakeholders regarding the regions' existing services available to human trafficking victims, existing protocols dictating the handling of human trafficking victims, and the overall community response for these victims. The stakeholders were identified from different disciplines by the Governor's Office planning team and convened in each region. Information regarding child sex trafficking victims, adult sex trafficking victims, as well as victims of labor trafficking, were solicited at each symposium. The symposiums were made possible by funding from AMBER Alert Training and Technical Assistance Program (AATTAP), a program of the National Criminal Justice Training Center (NCJTC) at Fox Valley Technical College (FVTC).

Location of the Symposiums:

Alexandria Region - Alexandria, LA
Baton Rouge Region - Baton Rouge, LA
Covington Region - Hammond, LA
Lafayette Region - Scott, LA
Lake Charles Region - Lake Charles, LA
Monroe Region - Monroe, LA
Orleans Region - New Orleans, LA
Shreveport Region - Shreveport, LA
Thibodaux Region - Houma, LA

Core stakeholders which hosted and participated in all summits:

Louisiana Governor's Office of Programming and Planning
Human Trafficking Prevention Commission
Department of Children and Family Services
Louisiana Alliance of Children's Advocacy Centers
Louisiana State Police
HP Serve/Louisiana Children's Anti-Trafficking Initiative

Key Questions:

The following questions were posed at each symposium by a moderator. These questions were addressed, as well as others, which are listed within each site report.

1. Who are our victims of human trafficking?
2. How are victims identified?
3. What is the process or protocol after identification of victims?
4. What short and long-term services are being utilized?
5. What are the gaps and challenges?
6. What is our future vision for the response to human trafficking?

Project Summary

The nine symposiums held in the State of Louisiana yielded several overarching themes. Most human trafficking victims discussed were child sex trafficking victims who primarily come from two populations. The runaway population, which stems from the vulnerability of some type in the home such as sexual or physical abuse, poverty, or a combination of the two. The second population is the child in the home trafficked by family members or caregivers. The catalyst for this was also poverty or drug use by the family member, creating a need for money. Familial abuse was mentioned at every symposium and the role of the Department of Children and Family Services (DCFS) was discussed. The challenge of identifying victims and interviewing them in a victim centered manner was discussed at length. Participants voiced frustrations with many times knowing a child is being trafficked, but the child refused to disclose the abuse. All regions felt they have many more victims than are being reported. A lack of available training to properly identify, interview, and provide care for these victims was also cited as a problem.

Aftercare and coordination of aftercare services was a topic in every region. Many providers of care and placement voiced their willingness to work with this population but cited a lack of communication with other parts of the system. First responders expressed concern over where to place these kids immediately after recovery. They want a safe place that the child will not run away from and end up in the same exploitative situation. All participants agreed that children involved in prostitution are trafficking victims and should be treated as victims and not as criminals. Some state that detention was sometimes the only safe place they could place a child immediately after recovery. The need for a mental health component within the treatment model was recognized and deliberated. Participants stated these victims have mental health issues that require specialized care. Overwhelmingly, placement was the biggest concern. Many participants expressed that they “have nowhere to put them.” Discussions regarding foster care and existing placements are believed to be ineffective because the victims recruit in these homes and frequently run away from them.

Education for key community members, such as churches and parents, was identified as a crucial piece of addressing this problem. The need for efficient and effective ways of pushing this awareness information out to the public was discussed. Awareness training for school system members was also identified as a major gap. The school systems represented noted that some school systems need board approval and perhaps even parental approval for specialized training on the trafficking of children. Many participants felt that system members also need more training on skill set development in the area of recognizing and reporting trafficking victims.

A centralized flow of information, which would enable all system members to access information regarding victims and their background, was deliberated. For instance, in one region HIPPA was cited as a barrier to the sharing of information between system members. The lack of a centralized database, managed by an entity within the system, was proposed as a tool that would assist all parts of the system. In order to improve knowledge of existing resources and prevent duplication of services, the necessity for a statewide resource guide was suggested along with the implementation of Memorandums of Understanding between system members.

Existing services, which could possibly provide for a portion of the need for these victims, were identified in every area. Mental health services, counseling, short-term placements and others are listed below in each site report. Each site expressed a willingness to examine existing services and identify where those services could fill identified gaps.

Each symposium ended with a call to system members to continue the momentum with a meeting to determine next steps, assigning of point people, and identifying who should be involved in developing a plan moving forward.

This report contains a site report for each symposium location/region. Within each site report is a site summary, a summary of participants' comments for each question posed by the moderator, and followed by the actual comments for reference. Some comments have been paraphrased and duplicative comments have been deleted. Organization affiliation has been recorded, with comments when it is necessary, to understand the context of the statement.

Alexandria Region Symposium

November 30, 2017

Local Co-Host: Children's Advocacy Network

Number of Participants: 45

Site Report

SUMMARY

Alexandria participants assembled from the metro Alexandria area as well as rural areas. More resources were reported to be available in the urban areas than rural areas. The victims in the Alexandria area were described as being from impoverished homes and often placed in the foster care system where they typically age out of the system or are placed in group homes. Children were said to frequently run away from both these settings. These settings also serve as recruitment locations for sex trafficking; children recruited by other children placed in the homes. Children from higher socio-economic backgrounds were also reported to become involved in trafficking with the internet and social media being the catalyst for the connections being made between the victims and the perpetrators. LGBTQ children were also reported to be victims of trafficking. Victims are identified through assessment tools used by DCFS and Cane River Children's Services. The medical component, SANE nurses, were said to also identify victims, however, there is not a SANE nurse available in some rural areas. Street advocacy was also named as a way in which victims are identified.

Local law enforcement reported few recoveries with no proactive methods in place. When law enforcement make recoveries, they sense victims distrust police and feel there is a need for more training on approaching victims. The Louisiana State Police reported they have made successful recoveries, however, their frustration lie in the process of placement options. Victims are placed in emergency shelters but unfortunately tend to run away.

Frustration with a lack of victim advocacy was expressed by participants from law enforcement and military. Short-term victim services, such as interviewing children and counseling components already in place for child abuse victims through the CAC, and longer-term services, such as staffing of cases, coordination of MDT teams and their management of trafficking cases were a part of discussions, however, few long-term placements or services were discussed. It was noted that trauma therapy is available for victims through several nonprofits.

Finally, next steps and the need for regular stakeholder meetings in the form of a task force or coalition were identified. A lack of consistency and continuity was cited as being a major gap. More training for all system members, particularly law enforcement and mental health providers, was identified as a need. Participants stated that specific trauma informed care would be useful, as it applies to sex trafficking victims. Training on the dynamics and signs of child sex trafficking for first responders, community members, mandated reporters, and the judicial system was cited as a gap that must be addressed before it is possible to move forward.

WHO ARE THE VICTIMS?

Participants responded to the challenge of identifying the population from which trafficking victims are reported. Impoverished youth that become involved in the foster care system, as well as youth that come into the system through delinquent behavior, were named. Children who are placed in group homes were said to be at risk of being recruited for sex trafficking by others in the group home. Runaways were cited as one of the main avenues to victimization by traffickers. Victims were said to be from all socioeconomic backgrounds with recruitment often linked to internet and social media use. No specialized services for LGBTQ kids are available in the Alexandria region.

PARTICIPANT COMMENTS

- Vulnerable populations
- Youth in foster care
- These kids go on to have children who have the same problems
- Cycle continues because of lack of services
- Kids who age out of foster care become victims
- Kids in group homes are recruited
- Delinquent kids

- Runaways- “Every victim is not a runaway, but every victim we have recovered was on runaway.”
- Impoverished youth
- Can come from all socio-economic backgrounds, kids not from lower socio-economic background may be missed
- Kids using technology to meet people on internet
- Some kids are missed because there is a focus on “at-risk” kids
- Kids in grandparents care
- Children who are too young to have (be responsible for) children
- Kids with low self-esteem are very vulnerable to traffickers

HOW ARE CONFIRMED AND HIGH-RISK VICTIMS IDENTIFIED?

Several organizations identified screening tools and methods that have resulted in increased victim identification. Cane River Children’s Services has community training and a screening tool in place as does DCFS. Additionally, advocates and street outreaches try to find victims, the Coroner’s Office operates a trafficking victim hotline, while the Children’s Advocacy Network (CAN) coordinates MDT teams as well as review child abuse cases for trafficking.

PARTICIPANT COMMENTS

- Cane River Children Services has a child victim identification tool, attend camps and other youth programs, provide professional and community education training, and also provide services related to anger management and bullying
- DCFS uses checklist/screening tool to identify prospective and confirmed victims
- DCFS has assessment tool: Child Advocacy Network (CAN) assists with multi agency First Responder Identification Tool Kit for high-risk and confirmed victims
- CAN coordinates four multi-disciplinary teams, which review all child abuse cases, screens and asks specific trafficking questions, looks at indicators and needs for specific families, and are seeing results begin to happen
- HP Serve spoke at length along with survivor. Their program, which targets adults, discussed their methods for identifying victims in sexually oriented businesses and providing them with resources for exit from their situation
- Advocates/Street outreach goes out into the community to give out books and toys and try to identify victims
- Advocates go into schools and do presentations
- The Coroner’s Office has a hotline for victims
- The Coroner’s Office needs training on screening for trafficking
- STAR (Sexual Assault Center) does basic safety planning for children of adult sex workers

WHAT HAPPENS AFTER IDENTIFICATION OF THE VICTIMS?

Participants agreed there is nowhere to place victims safely following their recovery partially due to the foster care system lacking enough space for placements. Law enforcement expressed frustration with identifying victims, stating, “They do not make proactive recoveries consistently.” Law enforcement further cited lack of training as a possible reason for their low number of recoveries. When law enforcement makes recoveries, they have no place to put the victims. DCFS stated Alexandria does not currently have any forensic medical services, while Vernon Parish reported they coordinate with the Coroner’s Office and SANE nurses. The Louisiana State Police has had successful recoveries and identified the children as trafficking victims, however, they have placed them in emergency shelters only to have them runaway. SANE nurses were reported to be effective in identifying victimization, but not all areas have access to them. Several entities have been tasked with providing advocates, but there is no consistent source of advocacy for the victims. Law enforcement and military participants particularly expressed their concern with the absence of available advocacy.

PARTICIPANT COMMENTS

- No safe place for recovered victims to go
- Kids are locked up and jailed for behavior during which they were victimized
- “We need everything”
- Foster care system has lack of available placements for these victims
- Nonprofits and DCFS Vernon Parish collaborate with Coroner’s Office and a SANE nurses
- Law enforcement’s challenge is lack of training, red flag, characteristics for patrol
- Law enforcement has seen no proactive investigations, lack of training to learn to identify victims is a challenge
- When law enforcement has had successful rescues, they have experienced placement issues due to most ran away

from placements following recovery

- Law enforcement believes there are trust issues with identifying victimization; the children do not trust the police
- Avoyelles Parish states CAN (Children's Advocacy Network) is a good setting, follow up counseling usually needed, Vernon medical program is working but other parishes struggling
- Louisiana State Police has had successful recoveries; placed kids in emergency shelter but they runaway
- If medical identifies a victim, they offer them privacy for gathering more information
- Vernon Parish coordinates with Coroner's Office and their SANE nurse
- DCFS states Alexandria does not have any forensic medical services
- DCFS has had no calls from medical providers regarding trafficking victims being identified
- Cabrini and Coroner's Office previously had SANE nurses (in Rapides Parish)
- Parishes other than Vernon are struggling
- Vernon has system that works for their region
- Major issue is not having a SANE program
- Victims are supposed to go to Cabrini, however, this is not happening
- Children's Advocacy Network has long term plan to build resources in every parish
- There is gap in training for medical
- Military and law enforcement talked about gap in continuity of services
- No advocacy components for victims through their organizations
- Coroner's Office also expressed lack of available advocates
- Law enforcement, DCFS, and the District Attorney's Office shoulder burden of responsibility
- Group homes are places of recruitment; they need training
- Children's Advocacy Network is overwhelmed; most of the 25 agencies in the region they serve are overwhelmed
- The District Attorney's Offices are mandated to provide advocates, but this isn't always happening
- The advocates that help in other areas do not have trafficking training

WHAT ARE WE DOING WELL?

Attendees reported that area nonprofits are doing well in areas such as interviewing victims, training law enforcement, and helping locate housing for adult victims. A local resource fair was held, and participants found it to be helpful for DCFS workers and other state workers due to providing a good networking opportunity. Comments related to individual organizations are listed below.

PARTICIPANT COMMENTS

- Children's Advocacy Network doing best interviews and getting best disclosures
- CAN is very responsive in setting up counseling in Avoyelles Parish
- Partnership between law enforcement and HP Serve, although HP Serve must partner for housing needs
- Fort Polk Military is getting great support throughout area
- Law enforcement is developing relationships with detention personnel
- HP Serve training LE
- Natchitoches had a resource fair with state workers and DCFS networking
- The Coroner's Office has a hotline for victims, provides SANE exams, take their statements, and needs training for people manning hotline

WHAT SHORT AND LONG-TERM SERVICES ARE AVAILABLE FOR CONFIRMED AND PROSPECTIVE VICTIMS?

Many organizations were named and discussed, along with the services they provide. See below for specific comments from the service providers.

PARTICIPANT COMMENTS

- Cane River Children's services provides child advocacy programs – 6 sessions for child and parent
- Love 146 should be brought to Alexandria
- Better training should be provided for service providers
- More money put into improved health services
- Current service providers in this area should be held accountable
- HP Serve- statewide trafficking services grant provides financial assistance/start up clothes and job placement

assistance for adults

- STAR (Sexual Trauma Awareness and Response Center) provides housing, food, counseling, training, and outreach to LE
- Family Justice Center provides short and long-term trauma focused counseling, houses a detective, advocates, and an attorney
- Advocates provide court support for victims
- CAN- Children's Advocacy Network provides the following: forensic interview, mobile forensic interviews, works with Rapides SANE nurses to coordinate forensic exams, has trauma focused therapy, and coordinates MDT
- Works with Rapides SANE to coordinate for forensic exams
- Trauma focused cognitive behavioral therapy
- Victim coordinators are provided through the District Attorney's Office
- Military has advocate gap
- Coroner's Office has advocate gap

WHAT DO WE NEED MORE OF?

Overwhelmingly, participants stated more housing or placements and more training for system members is needed. The other gaps identified include: comprehensive sex education in schools, better funding of mental health services, with a specific focus on complex trauma care, and an avenue to keep victims in-state as opposed to sending them out-of-state for services, however, in some instances, the services needed are not available in-state at this time. A call for more continuity among stakeholders in the form of a task force or a coalition was presented. Training for all first responders, prosecution, and mandated reporters was also cited as an important need.

PARTICIPANT COMMENTS

- Law enforcement states officers are not trained to see signs and training in police academy is inadequate, male victims do not disclose
- Better training for all first responders
- Better training for community and churches
- Training for mandated reporters
- Military sees trafficking case: 60% girls and 40% boys
- Mandatory training for all disciplines
- Mental health services
- A stakeholder coalition is needed to meet regularly
- Need more SANE nurses
- Treatment
- Housing/placement facilities
- More immediate response
- Trafficking specific task force
- More rural community training
- There are already twenty, trained Love 146 facilitators in LA and could be deployed statewide, however, need additional facilitators trained in Alexandria Region.
- Stop defunding of mental health services
- Emergency shelter
- Comprehensive sex education in schools
- Long-term housing
- DCFS states children are sent out of state for services because they aren't available locally or at state level
- These children can't be placed in a minimal security facility or shelter
- Lack of facilities and overwhelmed staff
- Lack of mental health professionals who are trained in complex trauma
- Better understand of children who age out of system are vulnerable because they are no longer in the system
- Change in perceptions that they are "hookers" or "child prostitutes" not victims
- Hotel personnel, EMTs, faith based community, and Youth Advisory Board should all be participating in developing a plan and solutions
- Many facilities previously housing victims have closed

WHAT ARE OUR NEXT STEPS?

Next steps were identified as developing a better tool for communication between stakeholders and developing an education campaign for youth, parents, and the community at large.

PARTICIPANT COMMENTS

- Create a newsletter naming victims that have been found
- Existing list serve could be a useful communication tool for a task force or stakeholder group
- Campaign to educate parents
- Reaching out to Boys and Girls Clubs
- Better prosecutions of traffickers
- Encourage community members to come forward and report

Baton Rouge Region Symposium

November 28, 2017

Local Co-Host: Baton Rouge Community College

Number of Participants: 60

Site Report

SUMMARY

Human trafficking victims identified to be in the Baton Rouge area ranged from victims of labor trafficking to victims of sex trafficking. Undocumented workers in the hospitality industry and the service industry were reported to be the population from which labor trafficking victims originate. A nonprofit reported serving a large number of victims from the Philippines. Sex trafficking victims were reported to be children who are in or have transitioned out of foster care, as well as children who are victimized by and trafficked by their own families. The LGBTQ community was reported to be a vulnerable population with transgender children being recovered regularly during law enforcement operations focused on recovering trafficking victims. Addiction was a major theme, with parental and victim addiction being equally problematic. Participants stated many times parents who traffic their children do so for drug money. A portion of the children trafficked were also reported to have addiction issues, which fuel their need for money to buy drugs. It was stated that children who come to the Child Advocacy Center for interviews regarding exploitation are sometimes believed to be trafficking victims as well, due to circumstances revealed during their interviews. Frustration was expressed in these situations, with the children often not disclosing the trafficking situation. Heterosexual males were discussed and said to be involved in "survival sex." This particular population is difficult to place after recovery. A screening tool, currently in development by DCFS, was discussed and declared to be in the initial stages of development. The juvenile detention reported having no screening tool available. The need for schools to embrace trafficking training was discussed. Questions were raised as to what permissions are required for more in-depth awareness training in schools. Several participants stated a forensic interview at a CAC was required after the recovery of a child sex trafficking victim. Participants followed with a belief that this is not being done for all children.

Many gaps were covered during the group conversation. Placements that are set up to prevent the youth from running away were said to not be available. DCFS reported that many times they place children in facilities that lack the ability to prevent them from running. Law enforcement expressed great frustration with placement after their recovery of victims, recounting situations of waiting hours for a decision and then having to transport the youth outside the region. The need for proper placement was an overarching theme from all disciplines. Participants examined their next steps and vision for success in the Baton Rouge region. Viable next steps were identified as follows: developing a cache of trainers to raise awareness, better use of funds for placement and treatment, school engagement in raising awareness and developing a plan to identify at-risk children, and a better assessment of children in foster care system. The group expressed their vision as all disciplines having greater collaboration in order to secure better funding, raised awareness, and the development of an overall comprehensive response to human trafficking victims.

WHO ARE THE VICTIMS?

Participants described a diverse, wide range of victims. Labor, trafficking victims were reported to have been recovered in the hospitality industry, agricultural industry, nail salon and domestic workers. Two hundred Philippine victims were reported to have been recovered by a nonprofit. Children both in foster care and transitioning out of foster care, as well as children trafficked by their families, were discussed. Building on this situation was a discussion about drug use and addiction. Many of the families who traffic their kids were said to have addiction issues which were satisfied by money gained from trafficking of their children. Some children were described as also having addiction issues and this being the reason for their vulnerability to traffickers. The homeless population, as well as LGBTQ kids who become a part of this population because of family dynamics, were identified as potential victims. Heterosexual males were said to have been recovered and believed to be engaging in "survival sex."

PARTICIPANT COMMENTS

- Undocumented people: foreign or undocumented workers (domestic workers, agricultural, nail salons, hospitality)
- Kids (or may be of adult age) transitioning out of foster care
- Drug addicts (traffic themselves for drugs), children of drug addicts (trafficked by parent)
- Youth who unknowingly develop social media relationships with traffickers
- College students
- Homeless population
- LGBTQ
- Children are being exploited in faith-based communities
- Children who come thru CACs for interviews related to other charges and trafficking is disclosed
- Children with mental health issues, complex trauma victims
- Trafficking victims come through airports
- Question raised are some trafficking victims actual sex workers, working voluntarily?
- Universities have an at-risk population
- Familial trafficking is an issue
- Children of color are victims
- Heterosexual males involved in survival sex
- People who want to make more money than is available at minimum wage rate
- Nonprofit HP Serve has served over two hundred victims from the Philippines

HOW ARE VICTIMS IDENTIFIED?

The group discussed varying methods of victim identification. DCFS described a screening tool currently in development which will assist in identifying victims in the future. The Juvenile Department expressed the lack of any type of screening tool used in their contact with children in the juvenile system. Participants had a robust discussion regarding trafficking awareness training in the school system. Law enforcement does speak to parents during freshman orientation, but it was believed by some of the participants that the children need the information regardless of parental presence or permission. Use of a public service announcement was brought up as a means of education for both the children and the community. A dialogue developed regarding the lack of ability to identify victims at times. All disciplines expressed frustration with situations in which they had a strong belief a child was a trafficking victim, but the child did not disclose the exploitation.

PARTICIPANT COMMENTS

- A screening tool in development thru DCFS may help with this, it is in very early stages
- Nonprofits have not been allowed into the schools to talk about trafficking but expressed a desire to do so
- LE speaks on trafficking in the schools during freshman orientation with Parents in attendance. Nonprofit HP Serve maintains a presence in sexually oriented businesses; they have been contacted by victims later and integrated them into their program.
- Question was raised can a PSA involving signs that educate and provide reporting information be posted in schools and other places?
- A survivor noted that many trafficking victims are unaware they are victims
- CAC's serve victims in for exploitation, some are actually also trafficking victims
- Many kids appear to be on the cusp of becoming trafficking victims
- Victims are found in hotels
- Family members report children as trafficking victims
- Some providers will contact authorities if they come in contact with trafficking victims
- Juvenile Detention has no official assessment tool presently
- Many victims are believed to be trafficking victims but the trafficking isn't identified

WHAT HAPPENS AFTER IDENTIFICATION/ RECOVERY?

This discussion became bifurcated into responses concerning children and responses concerning adults. Regarding the procedures and outcomes of the children recovered as victims of human trafficking, it was stated that it is required that child victims be interviewed at a CAC by a forensic interviewer. However, a point was made that this does not always happen. Federal partners stated they use a victim-witness coordinator to assist with this. Law enforcement and federal agencies have their individual protocols which cover how recovered child victims will be processed. DCFS stated it is difficult to navigate their system after hours when children are recovered. For example, addressing and pos-

sibly severing parental rights. DCFS further discussed the issue of an absence of proper placement when the children are detained. Many of the options available to them are locations from which the victims can easily run.

Participants agreed that adult trafficking victims determine if they cooperate with police. Participants also agreed adults should be provided with resources for the immediate time and/or future. Law enforcement stated they may have no choice but to jail adults, however, they would still link them with services.

PARTICIPANT COMMENTS

- There is a requirement that the child have a forensic interview at a CAC
- Federal agencies use a victim, witness coordinator to assist in handling child victims
- Local law enforcement and federal agencies have protocols which activate when a child is recovered
- LE Challenge, a facility, was identified as a viable placement
- Local law enforcement expressed great frustration with where to place children after their law enforcement recovery interview is complete. Some recounted stories of having to keep children at their office for over six hours and having to drive the child several hours for a placement
- DCFS expressed difficulty for them in severing parental rights during a situation where a child is recovered in the middle of the night
- DCFS also stated the facilities they have available for placement may increase likelihood of more runaways
- DCFS also has a large turnover rate, training individuals who leave
- Children are going right back to the same situation after being recovered
- If parental rights need to be severed after hours there's difficulty in getting that done
- Little available placement for heterosexual males recovered
- Recovered children are not always getting a forensic interview as participant stated is required by law

WHAT ARE SOME GAPS IN OUR RESPONSES?

Many gaps in the response to trafficking victims were highlighted. Training system members were pointed out as a very important piece of the response that is lacking; for teachers, medical personnel, and first responders. All were said to need a comprehensive understanding of the problem to include signs, lingo used, etc. During the discussion of school systems, the need for a curriculum that addresses trafficking was addressed. A lack of access to services in rural areas, lack of emergency shelter, and proper secure placement were also named as gaps. The need for MDTs in order to improve the overall community response was offered as a possible solution to some of the gaps described.

PARTICIPANT COMMENTS

- Drug treatment huge gap
- Trainings in hospitals, medical community does not recognize this problem as a whole
- Coroner's Office has a SANE nurse who could be resource for training
- Responders need to know the lingo/language of trafficking
- Responders need to be aware of trauma informed care, the meaning and application
- Many group homes do not have treatment access or plans
- Children booked into detention do not have treatment option, treatment begins when they leave
- Problem with providers and willingness to do therapy with these youth
- Very specialized group that wants to treat sexually traumatized youth
- Training for teachers
- Emergency shelter for children
- Better training for medical personnel
- Need expungement mechanism for crimes committed by victims while being trafficked
- Better access to services for rural areas
- Trainers available to entire state
- Court process for victims needs improvement
- Better communication with survivors during court proceedings
- Mandated curriculum in schools
- Specialized MDTs to improve community response
- Need to stop recruitment of children in placements and adult women in prison

WHAT IS WORKING?

Several entities in the area were named as organizations that have systems in place that are currently working; Coroner's Office is working closely with CACs, Children's Hospital have trained eighteen people and provide SANE exams, law enforcement and DCFS work through the CAC model. Law enforcement conducts operations which have resulted in the recoveries of victims. HP Serve jail outreach program and the ACE (Adverse Childhood Experience) tool have been great for victims within the corrections system. HP Serve also has an outreach program, connecting with adults in the commercial sex industry.

PARTICIPANT COMMENTS

- The Coroner's Office works closely with the CAC and area hospitals and are open to any help they may provide
- Local law enforcement conducts proactive operations to recover victims, identify traffickers, include a level of outreach and also collect and preserve data, and plan to reach out to hotel owners during 2018 in order to begin to educate them in hopes of increasing reporting
- The Children's Hospital, pediatrics and ER have eighteen people trained in the dynamics of trafficking and provide SANE exams
- Having been established thru the CAC model, law enforcement and DCFS communicate well
- MDT meets weekly (LE and DCFS and CAC)
- Law enforcement has partnered with the nonprofit HP Serve which provides advocacy anytime they are called
- FBI is continuing to learn about how to use state system to place and manage kids; an example being CINS
- ACE (Adverse Childhood Experience) has been a great tool for teaching workers within the juvenile justice system how to look at trafficking victims differently
- HP Serve program has proven to be a very successful outreach tool for adults (they are given a rose which contains within it contact information for help and resources)
- HP jail contacts/visits has also helped identify victims within the penal system

WHAT SHORT AND LONG-TERM SERVICES ARE AVAILABLE FOR CONFIRMED AND PROSPECTIVE VICTIMS?

Participants were asked what resources they currently utilize for placement for recovered trafficking victims. Actual placements were discussed, as well as other services available. The comments below address all of the different organizations and comments by or about them and their role in placement of trafficking victims. Funding of placement was discussed, with Medicaid payment restrictions being a challenge; payments to some group homes are not being authorized. Crime victim's reparations funding may be used for therapy. However, the current process of payment following services is an issue as well as the contract rate. These policies limit the number of therapist willing to work in the system.

PARTICIPANT COMMENTS

- Free counseling is available for adult victims of trafficking
- For children the CAC provides counseling, trainings in schools (not trafficking specific, re safety, body safety, safe adult vs. unsafe adult). Children may come to the CAC through; LE, forensic interview, or call in
- SANES from Children's will dispatch to any hospital; Metanoia Manor is a facility with fourteen beds, run by nuns. It is available to girls under 18 identified as a trafficking victim. Children may come thru DCFS or be signed in by parents. Children in foster care may come after age 18. The facility is short-term and/or long-term. Victims are granted access to an OB/GYN, dental, and educational services. SANE will come out for older kids and are partnered with a pediatric team for younger kids. Prevent Child Abuse Louisiana is a 24-hour hotline offers crisis intervention and emotional support thru texting or chatting. Diversity House for LGBTQ youth, may house to twenty-one on case by case basis.
- Crime victims' reparation may be accessed for therapy funds- a therapist must be located who will agree to terms (contract rate and payment arrangement of being paid following services)
- Challenges exist with group homes who don't take Medicaid or DCFS kids or have restrictions or limitations on whom they accept
- Federal agencies can request Visas (T visas) on behalf of victims for temporary status and cannot lead to permanent residence. They also may request a U visa, which may lead to permanent residence (per ICE agent participant)
- Funds are available for kids who are in the system and have exhibited an ability to achieve; scholarships, housing, recreational activity, however, there is no capacity built in for vulnerable populations or high-risk kids

NEXT STEPS

Participants want to see greater collaboration between community partners, as well as a centralized location, such as a website where partners can exchange information and interact. More funding and better use of funding as it relates to placement, training, and mental health treatment were common threads throughout the day. Comprehensive training development for school kids, parents and teachers, as well as first responders and the medical community, was widely discussed as a needed next step. A cache of trainers across the state delivering a consistent message was believed to be the way to accomplish this. Increasing mandatory reporting was offered as a next step that needs to be addressed, as it was believed trafficking disclosures or suspicions sometimes go unreported.

PARTICIPANT COMMENTS

- Greater collaboration
- Better use of funds
- Better funding for housing
- Better funding for CACs through legislature
- Society needs to see cost of high-risk kids, thru dollars spent
- Common vocabulary needs to be decided upon between education, DCFS, and medical
- Family and Youth Services should be a one stop shop for victims that incorporates mental health treatment and substance abuse treatment
- One building that services mental health needs and substance abuse treatment
- A website is needed that will allow partners' info to be made available to the public
- Broader legislative change
- Living wage should be paid
- A Louisiana Human Trafficking Directory that details partners bios and resources provided should be updated yearly
- Washington DC needs to hear from Louisiana that VAWA is detrimental to Louisiana
- Comprehensive sex education in schools
- Address why we don't value children
- Statewide website that details human trafficking trainings, webinars, articles
- Medical vulnerability should be addressed
- After school programs that address runaway/ high-risk issues
- Schools need training in order to identify trafficking and respond
- United Way 211 call center asked what are key questions monitors need to know to ask to identify trafficking- they take 36,000 calls a year
- Harsher penalties for traffickers per nonprofits
- LE countered the penalties are more than sufficient
- Develop cache of statewide trainers, including rural areas
- Better access to services in rural areas
- Educators need to know who to notify if they suspect trafficking
- Who should other parts of system call if they suspect trafficking
- Need consistent message to victims, families and providers
- Volunteers- what education do they need- i.e. background checks perhaps
- Database in which agencies can share information
- Statewide system that identifies trafficking victims and suspects
- Mandatory reporting is not being followed, all groups should be trained and encouraged to report more
- More training for hospitality workers, specifically bar and hotel worker need to know who to report suspected trafficking
- Better resources for children reporting sexual assault
- Safe haven for people who abandon their children
- Foster kids should be continually accessed as to where they are in the system, and a continual assessment as to whether they have been trafficked
- Education for johns and traffickers
- Working with boys not to become johns or pimps
- Stronger laws for transgender people in workplace, often they cannot get jobs and turn to prostitution- info given that EEOC accepts complaints regarding this
- Better education for kids on social media dangers

- Increased mental health services that are trauma informed
- Emergency shelter services for kids recovered until system can take over
- A forensic facility

SURVIOR POINTS

Several adult survivors were participants and throughout the day made several suggestions from their unique perspective. Some became trafficking victims as children, some entered into prostitution as adults and eventually became trafficking victims. Below are their comments regarding the current response to trafficking victims, and their suggestions for moving forward and development of a better response.

SURVIVOR COMMENTS

- One survivor stated minimum wage is not livable. Many women want an iPad, iPhone, hair and nails and believe they get these things quicker thru prostitution. Lots of adults get into prostitution as adults thru dancing for quick money then it progresses to prostitution.
- One survivor shared that it is vital to be connected to survivors while they are in prison. She shared her experience with FBI visiting multiple times while she was in prison and stated, "It is all about relationship and trust."
- Another survivor stated she was sexually abused as small child thru her teens. She was interviewed and denied the abuse. She felt that if she told she would be removed from her family and didn't want that. She feels that the signs were all there, and she wished someone had taken more time to talk with her. She believes all parts of the system, particularly LE, should be trained to recognize high-risk situations.
- Victims and survivors do not understand the bond/sentencing procedure. It should be explained to them thoroughly so they know what to expect. For example, one survivor thought when her abuser went to jail he was there for good, however, he bonded out that night.
- Protections need to be in place for a victim who is scheduled to testify against her trafficker.
- Adults should have records expunged as they relate to trafficking situation.
- More education should come from survivors; education in schools, parents, and all parts of system.

Covington Region Symposium

February 22, 2018

Local Co-Host: Southeastern Louisiana University, Child Advocacy Services, and Hope House

Number of Participants: 120

Site Report

SUMMARY

During introductions, participants reported extensive contact and experience with trafficking victims. Detention centers and placement reported seeing over one hundred girls involved in trafficking last year. This was clarified and noted that not all made disclosures but were believed to be trafficking victims. Victims were said to be predominantly female, with a portion of the victims being LGBTQ kids who are homeless due to family conflict regarding their lifestyle. Foster kids and kids who are in the juvenile justice system were said to be victims, as well as kids who have substance abuse problems. Parental drug abuse was also noted as a factor in familial trafficking. Also named were runaways who leave home for a variety of reasons, to include sexual abuse. Kids are meeting pimps on social media and falling prey to the luring techniques used by these traffickers. Group homes, which house victims, were said to be recruiting grounds for traffickers.

Recoveries of trafficking victims were reported to occur in a number of ways. Law enforcement conducts proactive operations in which they recover victims, however, they described instances when the victims have been recovered with suspected traffickers, yet they do not disclose the exploitation. DCFS has children interviewed at the CAC when they remove children from a home. These cases may come in as physical or sexual abuse. Upon further investigation, trafficking may be revealed. Foster parents are reporting instances of trafficking among the kids placed in their homes. The medical community reported trafficking victims are coming in for medical care with serious injuries and utilize the trafficking hotline when they suspect trafficking. They also report it has been very helpful in identifying the signs as well as next steps they should take.

DCFS reports a very comprehensive response. It was stated DCFS screens every runaway on their caseload for trafficking. If they believe trafficking crimes have been committed, they request a forensic interview at the local CAC and also take the child for medical treatment. Following recoveries, law enforcement noted that often the child may be in the company of the suspected trafficker, yet still will not expose the exploitation. DCFS stated at this juncture of the day that they become involved if there is abusive culpability on the part of the parents.

Utilizing services already available and services from area nonprofits were discussed as well as behavioral health facilities which offer services. Services, such as those available through the school systems were discussed as well as a call to examine existing services for a fit with trafficking victim needs. Suggestions were raised for needed services in the areas of awareness training for system stakeholders, the community at large, and more involvement of faith-based community.

Mentorships and job skills programs were identified as a need in the area that could aid in preventing kids from being lured into trafficking. The vision for the future in Hammond was raised. Participants felt the college atmosphere in Hammond could lend itself to being a part of solution. One participant raised the idea of college students having a volunteer requirement that related to the trafficking issue. Education for the demand side of trafficking, the buyer, was recommended, as well as accessible counseling for victims and their families. Better use of existing services, such as the CAC model and area placements, and making them more of a fit with trafficking victims. Finally, better collaboration between system stakeholders was the overarching theme of most participants.

WHO ARE OUR VICTIMS?

Trafficking victims in the area were reported to be predominantly female with a smaller portion of victims being LGBTQ kids who are homeless due to lack of acceptance by families. Children as young as ten were reported to become involved in survival sex because the family could not provide for them. Kids in the juvenile system, from runaways to ungovernable kids who engage in delinquent behavior, teens who present to the medical community with STDs, as well as kids who are victims of sexual abuse are also profiles of victims. Children in the foster care system were said to be vulnerable, particularly those aging out of the system. Children, whose parents were incarcerated, may be placed with other family members and are at risk of becoming victims as well. Familial trafficking was raised

as a problem. Participants reported they had seen children being brought into prostitution by their mothers; drugs were cited as the driving force in this situation. Truancy was discussed as a precursor and a factor that makes kids particularly vulnerable to traffickers. The truancy rate in the area was said to be high. Children who are recruited in group homes were said to be a source of victims for traffickers as well.

PARTICIPANT COMMENTS

- Female
- Florida Parish had 6-10 girls last year, believe many more are involved in trafficking
- Free Indeed housed over one hundred trafficking victims
- Sexual abuse victims
- Moms are addicts
- Absentee moms
- Foster care kids
- Kids in juvenile legal system
- Runaways
- Homeless kids living in street
- Ungovernable youth in system
- Combative kids being treated as criminal
- Kids are usually involved in some type of suspected crime
- Kids involved in social media
- Pregnant teens
- Teens with STDs, going for treatment
- Kids who have been sexually assaulted
- Drug trafficking may be associated
- Kids who moms prostituted
- Kids with incarcerated parents
- Kids involved in survival sex at ages 10, 11, 12
- Kids from dysfunctional families
- Vulnerable kids because of traumatic life, sex abuse
- LGBTQ youth who are put out of family because of orientation
- Kids in church are also being targeted by pimps
- Kids aging out of system
- Kids who need money, no education
- Kids with disabilities and special education needs
- Kids who were victims of sexual abuse
- Girls who are placed in group homes and recruited by other girls
- Kids charged with serious crimes like robbery
- Kids expelled from school become vulnerable
- Schools are not reporting truancy, these kids are victims
- Suicidal kids

REGARDING RECOVERED VICTIMS, HOW WERE THEY IDENTIFIED?

DCFS reports they screen every runaway on their caseload for trafficking, using a screening tool. Law enforcement conducts proactive operations in which they recover victims. The CAC reports that some children who are being interviewed for reasons unrelated to trafficking may disclose trafficking. The juvenile department interviews ungovernable kids who sometimes disclose they have been trafficked. Foster parents in the area report trafficking on occasion.

PARTICIPANT COMMENTS

- Kids removed by DCFS are interviewed at the CAC for abuse
- CAC
- Through LE undercover operations
- Cases that come in as sexual abuse and upon further interview they are trafficking
- Kids tell during investigation they are being trafficked by their families

- Using NCAtrak to track risk factors and indicators for each child that comes into Hope House
- Ungovernable kids are interviewed and disclose trafficking
- Foster parents report it
- DCFS is using a screening tool, 10 questions, then more if red flags appear
- DCFS reports they screen every child on their caseload that runs away, go through a checklist, and take them to the doctor. They look for new tattoos, piercings, and other signs of trafficking
- If DCFS suspects trafficking the request a forensic interview at the CAC

WHAT HAPPENS AFTER IDENTIFICATION AND RECOVERY OF VICTIMS?

DCFS refers all trafficking cases to the CAC for an interview. Law enforcement noted a challenge in that most of the victims do not disclose trafficking, even though law enforcement may have very strong suspicions due to the circumstances of the recovery. CASA expressed concern with communication after a referral is made by them and not knowing if trafficking was discovered or not. The CAC is tracking risk and protective factors for all kids that come thru the CAC. Their identification of trafficking victims has increased with this procedure.

PARTICIPANT COMMENTS

- Law enforcement has challenge if child can be recovered with trafficker but won't disclose
- DCFS becomes involved if there is parental culpability
- CAC is tracking risk and protective factors for all kids who come thru the CAC thus identification of trafficking victimization has increased
- Medical reporters call the national hotline if they suspect trafficking and would like a worksheet of resources available following identification
- CASA expressed concern with reporting activity that is suspected and never hearing back from authorities if the information was confirmed or acted upon
- Hope House stated they follow children throughout the judicial system with reactive trauma counseling
- Prosecution reports they want to talk with all stakeholders involved with a child/case to include DCFS, CAC, and any others who have contact with victim during recovery and aftercare process

WHAT SERVICES DO WE HAVE AVAILABLE IN OUR COMMUNITY FOR VICTIMS?

Several nonprofits noted the services they provide, which are listed below. Several clinics in the area offered the services they have available to include health services as well as mental health services. School health services were also explored along with their availability for kids if they return to school after a trafficking incident. The group discussed several hotlines and projects to promote awareness, such as posting posters in truck stops, are in the works. Intricacies related to Medicaid and payment for services was examined, with the feeling expressed that payment may not be available without specific diagnoses.

PARTICIPANT COMMENTS

- HP Serve will provide services statewide, sending team out with immediate needs and help with placement, they have a trafficking services grant and partner with CACs and DCFS through LACAT
- National trafficking hotline, Polaris
- Choices Coordinated Care Services has wrap around services focusing on mental health
- Clinics in area offer women's and men's health services
- School based health centers, although they have limitations, cannot bring up sexual health
- CASA talked about New Orleans having a program with a hotline number on soaps in hotels
- Free Indeed talked about projects they are working on; making flyers for truck stop bathrooms. It is a ten-bed facility for female, juvenile, sex trafficking victims, and presently have five open beds. It is not a locked facility so girls run. Several facilities have open beds that are not being used, and they mentor the girls and do call when on the run
- DCFS talked about Medicaid issues preventing them from placing kids in these homes
- The Office of Behavioral Health talked about Medicaid intricacies and the diagnosis of trafficking victims, specialized mental health services may not be available without serious behavioral issues
- Detention looks at background, history, mental health history, and they call social services in to work on uncovering child's story

- Judges may order psychiatric evaluation
- Test for STDs through the Juvenile Dept. may be administered
- Detention intake workers understand social media, ask about it, and evaluate it for signs of trafficking

SUGGESTIONS FOR SERVICES

Law enforcement reported they would like a resource list as well as cards to handout to victims. Trainings for all community members, to include businesses in the area, was suggested as a need that could help in identifying victims. Foster homes should be trained on the therapeutic needs of victims and more services for the LGBTQ community, as well as male victims. Training for all system members is needed to include the judicial component and school personnel. Finally, a call for more involvement from the faith-based community was made.

PARTICIPANT COMMENTS

- Law enforcement should have some type of card to hand out to potential victims
- Incorporate youth voice into solutions
- Need intervention and services for children in the middle ground where there is no DCFS involvement without parental culpability
- Jobs skills programs
- Living skills being taught in school
- Mentorships for trafficking victims
- Trainings to raise awareness of businesses
- Therapeutic foster homes
- Better assessment of services that are in place
- More LGBTQ services
- No services for male victims
- Use students as a resource because they have ability to talk to other kids, mentor, and they understand social media
- Need involvement of faith-based community
- Continue to use Metanoia House for donations of clothes and gift cards
- Training on awareness for churches
- Need to access information from groups that have been working on this for years
- More training for LE
- Need to educate community, since they are jurors, in order to prosecute traffickers
- Judges need training
- Better awareness training for medical community, these victims are coming in with serious injuries
- Better training for school personnel

VISION FOR PROTECTING THESE VICTIMS?

The vision for the future in the Hammond area includes more public awareness, better training for system members, as well as a component that addresses the demand/ buyer side of the issue. Further collaboration and use of the I-10 movement were said to be an important component in continuing to monitor the routes which traffickers use. Providing comprehensive, accessible counseling for victims, and an efficient way of sharing information among stakeholders was identified as an important need for the future response. An expansion of the MDT concept to include trafficking victims was also a part of the future vision for the region.

PARTICIPANT COMMENTS

- Students would have volunteer hour requirements for working with trafficking victims
- More public awareness
- More intervention services when kids are younger
- Accessible counseling for entire families
- Accessing Thorn for IT aspect
- Efficient way of sharing information, a Facebook group
- Centralized list of stakeholders

- Education of demand side/ buyers
- Further collaboration on I-10 movement
- Collaboration between Baton Rouge CAC and Hope House CAC
- Use of MDT team in current existence
- Expand MDT CAC model to encompass trafficking victims
- Secure grant funding for aftercare
- Community based training
- Sharing Governor's Taskforce review info with school systems
- Need to reduce staggering truancy rates which contribute to traffickers finding these kids



Lafayette Region Symposium

March 15, 2018

Local Co-Host: Hearts of Hope

Number of Participants: 90

Site Report

SUMMARY

The Lafayette Clark community had a broad discussion on who the potential victims of trafficking are, with the concentration on runaway and throwaway children. The discussion on runaways as potential victims centered on the causation of the runaway episodes; substance abuse and addiction with the potential victim and within the family, was identified as a contributing factor. The transient nature of runaways, both local, out of town and out of state, due to the proximity of the I-10/I-49 Corridor was identified as a contributing factor as well. Children who are in DCFS Care and Foster Care, including those who age out of foster care, were identified as potential victims as well. LGBTQ kids were cited as being vulnerable to traffickers because of their home situations (lack of acceptance). Domestic violence victims were also identified as possible victims of trafficking, presenting at shelters or hospitals and identifying their trafficker as a boyfriend. The homeless population was identified as being another group of potential victims of trafficking.

Within the Lafayette/Clark community the majority of victims are identified through DCFS, Office of Juvenile Justice, (OJJ) and law enforcement contacts. They may also be identified after they come into system in DCFS or OJJ in custody or other type of case. DCFS does have a screening tool which they are adapting, to screen for trafficking, but it is not been released or being used by other agencies. Law enforcement in the area expressed some frustration on the ability to effectively identify victims through the use of proactive measures. Hospitals in the area are assisting in victim identification by making referrals of possible victims of trafficking to law enforcement and/or DCFS. Once a victim is recovered there is a cognizant effort on a victim centered, trauma informed approach within the resources available. Once recovered victims are interviewed, system components are notified and attempts are made to find suitable placement in one of the several community-based shelters and take care of the immediate needs of the victim.

The Lafayette/Clark Community identified several possible gaps in their CST response with focus of the discussion centering on the lack of: adequate placement options, a coordinated response and the need for more participation from the schools and awareness training. The lack of placement was identified as a major challenge resulting in a long discussion on this challenge with some in law enforcement feeling they have nowhere to place a child during after hour recoveries. When a child is placed they often run away, and from that point are moved from home to home in foster placements or group homes. A gap in services and adequate resources was also identified in the rural and Tribal Communities. The necessity for additional awareness training for churches and the community was identified as a need through the discussion. Moving forward, the community would like to develop a more collaborative, coordinated, streamlined response with resources and areas of responsibility codified. Within this coordinated response, the community would like to have a coordinated system of care, statewide and regional task forces, training standards and best practices.

WHO ARE OUR VICTIMS?

Although the discussion on who are victims of trafficking was on all possible victims, the concentration of the discussion was on runaway and throwaway children, children in DCFS care/Foster Care, and children in special populations/LGBT. The discussion on runaways as potential victims centered on the causation of the runaway episodes; substance abuse/addiction with the potential victim and within the family, was identified as contributing factor. The transient nature of runaways, both local and out of town/state, due to the proximity of the I-10/I-49 Corridor was identified as a contributing factor as well. Children who are in DCFS care and Foster Care, including those who age out of foster care, were identified as potential victims as well. Domestic violence victims were also identified as possible victims of trafficking, presenting at shelters or hospitals, identify their trafficker as a boyfriend. There was a discussion on how numerous victims of domestic violence make delayed disclosures of trafficking as a child by a family member, or the mother's boyfriend. The homeless population was identified as being another group of potential victims of trafficking.

PARTICIPANT COMMENTS

- Drug addicts, children whose parents are on drugs
- Runaways, throwaways
- Kids with no parental supervision
- Kids in foster care, age out of foster care, these kids run away from foster care chronically
- Kids who drop out of school
- Victims of HT are people that have experienced significant trauma in their life as child or adult, vulnerable because of trauma
- Summer camps, you hear conversations where kids are victims when moms provide daycare; recruited by their boyfriends
- Kids are recruited at school
- Kids who are easily manipulated
- At-risk and high-risk kids
- Kids seeking relationships on social media
- Kids seeking validation and relationships in social media
- Victims found at casinos
- Hospitals/medical service providers- our victims are our STD patients; Louisiana has highest STD rates in the country, especially primary and secondary syphilis and chlamydia
- Adult victims seen in ER are visiting from out of town
- Minors that are dancing in clubs
- Victims are online on prostitution sites
- We see that victims don't stay in one area; they travel throughout the state, out of the state, travel in and out- especially with us being on I-10/I-49 Corridor; they go from Houston, Lake Charles, Lafayette, Baton Rouge, New Orleans, then up to up to Alabama, East Coast then they travel back; there are actual domestic trafficking routes that are known, I-10 is a big one because it goes coast to coast, pimps will send them in and out; here locally, most of the girls we see are from someplace else
- We see them as domestic violence victims - they present as DV victims, may say their pimp is their boyfriend
- We've had many victims of DV come in and report trafficking as child- primarily by father or mother's boyfriend; more than half reported that they were recruiters at some point, not knowingly- told they would get day off for bringing someone in, would get certain things for bringing people in
- We see 13, 14, 15-year old as recruiters in juvenile detention
- Homeless population, there is a need for housing to meet needs of homeless population so they are not put in these situations
- Kids that are trafficked by family
- Often perpetrator is a member of the family that is trusted because of relationship- kids told to stay silent and not tell
- Language barrier element; this is a French area; rooted in French; with hurricanes and migrant workers coming in, we are seeing signs of it, but they are much less likely to talk about it and report to LE; we know it is there but it is harder to infiltrate
- Increase in Spanish speaking population
- Transgender population
- Unaccompanied minors
- Statistics are 12 times higher for victims to be taken for trafficking in Tribal Communities; because of casinos, transient location, and extremely rural location
- Kids with mental health diagnoses, kids with lower IQs
- Special needs kids- sometimes go into home school programs, "Home Bound," may meet perpetrators online who are trying to take advantage
- Gender disparities - a lot is occurring between males and females, but a lot of it is underreported; have to recognize that kids that don't receive support can cross all lines of gender/race/age
- It is very underreported (Data is lacking); LGBTQ underreported
- Victims found during Mardi Gras
- Cajun culture here lends itself to more openness to strangers - "trust first, verify later"; on the other hand, it is a small community, everybody knows everybody business and this can be a protective factor

HOW ARE VICTIMS IDENTIFIED?

The majority of victims are identified through DCFS, Office of Juvenile Justice (OJJ), and law enforcement contact and are identified after they come into system in DCFS or OJJ, may come in on custody case or other. Once they are in the system, we can see what else is going on. DCFS reported they are having success with reports from the schools on potential victimization. DCFS does have a screening tool which they are adapting to be used on trafficking, but it has not been released or being used by other agencies. Participants reported they are seeing very few self-reports of victimization. Law enforcement expressed some frustration on the ability to effectively identify victims through the use of proactive measures. Participants, representing the courts in this particular jurisdiction, discussed the fact that they may be missing potential victims who come before the courts. Hospitals in the area are assisting in victim identification by making referrals of possible trafficked victims to law enforcement and/or DCFS.

PARTICIPANT COMMENTS

- Not seeing kids self-report
- Kids tell family member or friend
- Hospitals are helping to report; hospitals call us and we send advocate for rape exam; if minor, incidents have to be reported to LE or DCFS depending on who the perpetrator is (LE if out of home, DCFS if in home)
- Often kids are identified after they come into the system in DCFS or OJJ; may come in on custody case or other; once they are in system we can see what else is going on
- DCFS has online reporting now which helps
- Once they are in system we can identify - we use a screening tool to identify youth
- DCFS-screen youth and parents; most times youth are identified when LE or educators report to us; vast majority of reports are coming from the schools
- We look to see child's behavior and responsiveness- are they very introverted, are they volatile, are they showing extremely sexual behavior, have more knowledge than they should in 6th grade
- Law enforcement has no proactive means of identifying, victims located have been "luck"
- Court administration not identifying, we are missing, not looking at incorrigible kids as victims, being treated as criminals
- OJJ-only after they come into the systems
- Screening tools- adapting same tiered DCFS tool to be used in OJJ, DCFS tool used internally, not yet used by other agencies
- For Domestic Violence MDT: have MOUs between agencies; also track offenders

WHAT HAPPENS AFTER IDENTIFICATION/RECOVERY?

Regarding the question on what happens after a victim is identified and recovered, overwhelmingly, the discussion focused on a victim centered, trauma informed approach within the resources available. Once recovered victims are interviewed, system components are notified, and attempts are made to find suitable placement in one of the several community-based shelters and the immediate needs of the victim are cared for. If there is not an available shelter, they are taken to DCFS who may place them in foster care.

PARTICIPANT COMMENTS

- We do not arrest kids who are being trafficked, they are placed in placement
- Law enforcement brings them in, questions them, and attempts to find placement, New Orleans Covenant house is one that is used
- Some placements lack the structure these victims need
- Law enforcement contact with adults, we try and collect intel from them; we know they have crucial information and are the experts on this
- File with Sheriff's Office to provide financial assistance for things like medical assistance, counseling, and other; can help get tattoos removed and things like that.
- Where do juveniles end up at 2am: detention, may have only put in detention once for prostitution; may be there for drug or other charge; at 2am- takes 4-6-hour response from DCFS - then transported to whatever group home they can get into, they may also be placed in foster care or returned home

WHAT ARE THE GAPS?

Several possible gaps were identified during the discussion with focus of the discussion centering on the lack of: adequate placement options, a coordinated response, the need for more participation from the schools, and awareness training. The lack of placement was identified as a major challenge, resulting in a long discussion. Participants in law enforcement feel they have nowhere to place a child during after-hours recoveries. When a child is placed, they often run away, and from that point are moved from home to home in foster placements or group homes. The need for additional aftercare resources for children in foster care was also identified. The group felt the schools need to have more involvement with truant officers whose focus is on truant children and mandated reporting. A gap in services and adequate resources was also identified in the rural and Tribal Communities. The need for additional awareness training for churches and the community was identified as a gap throughout discussions.

PARTICIPANT COMMENTS

- Domestic violence, homeless shelter cannot house kids, would like to work with DCFS to do so
- SANE nurses have been cut drastically in this area
- Need schools and truant officers to focus on these kids missing school, mandated reporters must report
- One-stop centers in various parishes have grant money for the education of victims through community colleges, funding varies but it is a possible resource
- Biggest barrier is the resources, resources not available to provide kids what they need when they are in foster care
- Placement is major challenge, may place in Free Indeed (North Shore), which is specifically for this, but victims run away and then have nowhere to go; either bounce from home to home in foster placements or in group homes but tend to run away
- Provide shelter for short-term: primarily for domestic violence but have taken trafficking victims; shelter is for over the age of 18 or under, if there is parental consent; shelter also offers crisis intervention, legal remedies, and work with LE for investigation
- Law enforcement has nowhere to take victims after hours
- Long-term facility that children can stay in until they are 21, offer opportunity to get GED or go to college for self-sufficiency
- Permanent care facility have group homes but they have detention feel to them, not having security or structure for juvenile victims, need incentive-based programs for teens, who come in on respite, built into a model such as the foster care system- incentivize could include shopping or cell phones
- Important to recognize that we are talking about services available in urban areas, however, major gaps of services are in rural communities
- Juveniles brought in during the middle of the night, can't locate family, housed in detention is an issue
- Mental health services- challenge includes kids that come in having issues because mom doesn't believe and doesn't sign for medical treatment
- Have clients in hotel industry, spoke to hotel manager and realized that is another group we could educate and bring in to work with LE
- Connecticut legislature passed law to make all hotel industries go through training to learn signs of trafficking, could consider this here
- Churches are opportunity for assistance, they see the kids, want to see more pastors
- In order to have services reach rural parishes, like St. Mary and Chitimacha Tribe, it is going to take fundraising and legislative change to serve those parishes
- FJC has multidisciplinary agencies come together to work on these issues, when agencies come together and talk about cases together to identify issues and dig deeper, people are becoming more cooperative because they are getting the services and resources they need which helps the investigations and prosecutions, Note - this MDT response is for DV victims.
- Social media is a danger, parents should be pushed to be involved in kids' social media
- Nail salons should be checked
- Awareness/Training: should target churches in our community to be involved, sow funds, create safe places, and awareness campaigns implemented in churches
- Need something equivalent to DARE in schools for students and parents
- Best practices for training needs to be established
- Churches should be utilized as training partners
- Training for hospitality staff
- DCSF- not enough resources to provide services once they enter care, placements designed for them-if they leave a group home setting, however, if they leave there is no other option for placement for them

- Youth from LA and out-of-state
- Why don't we do an exchange program and send them out-of-state, how about boot camps
- Lack of trust between tribes and law enforcement
- Lack of trafficking disclosure makes response of services difficult
- Better use of community and system to look for missing persons
- Demand focus
- Broader community awareness on trafficking
- Better public transportation, hard for some to get to work so they turn to this
- Agency could obtain funding to create clearinghouse (find funding)
- National database of victims to include fingerprints
- All tribal members should have tribal ID- if they are tribal members, they should be able to find the ID
- Adequate, affordable, public housing
- Federal law enforcement, counselors and school social workers, crisis counselors, first responders, DA's, legislators
- Family services- need a peer support group
- Have CASA and victim's advocates available

WHAT IS WORKING?

There was a lengthy discussion which identified numerous community partners who could provide services, such as; placement, counseling, referrals, advocates, coordination through the CACs, and awareness training. See comments below for the available resources.

PARTICIPANT COMMENTS

- Hearts of Hope 24/7 sends advocates to emergency rooms and have capacity for that, having conversation with LE to see what it would look like, has 24/7 crisis line, services 6 surrounding parishes, works closely with FJC for housing needs, advocates for children, family and adults, advocates can go to ER for support, forensic interviews, counselors trained in cognitive behavioral therapy, teen survivors' group for sexual assault and abuse, can start a group for trafficking victims if enough interested to fill a group, can always help with immediate needs such as have clothes to donate, have donors that can help meet immediate need, can contact HOH and provide services or coordinate with other partners to meet needs, can respond to LE and provide clothes and basic needs
- HP Serve has a statewide grant HT service, financial assistance such as first month rents, transportation costs, basic needs assistance, transition assistance available
- Mentorship piece- Big Brothers Big Sisters exists in Acadiana Parish- not present in today's meeting but could be expanded for this population
- St. Landry Evangeline Anti-Trafficking Taskforce (SLEEET)-services are also available for men, want to help law enforcement increase victim identification
- Public Health all have a language line
- CWA short-term facility, faith based-Xavier House, focus on connections to God
- CASA is in this region and could possibly be expanded to serve this population for mentorship
- In Lafayette, we have 20+ churches and ministries- that is something to attach to
- Lafayette Parish School Board has homeless liaison, required to provide housing and other services to students in need, do a tremendous job and make sure students have what they need to attend
- Hearts of Hope-CAC has VITA: Volunteer Instructors Teaching Adults, they offer GEDs, K-12 online, there are peer support group victims for AA and drugs but none for trafficking victims
- Goodwill has education
- Catholic Charities assists with anything related to immigration matter and come here from New Orleans to provide services
- All health providers have language line so language shouldn't be barrier and open during normal business hours
- ART for homeless designated the Extra Mile as location to provide donated clothing
- Smile CAA can assist with down payment, deposit, first month's rent, and can provide shelter at hotel for emergencies
- Faith House is important for victims getting out of human trafficking, only shelter in seven parishes that has security measures, contains nine rooms, however, 15-16 years old can't use it as an option, we need legislation that changes that and makes it a placement option
- Xavier House, kids sometime sleep there
- State can help provide structure, accountability, and standards

- Looking at Truth, Facts, Lies Model in Lake Charles; they go into high schools and offer education for students in which one of their sessions is on human trafficking
- Smile CAA has a transportation program
- School board has a homeless youth support program, uniforms, school supply, housing, stabilization
- Parish Health Unit- minors can come in without parental consent, confidential billing if they have insurance, and can also bill Medicaid, will deliver services without payment
- Crime Victim Compensation Fund, financial expenses, medical expenses
- In Baton Rouge there are two facilities where women can be taken and assisted
- Workforce Commission grant money available for victims' education- connected to community colleges, youth services has some skill development, dislocated workers funding for various career paths, high demand currently is truck driving, also medical assistance program
- Matt Donnelly, as a consultant and a resource, has developed PSA's in other states which focuses on marketing campaign

WHAT WOULD YOU WANT TO SEE/NEXT STEPS?

Moving forward, the group would like to develop a more collaborative, coordinated, and streamlined response with resources and areas of responsibility codified. Within this coordinated response, the community would like to have a coordinated system of care, statewide and regional task forces, training standards and best practices. The group would also like to establish adequate placement within their community so agencies do not have to travel long distances for placement and services.

PARTICIPANT COMMENTS

- Better funding
- Cooperation and understanding of what each agency does in region
- Judicial districts provided with some structure or funding- community chose to address issues related to youth, agencies that have oversight over youth services
- Coordinated system of care, don't want bureaucracy but if we could have some guaranteed way of unifying the work, give us the funding and the structure
- Need a statewide task force, more regional task forces and interagency coordination, regional platform where stakeholders come together regularly, shared clients
- Development of reasonable expectations about reporting requirements and paperwork necessary, elimination of state government redundancies
- Missing person searches, don't let them get out of the parish, every sheriff in the parish should have a volunteer task force
- Prevention collaboration focused on vulnerable population, more funding and more capacity awareness campaign on billboards, in bus stops, etc., senate bill provide parent info about pornography addiction
- Training standards, best practices, such as a 40-hour certification course
- New, long-term facility for children until 21, focused on education
- Vicarious and secondary trauma recognition and supports for people working in this area
- Where do you put them is always the question- the need would be to have placement and safe housing so LE and other agencies don't have to drive 200 miles to get them somewhere safe, it's a necessity to have one of these homes in every region
- OJJ database and clearinghouse- have the power to get the data, analyze and disseminate the data from every side: LE, DA, and DCFS
- We should create a database broken up by services available in each region for everyone, service providers, parents, and perhaps DA's Office, DCFS and LE to access
- Survivor voice and input for them to guide efforts throughout the state
- Funding needs- expand some of these programs that already work with victims to be inclusive of human trafficking victims, need to fund what works, best practices
- Need an entity, clearinghouse
- Workforce-cooperation joint efforts and MOUs, find things in common and overlaps
- More mental health services
- Need a vetted and validated list of statewide resources
- Law enforcement needs clothing donations for kids who are scantily clad, food supplies, and toiletries

Lake Charles Region Symposium

March 13, 2018

Local Co-Host: Family and Youth Counseling Agency

Number of Participants: 90

Site Report



SUMMARY

Participants identified a wide range of potential victims encompassing runaways, victims of prior abuse, drug addiction, mental health disorders, and familial trafficking. Children in foster care and children in the LGBTQ community were identified as being vulnerable to traffickers and buyers. Victims of familial trafficking also include those who are introduced to exploitation by siblings and at times even their own mothers. Recruitment of victims by other victims at placements was also highlighted as a troubling occurrence. Participants articulated numerous proactive techniques, protocols to identify victims; law enforcement operations, Juvenile Justice System and DCFS screening tools, medical providers and shelter protocols. Participants emphasized the importance of mandatory reporting once a victim is identified. Once a victim is recovered, there is a victim centered approach across the system with cross reporting within system components and service providers.

A major challenge regarding victim recovery was identified as placement, both short-term and long-term; victims often run away from the various placements. An additional challenge was identified in that there is little funding for transportation cost associated with victims from one shelter to another, or to after-care counseling. A need for better information sharing and specialized units with specific trauma informed training were identified as additional gaps in service. Attendees overwhelmingly want to see a coordinated response with an MDT being the point of contact upon a report or recovery of a trafficking victim. They would like to see a “one-stop-shop” where victims get medical, mental health evaluation, contact with law enforcement, DCFS, and an aftercare plan in place for the child, which includes placement plans.

WHO ARE OUR ARE VICTIMS?

Participants listed the following as populations from which they see victims of human trafficking: children who are runaways and throwaways, victims of prior abuse, kids with mental health issues, as well as kids who have drug dependency issues and prostitute for drug money. Familial trafficking was discussed and described as children recruited by siblings already involved in trafficking, as well as children whose mothers have been trafficked and introduce their kids. Homeless males and females were reported to be involved in survival sex. Children in the LGBTQ community were said to be vulnerable to traffickers and buyers. Kids who are in the foster care system, particularly

those who are placed multiple times, are susceptible to victimization. Attendees reported victims have been recovered from Asian massage parlors, and that arranged marriages may encompass elements of trafficking. Placements where children may be housed were described as recruiting grounds where children recruit other children.

PARTICIPANT COMMENTS

- All kids; low-income, higher income; not seeing white, black, seeing all; not seeing addicts, non-drug addicts; can't categorize
- Vulnerable families, vulnerable children
- Something is missing in child's life, a predator can see that a mile away and they fill that hole; once the hole is filled, they are hooked
- Fast food workers- being approached by pimps
- Runaways and throwaways
- Children who are victims of prior abuse
- DCFS- foster children; especially those with multiple placements
- Kids and adults on disability services
- Kids in placement
- Dancers recruited to strip clubs, dance recitals is a target location
- Both male and females doing "survival sex"
- Homeless populations both male and female-survival sex
- Kids and siblings of trafficking victims get involved in trafficking
- Seeing mixture of familial and non-familial; sisters and moms introduce to life
- Children of adult trafficking victims
- Chronic runaways
- Severely mentally challenged
- Low income
- Kids on drugs, survival sex for drug money
- Kids that have met in placements
- Kids that talk about sex as casual conversation and casual act; get involved without knowing it then are too deeply involved
- Arranged marriage by family
- Classmates recruiting other classmates
- LGBTQ
- Asian massage parlors- major group of trafficked victims
- College kids in dorms, not with parents
- People relocated here from New Orleans after the hurricane
- Combination of transient and permanent population impacting trafficking; there is a billion-dollar chemical industry, workers relocate here and stay for 10-20 years because growth will continue for 10-15 years

HOW ARE VICTIMS IDENTIFIED?

Victims are identified and recovered during law enforcement undercover operations, law enforcement maintaining a presence at casinos, and acting on suspicious behaviors that indicate trafficking. The Juvenile Justice System has a screening tool to help identify victims within their system. Mental health providers, medical providers, and area shelters identify and report victims. DCFS also uses a screening tool to identify youth at-risk and at high-risk for being involved in trafficking. Mandated reporting was discussed and the importance reinforced to all participants.

PARTICIPANT COMMENTS

- Law enforcement undercover operations
- Law enforcement identifying suspicious behavior in casinos
- OJJS purchased Intervene- recently started using this 2-tier screening tool to identify victims in the Juvenile Justice System
- DCFS wants to share how they are identifying trafficked youth that have been in foster care. We have a tool similar to one-page tool handed out today with identifiers to identify youth that are at-risk, high-risk and confirmed (specific indicators)
- Through health care providers

- Medical- kids come in on drug overdose; assault, maybe admission request; sometimes they get out of situation because they have an opportunity with medical professional in private to tell what is going on.
- Mental health
- Shelters
- Sexual Assault Resource Team
- Service providers are mandated reporters

WHAT HAPPENS AFTER IDENTIFICATION/RECOVERY?

When law enforcement makes a recovery, they use a victim centered approach. Their primary function is to investigate criminally. If the hospital makes the discovery, they notify law enforcement. Both law enforcement and medical notify advocacy components, nonprofits respond and provide counseling and trauma informed care. Participants discussed the challenge of placements and stated when victims are placed in group homes they often run away. There is a shortage of funds to cover transportation costs to return children from other areas back home.

PARTICIPANT COMMENTS

- Law enforcement primary function is criminal investigation, they have victim centered approach
- Hospital discovery - triage nurses are called in, Oasis is called, and law enforcement is notified and upon arrival takes over
- If kids are placed in group homes they often runaway
- Victims not from this area are a challenge to return to their homes
- Lack of transportation funds
- Not successful using language like "human trafficking" when interviewing/intake of kids
- Victim Advocates come in- helps get victim into services; will get victim from detective's case- refer to services and programs like FYCA (Family Youth Counseling Agency), Oasis, and get victims that information
- Contact immediately, they will contact CAC and refer to licensed counselor
- Triage nurses are educated on trafficking, licensed therapist participates, all in room with law enforcement
- Trauma-informed care has been proven to be most effective when working with these victims, we have numerous therapists that have been trained in trauma
- ISC (Interagency Service Coordination) regional teams are around the state, one per region; if child is at risk of being kicked out of home or school, referrals sent to the team, Volunteers of America (VOA) is host for ISC in region

WHAT ARE SOME GAPS IN SERVICES/RESPONSE?

Participants agreed services available for victims are not specialized to human trafficking. There are not enough foster homes and even the ones available are not properly trained on how to work with trafficking victims. A call for a specifically developed therapeutic foster care was made. DCFS stated they would like a specialized unit that is trained in the specifics and handles only human trafficking cases. A major gap was identified when the conversation turned to placement. A need for long-term placement was expressed, as well as short-term placement when the victim is not able to qualify for a domestic violence shelter. Transportation to aftercare counseling and other services was said to be an issue, if the services are available. The issue was raised that some groups are going into homes and providing service, however, they are not licensed or qualified to do so. The point was raised that each entity has their own system which contains useful information regarding trafficking victims. A way to share that information is a need that participants would like to explore.

PARTICIPANT COMMENTS

- DCFS - not enough foster homes, not enough specialized for trafficking victims
- Long term placement is the issue
- No funding streams coming in for human trafficking specific
- Nothing for adult male victims, not even short-term
- Need more trauma informed care
- Need therapeutic foster care
- DCSF needs a specialized unit
- Parental education

- A gap is safe placement for victims who aren't identified as domestic violence victim, especially mother that is with a child
- Huge gap is placement for where to go- homelessness in our area is huge
- Lack of awareness to kids and parents through school system
- Training for ministers, so they can help educate parents
- Nurse and family partnership such as help from a nurse program for first time moms - will follow you through pregnancy until child is 2 years old - referrals can be made for first time moms under 28 weeks (over 28 weeks cannot be seen)
- Girls Night Out- program put on by nurses for girls in puberty in Alexandria
- Program called Achieving, Connecting, Transforming- life skills for kids ages 5-18, try to pull the parents in and help them as well, better communication at the home
- Major gap is mentorship programs for kids, parents looking for services for kids they are worried about
- Law enforcement feels to change behavior there is a need to punish parent and hold them responsible
- Youth mentorship at local church but it is only monthly, so probably need something more regular
- No money for human trafficking victims, we are all doing what we can do, use what we have to fill in the gaps to meet long-term needs; we don't have anything for adult male victims in this region, neither short or long-term
- Many people here are regional providers, not a lot of rural services
- Transportation is a gap, we talk about services but unless there are transportation services to get there, they can't access them.
- Need for trauma, informed care, therapeutic foster care placement is what the evidence say works.
- We need specialized unit within DCFS to deal with trafficked victims, therapeutic foster homes, foster parents must be trained; workers must be trained, are resources are necessary
- Mentoring programs needed for kids and parents
- Need to talk about credentials needed to go into homes and give services, some doing it are not qualified
- There is huge lack of mental health services, budget cuts impact this in this community
- Access to medication is a gap
- Hotels need training
- Information must be shared; OJJS, law enforcement has their system for runways (NCIC), OJJ has their system, medical has HIPPA, everyone has their system, how can we coordinate when kids have been flagged or Intervene on other red flags and other concerns; how can we connect these systems so previous red flags can be flagged for us to see

WHAT IS WORKING?

Participants felt attitudes toward victims is a first step and is working well. Agencies are willing to work together, but expressed the need for a clearer path as to how to accomplish this. There are some areas that are having trouble getting some partners to the table, but this is not the majority. Many nonprofits and organizations spoke about the services they offer and their willingness to provide these services. The gold standard was said to be agencies working together with law enforcement involved. While law enforcement's focus is the criminal investigation, an attitude present by law enforcement that is victim centered, and cognizant of therapeutic goals, was said to be what makes a successful team. Some areas, such as Calcasieu Parish, reported they have this, while some other areas do not. Mentorship programs and the domestic violence community were said to be helpful when circumstances permit.

PARTICIPANT COMMENTS

- DCSF talked about robust group and everyone's willingness
- We are doing prevention well, the school board is supportive of that, relationship with the schools are good, curriculum is working, students' awareness has raised, behaviors have been modified
- Youth counselor-training probation officers to know what an appropriate referral is, also Oasis is sending victims for supportive services
- CAC-law enforcement is communicating and bringing young people in order to be interviewed
- DCSF-law enforcement partners at the table, role is big and in many other areas it is difficult to get law enforcement at the table, trying to get LE to see things from a therapeutic mindset
- Do good job of listening to our youth and understanding what is going on in the community, the kids talk and trust
- Casino-partner with Family and Youth Counseling Agency, fundraising for them to help children

- Immediate placement is covered: Oasis, Harbor House, and Almost Home has a residential recovery; we offer parenting classes for the women, YCP is an alternative program for adolescents- need to apply and be accepted- 3 locations in Louisiana, Harbor House is the safe placement for juveniles, AmeriCorps-capacity building directly with people aging out of care, try to work with individuals to job training, transportation resources etc.
- In SWLA, Calcasieu, collaboration is happening

Collaboration between agencies to meet needs of clients as follows:

- Doing prevention well; full support of school boards we are working with, our curriculum in the schools is working
- FYCA has connected with OJJ, when they have juveniles that are in trouble, they are training probation officers on the appropriate referrals for counseling, also connected to Oasis Shelter which has adult victims of sexual assault and human trafficking, they are also referring clients to us
- Inter-agency communication- LE has our cell numbers, we can open CAC 24/7 to get forensic interview done as needed, utilize different victim advocates to help LE by helping parents understand the process and be that liaison to deal with mom and dad so LE can focus on case
- We are fortunate in Calcasieu Parish and region to always have law enforcement at the table, their role is huge in the work we do, it is so difficult in other places to get LE at the table and to work in both on criminal justice aspect but also to have a psychological and therapeutic mindset, having LE and so many represented in the room today is huge, but on a daily basis we appreciate the work LE does and their dedication to always be present
- Teams from FYCA do fundraisers to help families, many things are happening in the community that we don't know about, FYCA is pro-actively preventing situations for youth from being much worse by bringing people together to for the greater good
- Oasis is huge help with sex trafficked victims, stepped up and offer housing temporarily while next step is figured out, and relieves that immediate pressure while figuring out where victim can go
- Oasis primarily houses adults and offers services to domestic violence victims, have had several sex trafficking victims, not really equipped for sex trafficking victims but go with it to do what we need to do
- Law enforcement's response from moment we come into contact with potential victim and what next- may be Harbor House or CAC, have established a consistent process we can go by now
- Mentorship programs in this region: Big Brothers/Big Sisters, Word of Hope (Pastor Charlie), Mayor's Roundtable discussion on mentoring, Girly Girl, Young Music Makers, Positive Change Initiative, DA's Office, working with young men of color, Youth Volunteer-church mentoring at Waters Edge intensive youth mentoring, Purchase Not for Sale-mentor training, Cal Center in Baton Rouge is a state wide-parenting hotline for parenting support
- Harbor House takes males, females, LGBTQ, and out-of-state kids ages 11-17 (do not take younger kids); does not have gender issue, they have RHY (Runaway Homeless Youth) contract to help connect child back to families where they come from, if there is difficulty in the home, we also offer 72-hour time-out from home, Harbor House is just one part of umbrella; also have TLP (Transitional Living Program) a supervised program for ages 16-21, who are on state probation, so they are being transitioned from a secure program, to our program, then possibly go home; Unsupervised program is for homeless youth ages 18-21 that provides housing, however, youth has to pay portion of their rent, receive help them with job readiness, and can bring their children if they have them; there is an application process
- Interstate Compact process working well

WHAT WOULD YOU WANT TO SEE/NEXT STEPS?

Attendees overwhelmingly want to see a coordinated response with an MDT being the point of contact upon a report or recovery of a trafficking victim. They would like to see a "one-stop shop" where victims get the following; medical, mental health evaluation, and contact with law enforcement, DCFS, and an aftercare plan in place for the child, which includes placement plans. A need for specialized units within these organizations was expressed and training within these units, which is current. Participants want a drop-in center established for those that need a night or two off the street and established funding for short-term emergency placements, such as a hotel room for adults. The group acknowledged that when cases are referred to the MDT presently in place the actions is not quick enough, sometimes due to agency policies. Meetings are needed between stakeholder agencies where they figure out what MOUs are needed in order to share information efficiently and in a timely manner.

PARTICIPANT COMMENTS

- The Multi Agency Response as point of contact
- Utilizes screening tool
- Family services program at VOA with 2 components: monthly parenting class, second is the ISC meeting, which is interdisciplinary services coordination team meeting
- Nurse-wants to start a teen class-discuss sex ed, birth control, etc., has done in the past, everything is a confidential setting, teens can ask whatever they want to and can sign their own confidentiality forms, has a reproductive health clinic, and sees males and females
- Family and youth summer camp for junior high, civic engagement, learning about career fields, service learning projects, sports involved youth don't necessarily participate in the programming
- Girls Night out happens twice a year-girls learn about STDs, puberty, etc.
- ETC program called Achieving, Connecting, and Transforming kids 5-18 based on a school curriculum, try to pull the parents in and provide supports to the parents as well, it is available for people covered under Medicaid
- Multi-Agency Resource Center- with OJJS, our program envisions for the future to be the one-stop shop for this population, have nurse there, mental health, etc., need specialized units in DCFS, law enforcement already has specialized units for sex crime, we need specialized units, we need translators who understand the different cultures
- CART is a very under-utilized, state-wide program, if you are afraid to send kid home to parent, can get a kid a bed at Harbor House and they can stay there for up to 10 days while next steps are figured out
- DCSF-need to communicate and identify who has been trafficked, placing sex trafficking victim with high-risk victims creates a serious vulnerability, can educate and prep her staff and put safety plans into place
- We need to focus on prevention, need to get education out there on what ACES are and how they affect youth, we could train the trainer here on ACES, more darkness to light/stewards of children training
- Transportation is issue for 90% of victims; because of influx of industry here, rent has skyrocketed and families now at-risk due to lack of affordable housing and access to transportation
- Free health care for the working and uninsured, medical care (not psychiatric) will refer you to wherever you need to go
- Need more fluent communication and collaboration along the I-10 Corridor
- It would be a good idea to have a response team to refer victims to, we can't pay for hotels for victims, maybe we can partner with hotels and have a room that can be used for mama and baby to stay while we figure out service plan, having a rapid response team would be a good idea
- Legislative funding to support more education and to hold parents more responsible
- Education- go into respective areas to teach about this issue and get them talking
- There is no state money right now, need local partnerships and collaborations; need legislative support to help secure federal grants that give money and need data to help get funds, a necessity to get into the schools to get data for more funds, top down from the Department of Education to get this data about high-risk behaviors, our data is public so anyone can access it.
- In this community, there is a program called Room in the Inn: Water's Edge has info on this; churches host a night and help coordinate everything from finding mats and food, have already hosted 7 or 8; right now looking to do really cold nights, in summer do really hot nights - the more churches the better that can host
- Need a drop-in center: for kids that are tired and want that one night's rest
- OJJS in the past year has been accumulating workshops and trainings on trafficking- since JUST conference, we have been meeting weekly for planning our MDT, wanted to plan and coordinate internally within OJJS before expanding, have created policies in-house on how to refer and have visited Caddo to learn what works for them and then adapt what works for us from their CRT model
- Awareness/Identification- will get referrals and sit around table for regular multi-disciplinary staffings, next step is getting MOU signed with all agencies (this is red tape need to cross for HIPPA), need all agencies to understand each other's' agency policies-We all work in our individual silos and it's time we come together and work collaboratively, can't always wait for problem to come knocking on the front door and say we are here- the problem is here, need to come together and find solution, Calcasieu OJJS will be hosting follow-up meeting



Monroe Region Symposium

December 14, 2017

Local Co-Host: University of Louisiana at Monroe

Number of Participants: 46

Site Report

SUMMARY

Victims from many different types of circumstances were discussed. Runaway populations both local and from out-of-state account for a large number of the victims. Children in care were reported to run away from care to traffickers as well as recruit other children in care. Familial trafficking and trafficking by foster parents was also discussed. Emphasis was placed on the caregiver relationship and the system's overseeing of the caregivers of children. There was also discussion that a number of trafficking victims have mental health disorders and are homeless. LGBTQ kids who become homeless because of their caregiver's reluctance to accept their identities were identified as potential victims as well.

Trafficking victims were reported to be identified in a variety of ways. Community education and awareness were reported to be responsible for a portion of the referrals, as well as centralized intake tools within the system designed to identify trafficking victims. The medical community identifies victims by recognizing signs they have been trained to associate with trafficking and law enforcement stings were responsible for the identification and recovery of victims. DCFS credited trafficking training on helping them identify victims. Mandatory reporting was discussed and the need for an emphasis in this area during trainings.

Law enforcement has a victim centered approach and makes appropriate notifications upon recovery of a victim. DCFS notifies their CAC, which activates their MDT, to become involved if law enforcement develops a case. Regarding in-home investigations, DCFS will conduct a staffing and follow up on potential reported or observed victims. Concern was expressed when children are placed following a recovery and the frequency with which they run away from these placements. Major response gaps were identified also. Two areas that were predominantly discussed were appropriate placements for the victims and training for system members and the community. When the question was posed, "what is working," many different entities talked about their processes or programs; those comments are listed individually at the end of this site report.

WHO ARE OUR VICTIMS?

Participants described the victims of human trafficking as being children living in impoverished conditions who prostitute as a means of survival, as well as children who are prostituted by their own families as well as foster families. Addiction was also mentioned as a driving factor, with the addiction issues reported to be on the part of the child or the parent. In both situations, the need for drugs creates a need for money, which is made through prostitution. Children who have mental health disorders and their parents, who may have mental health issues as well, were discussed. LGBTQ kids who have been abandoned by their families, and are homeless due to this situation are identified as potential victims. These kids can become involved in prostitution as a means of survival. Children from broken homes and homes where they have been sexually and/or physically abused and may have also witnessed domestic violence fall in to the victim category. Law enforcement reported some cases of labor trafficking in the restaurant and hospitality industries. Youth incarcerated within the system were reported to be considered at-risk. Sexual services for protection were reported to be a part of the life of incarcerated youth in some areas. Adult victims were also discussed and were said to often be survivors of prior sexual trauma.

PARTICIPANT COMMENTS

- Children in poverty
- Homeless kids
- Delinquent/truant kids
- Youth who are in care are vulnerable to victimization
- Children from broken homes

- There are a lot of parents abusing their children- parental based trafficking both within biological family and foster families
- Parental trafficking within biological family
- DCFS -children who are in foster care multiple placements, recruitment within foster care
- Children in rural communities
- Drug facilitated trafficking, child exchanges body for drugs
- Children come together and are prostituting themselves and recruiting others
- Children with mental health disorders, developmentally delayed
- Kids looking at porn- looking at massive amounts of porn may be indicator that something is going on
- Parents have severe mental disorders
- Children who are recruited social media/technology
- Children who have access to pornography
- Runaways - a number of kids run away and get picked up or charged and placed in detention here from other parts of state or other states, runaways both local and out-of-state
- Children who for survival purposes are engaging in prostitution
- Victims in the homeless population
- Children from broken homes, domestic violence, alcoholism, child physical and sexual abuse
- LGBTQ youth
- International students, unaware of U.S. laws
- Children coming out of the Juvenile Justice System
- Children who are loners
- Victims from all races, social economic levels
- Adult victims of sex trafficking that were survivors of sexual assault
- Adults in restaurant and hospitality industries

HOW ARE VICTIMS IDENTIFIED?

Participants noted the victims are identified through several avenues. Community education and awareness has increased the reporting of human trafficking victims by encouraging community members such as hospitals, non-profits and law enforcement to learn to identify victims. Law enforcement reported conducting stings which have led to the recovery of victims as well as placing an emphasis on interviewing runaways regarding their exploitation while on runaway status. Law enforcement also reported identifying trafficking victims who were involved in other investigations. This happened due to their training on trafficking and how victims present. CASA reported that screening processes, to include the use of screening tools, have accounted for identifying victims. DCFS also reported interviewing runaways and the discovery of victims due to their trafficking training. The medical community reported recognizing signs of sexual violence and assault and associating it to possible trafficking.

PARTICIPANT COMMENTS

- Community education and awareness
- Dress and demeanor, not age appropriate
- Sudden change in association
- Healthcare, hospitals, doctors' offices
- Victims of sexual assault who present at the hospital
- Victims of bullying, violence
- Focus on truancy, children who have excessive tardiness
- Proactive prostitution stings
- CASA, centralized intake, screening process
- Community referrals
- Focus on runaways, interviewing runaways
- Training for Child Sex Trafficking
- Identification through unrelated investigations
- Law enforcement stings, routine traffic stops, other related investigations

WHAT HAPPENS AFTER IDENTIFICATION /RECOVERY?

Participants shared their experiences with human trafficking victims after they are recovered. Law enforcement has a victim centered approach and will make appropriate notifications upon a recovery. Some agencies notify their CAC, and DCFS is notified if there are family issues that warrant doing so. Law enforcement reported they sometimes have trouble gaining the child's participation in the investigation. DCFS stated when notified of a trafficking victim, they notify their CAC and the MDT will become involved if law enforcement develops a case. Regarding in-home investigations, DCFS will conduct a staffing and follow up on potential reported or observed victims. Some participants expressed that schools do not always report suspected trafficking. A concern voiced was that when children are placed after a recovery they often run from these placements because they are not secure.

PARTICIPANT COMMENTS

- Post identification process is determined by the mechanism of discovery, PER Law enforcement and DCFS
- Bifurcated system for reports; if in family call to DCFS, if out of family, the call is to law enforcement, DCFS will call law enforcement if applicable
- Schools do not always report to law enforcement
- After going through DCFS, goes to CAC for interview and medical if needed
- Cases then go through, CAC MDT model staffing for investigations and care for child and family, this model is not specific to trafficking
- If out-of-state youth should go through FBI
- The CAC interaction with the victim is dependent with on the agency conducting the investigation
- Problem is they run from these placements because they are voluntary
- Don't want to lock them down, but they are 14 and manipulated by pimp, they will run
- Only recourse is to lock someone up, judges are not going to lock them up, want therapeutic detention
- Response from service provider participant- you can lock them up, but when they get out they are going to do it again
- Only way to stop them from wanting to do that is change mindset over time
- Shared case about student who was being trafficked every day in school- can't be with them all the time, it is about changing mindset

WHAT ARE THE GAPS IN THE RESPONSE?

Participants noted current gaps in the system response to human trafficking victims. Appropriate and sufficient placement was identified as a major gap. Existing facilities and programs were said to not have sufficient training programs for their staff. Other system entities lacking in training were identified as; foster home staff within DCFS, as well as the actual foster families, medical community, hospitality services community, youth service providers to include treatment centers and group homes, faith-based community and school systems. Funding for all services related to trafficking victims was discussed, with specific example of lags in Medicaid payment being responsible for some facilities being unable to accept trafficking victims. A lack of specialized services for pregnant children, or children with children. A need to address the demand part of trafficking, with the suggestion that public service campaigns directed toward the buyer, could be successful. An overall lack of understanding of complex trauma by mental health providers and corrections workers was discussed as an area that needs attention. Overall trafficking training in the region for all system members was discussed as a need. A requirement for development of a rapid response from advocates and counselors was also identified as a gap.

PARTICIPANT COMMENTS

- More communication among agencies doing this work
- Kids are raising kids- problem
- Need more education in the community, a system
- Training for the school systems- annual mandated reporting training
- Training for faith-based organizations
- Training for mental health providers for this specific population
- Need more mental health providers that are willing to accept this population

- We have mental health providers but not many trauma-based mental health providers that will accept trafficking victims at the rate that Medicaid and the state is paying for
- Lack of understanding of trauma
- Need more trainings about understanding trauma and complex trauma –kids need to learn how to make healthy, safe connections
- Training for the school systems- annual mandated reporting training
- Need more awareness training in the region
- As a community and a state, we need to develop more resources to assist with childcare assistance and other programs- this would stop a lot of trafficking and sexual abuse
- Funding – major gap for service providers
- There needs to be more resources for juvenile victims – need somewhere to send them once they are identified
- Counseling
- Lack of specialized placements for victims
- There is no one-stop shop for victims
- Need more organizations that work to meet these specialized needs
- Lack of affordable housing, lack of group homes, lack of childcare
- Jails are not identifying mental illness and behavior is mistaken
- Much of homelessness we see on the street is untreated mental illness
- Need a resource guide of services to call for trafficking victims
- Need to start putting more of an emphasis on what the penalty is if you are caught- whether it is men or women
- To address demand, have a streamline that is consistent and system-wide
- We have all the people in the room that could do all the things we want to do- it is a lack of funding not capacity
- Need for immediate/rapid response advocate that works closely with law enforcement
- Law enforcement statewide needs more funding and manpower to address this issue
- If law Enforcement gets trafficking victim- first will try to take them to Christopher Youth Center (CYC,) has open door policy- if they do not want to be there they can leave
- It is easier to place smaller children than older children
- Barrier and major problem is no shelters or enough specialized therapeutic foster homes
- Hard to place these victims even in specialized foster homes depending on complexity of behavioral issues
- Mentorship homes exist in other regions but not this one- lack of resources
- Would be great if someone could do immediate EMDR counseling for these victims that are picked up – rapid response advocacy/counseling

WHAT IS WORKING?

Participants described the measures that are working in their respective regions. It was noted there is much more inter agency communication than in the past. Many individual programs, organizations, and system members talked about their individual initiatives or processes that were working; they are listed individually below. Several nonprofits discussed the availability of free counseling for children, MDT staffings, parenting classes and prevention programs for children. Law enforcement shared that they conduct Internet Safety classes to warn children and parents of online dangers.

PARTICIPANT COMMENTS

- There is much more inter-agency communication now than there used to be
- Counseling agency trained specifically in trauma and it is working
- Governor's Office and other state agency recognizing faith-based community and agencies
- MDT staffings in CAC, as well as additional staffings within DCFS and OJJ
- On a campus level with Title 9, more reporting coming in and connection to assistance
- University has been more than accommodating with policies related to Title 9, ULM is giving voice and flexibility to this- original solutions
- Seeking out affordable and accessible activities for kids – developmental
- Prevention curriculum being done now with youth in foster care BY Love 16
- CAC of NELA started implementing prevention program here- body safety classes to kids, and classes with parents that educate how to recognize signs of abuse
- Children's Coalition- nurturing parenting classes for caregivers
- Freedom 13- has parenting classes to educate on social media safety, education and outreach to women in prison
- Counseling agency- taught at churches and in schools

- Law enforcement does internet safety classes with kids
- Louisiana Children's Baptist Home- under umbrella called Home Place, free counseling to children and moms if they are placed in housing ministry, Christian Women Job Corps provides job training and there are businesses in the city that will give jobs, other has to have children- it is for women and their children; children cannot be over the age of 12; provide safety training for children
- Treatment services available by CAC to this population
- Louisiana Methodist Children Home: Free services to children of trauma, 12 centers across the state, offer counseling and pro-bono counseling, all counselors trained in different trauma counseling, such as EMDR therapy, would be great if someone could do immediate EMDR counseling for these victims that are picked up – rapid response advocacy/counseling



Orleans Region Symposium

March 8, 2018

Local Co-Host: Louisiana Supreme Court, New Orleans Children's Advocacy Center, Greater New Orleans Human Trafficking Taskforce

Number of Participants: 130

Site Report

SUMMARY

New Orleans attendees reported most of their victims hail from Louisiana, with the majority from the New Orleans area. More than any other region, New Orleans reported the instances of adult trafficking to be high, as well as children. Children were described as coming from the runaways and LGBTQ population of children forced from the home. Children in the foster care system and aging out of the foster care system were noted as being vulnerable to traffickers and buyers as well. Children in the juvenile justice system, for criminal charges unrelated to trafficking, have been screened and determined to be victims of traffickers. Staffings conducted by the CAC and SART were said to identify victims regularly. Homeless adults were also said to be vulnerable to traffickers and buyers. While the exploitation of children through trafficking was the bulk of the discussion, participants said adult trafficking is a major problem, with drug use being the biggest driving factor. Familial trafficking was discussed as being prevalent and also difficult to expose unless a disclosure is made. Adult women and children were reported to be brought to New Orleans and forced into debt bondage situations, with some of the victims being located in massage parlors. Participants reported labor trafficking is being missed, particularly because those being trafficked are brought here by the traffickers and live with them. Some examples of this type of victim were employees in nail salons and restaurants.

The area CAC conducts exploratory interviews of suspected victims, as well as interviews of confirmed victims. Participants noted they have several satellite locations, in addition to the CAC, where they may conduct interviews of suspected victims. Law enforcement receives reports from many different parts of the system as well as the community. NPOs expressed a desire to have standard procedures and Memorandums of Understandings with partner agencies. Medical professionals shared they see many of these victims come in for treatment. They would like to have more information about resources and steps to take. DCFS noted they do not identify many victims but rely on other parts of the system to notify them if a trafficking victim is recovered. Some victims were reported to have been identified by school officials and street outreach workers. The process in place following victim recovery was visited. Law enforcement reported they

have interviews conducted through the CAC for confirmed trafficking and exploratory interviews for suspected trafficking.

In order for continuity on how kids determined to be trafficking victim are handled within the system, a call for a clear, state protocol for detention centers was made. A call for more training was made as well, with more of a focus on demand reduction. Public awareness was said to be low and a push to raise the general public's knowledge of trafficking necessary, specifically how traffickers utilize social media to recruit victims. Attendees felt the foster care system needs a comprehensive, centralized training program for foster families interested in working with child sex trafficking victims. Implementation of a high-risk victim model to flag runaways was discussed as well. Many things were reported to be working well in New Orleans. The judges are reported to have been trained well on trafficking in the juvenile system, and the CAC was said to be successful in their forensic interviews of trafficking victims. The multi-disciplinary approach through the CAC was reported to be a success. DCFS in New Orleans is using the statewide screening tool, and it is working well for them. Attendees felt Louisiana has very strong laws regarding human trafficking. The medical professionals, to include SANE nurses, reported to have a good working relationship with law enforcement and the coordination and collaboration between the New Orleans CAC and other area CACs was said to be working well. There were many service providers present who detailed the services they have available, they are listed in the comments section of the services section below. Attendees discussed their vision for the New Orleans area response to child sex trafficking, as well as next steps necessary to continue to progress in their response to all trafficking victims.

A call for a central point of contact, in order to deploy a rapid response team, was said to be the first step in the recovery process and one of the most important. The term "one-stop shop" was used to describe a place for victims to go through the recovery process with services in one location. This team would consist of law enforcement, an advocate, a SANE nurse, and any others deemed necessary to the process. A prevention education component in the schools and coordination between school officials, social workers, and court officials handling truancy and FINS is a step that should be implemented. A better way to evaluate placement, whether the home is suitable for the child to return, was cited as a concern by stakeholders. All system members were said to need current and continuing trafficking training to include nurses, judges, counselors, law enforcement, and social workers. The development of therapeutic foster homes was high on the list of next steps participants would like to see as well.

WHO ARE OUR VICTIMS?

The majority of the victims recovered were reported to be from Louisiana, with most of those being from New Orleans: runaways, LGBTQ kids who become homeless, and kids engaged in delinquent behaviors, who may be involved in crimes outside the trafficking situation. Children who come into the foster care system as human trafficking victims, then may recruit other kids placed there was cited as a concerning way some kids are introduced to trafficking. Children aging out of the foster care system were said to be in a vulnerable state and susceptible to traffickers. Familial trafficking was discussed, with the opioid crisis being one of the factors that may lead a parent to prostitute their child, as well as selling the child for rent, bills, and other living expenses. Adult victims were said to be marginalized and eclipsed by the response focus being on child sex trafficking. Participants reported unaccompanied minors to be victims, as well as Asians who may not have legal status, and who work in massage parlors in the New Orleans area. It was reported that children and adults are smuggled into the New Orleans area and forced into debt bondage situations. Social media was cited as a recruiting tool by traffickers as well. Children who are in the Juvenile Justice System for delinquent behaviors have been determined to be victims of traffickers, as well as children in the foster care system and those that age out of foster care with no support. Participants report instances of children being recruited into trafficking while walking home from school. Also cited were instances where children and adults feel, because of their living circumstances, the only way to get money is through prostitution.

PARTICIPANT COMMENTS

- Children who are victims of physical and sexual abuse
- Runaways
- Kids possibly engaging in survival sex
- Developmentally challenged children
- Many have mental health issues, complex PTSD, many are seeing health care professional
- These are kids that are seeing mental health professionals - these professionals are missing it, don't have the training
- Local teenagers suffering from trauma from hurricane Katrina
- Men, women, and children without legal status

- Unaccompanied minors from other countries
- Children smuggled into U.S. and forced to pay smuggler
- System perceptions - polysubstance abusers, manipulative, rarely look like victims
- Children who are victims of system perceptions, labeled bad child, liar because of their conduct
- Many victims are criminalized thru negative contact with law enforcement, arrested pushed further to vulnerability
- Truant children
- Children in Juvenile Dept. for other charges, indirect victims of opioid crisis
- Kids that were juvenile delinquents- kids in juvenile detention centers
- Youth who engage in other crimes to pay pimp, robberies, auto theft
- Adult victims are a marginalized population in fight against trafficking
- Children, adults who do not see themselves as victims
- Your neighbors' kids, i.e. all kids crossing all social economic lines
- Bullied children
- Kids/adults who want to fit in
- Children helping family pay bills
- Children recruited when walking home
- From marginalized social groups
- Children feel empowered
- Children, victims brought into hospital repeatedly by same person (offender) at hospital
- Local and out-of-state kids, most recovered and from New Orleans
- Children in Foster Care/DCFS, some were already trafficking victims before foster care, some are recruited while in foster care, some have aged out of foster care
- Neighborhood children
- Young people trapped by online photos/videos, being threatened with fear of being exposed to churches and communities, fear disclosing what they have done online and can't extract themselves from the situation
- Children forming relationships with adults using social media
- Wives, mothers and grandmothers trafficked by their husbands, fathers and grandfathers
- Kids that are being sold to pay for family's financial needs- rent, car and home payments
- Hopeless youth trapped into thinking it is the only way to survive
- Kids that want to fit in, sex is how they will fit in
- Kids from a culture where gender-based violence goes unpunished
- Direct or indirect victims of opioid crisis
- Those in marginalized populations, those experiencing systemic oppression in the U.S.; POC, LGBTQ, otherwise have experienced discrimination
- LGBTQ who have been rejected from their homes
- Youth forced into labor and stealing vehicles - this is a big thing we are seeing now
- Unfortunately, they feel empowered in trafficking situation- more empowered than in their previous situation (i.e. abuse at home, foster care, etc.)
- Adult trafficking victims are almost like second-class citizens in trafficking world, adults becoming like marginalized population in trafficking world- all resources around child sex trafficking, adult trafficking usually drug driven
- Asian massage parlors in Hammond being trafficked from New Orleans area- interesting that both massage parlors in Hammond were closed during Mardi Gras
- LGBTQ, male victims

HOW ARE VICTIMS IDENTIFIED?

Exploratory interviews are being conducted through the CAC to attempt to determine why children are running away from home. A component of the model that is working is having interview centers at locations where kids are likely to present; Juvenile Court, Family Justice Center, as well as the CAC. Law enforcement receives information about trafficking victims in a variety of ways from anonymous complaints, to referrals from community members, to working with hotels on reporting measures. DCFS reports they identify victims most often through referrals from other system members. Participants agreed that most often law enforcement or the CAC would be in the position to talk with victims, or potential victims, and determine if trafficking had occurred. Medical professionals shared that trafficking victims come to their facilities for medical treatment. Some victims are reported as a result of training provided to the school system and street outreach workers as well.

PARTICIPANT COMMENTS

- Thorough training for health care providers
- Collaboration and communication
- Networking, cross referral from system partners
- Often cases come in as abuse or neglect- rely on CAC and LE partners to sort through weeds and uncover story
- CAC's MDT and also SART staffing cases
- Forensic interviews
- Through CAC's diversion interviews
- Kids coming in for exploratory interviews, runaway interviews
- DCFS depends on other system components for referrals
- Once kids are in foster care, identify high-risk kids
- Medical- emergency room looking at adult victims in crisis, suicidal
- Medical emergency room treats victims
- Medical providers in areas away from inner New Orleans need to be trained as they can also encounter trafficking, particularly familial
- Health care professionals
- More training for health care professionals on dynamics
- Street Outreach, missing children
- Through prevention training
- Training of school personnel
- Training for law enforcement first responders
- Juvenile Detention Centers
- Utilizing repeated interviews based on risk factors
- Labor trafficking, magazine sales by kids
- Law enforcement discoveries come through word of mouth from anonymous complaints, calls for police service, training of first responders, occasional referrals from community stakeholders, social networking sites, working with hotels, and training for community partners to call law enforcement.

WHO ARE WE MISSING?

Again, kids in foster care and kids aging out of foster care were mentioned as victims who are being missed. Participants brought up fact that traffickers and buyers are not being worked with in a rehabilitative way. Foreign born victims were said to be missed by the system, particularly labor trafficking victims, partly due to the fact that they are often afraid to come forward because they live in the home of the trafficker and are afraid. Some victims do not come forward because they have criminal backgrounds and feel they themselves are not credible to law enforcement. Familial trafficking was identified as something difficult to uncover and is missed by the system.

PARTICIPANT COMMENTS

- Kids in DCFS custody without identified trafficking case, passed from house to house, recruiting
- Kids aging out of foster care
- Kids who are not in the juvenile system, DCFS System, and present at emergency room, everyone knows kid is in a possible trafficking victim, parent is not motivated to report
- Familial trafficking, uncles, family
- Foreign born victim
- Work with perpetrators, rehabilitation
- Victims in juvenile detention facilities, prisons, have criminal records
- NGO missing siblings of a trafficking victims
- We are missing kids coming in on curfew violation- because they come in on status offenses, status offenses do not get them any services
- Identification in law enforcement, these victims have a criminal background for minor offenses and aren't being identified
- Labor trafficking- foreign-born victims may be seen at restaurants, nail salons, and massage parlors, they are afraid to make outcry because of intimidation and possibly live in the homes with those that are the perpetrator
- We are missing the men, boys and the LGBT community, especially transgender

WHAT HAPPENS AFTER IDENTIFICATION/RECOVERY?

It was reported there is not a clear protocol for all providers on how and to whom to report trafficking cases. The CAC has a protocol and MOUs, but other providers do not. It was reported that if kids in the juvenile system report trafficking, they immediately go before a trauma informed Judge. The CAC also develops service plans and aftercare plans for the kids they see. Law enforcement reported they contact the CAC for an interview and DCFS if parental issues are discovered. There is a lack of emergency shelter and transitional housing for the adult victims. Instances were recounted by nonprofits where the child was recovered and parents were called to come get the child. Law enforcement reinforced this has happened, even when the parent has asked for help and stated the child is just going to run away again. System members stated they need a statewide, streamlined recovery protocol and resource direction pertaining to who to call after-hours, when they come in contact with a trafficking victim or a suspected trafficking victim.

PARTICIPANT COMMENTS

- Report made to national hotline - resources brought to bear and agencies mobilized
- Kids sitting in detention centers after they've been identified- moment they are in the detention facilities, trauma-informed juvenile judges are contacted
- DCFS report made if there's parent culpability
- LE report if no parent culpability, then goes to CAC for exploratory forensic interview that can be conducted at the juvenile court if child is in detention
- Case is reviewed by CAC MDT for investigation and reviewed second time by CAC CSEC Service Provider MDT to create individually tailored and trauma-informed service plan for child and family
- Reported to DCFS or law enforcement
- Need resources after initial response, placement, housing
- In other parts of state, no consolidation of resources, often end up in juvenile detention
- Have moms and children report when a child is picked up in different parishes across the state- identified as runaway- we've picked up your child, and you need to come pick her up; many moms say please do not pick up my child, they are going to run away again - law enforcement says if you don't pick them up that is child abandonment - this is major breakdown in the system; have had girls runaway 20, 30, 80 times - major indicator something is going on there- need detention centers to do something different
- From NPO-when runaways are picked up, parents are made to come get the child over the parent's objections because the child will just run again.
- Lack of affordable emergency, transitions housing for adults
- No coordinated single point of contact for identified cases
- Struggle between CAC mandated policies and other NPO service providers on who reports, how, and to whom
- 3am identification- need to have protocol who to call and a streamlined reporting method
- Kids often are in detention and do not have nearly the services and resources that are here in New Orleans.
- Other parts of the state do not have these kinds of resources and these victims end up in detention, many judges may know or suspect what is happening, however, there is no alternative to remove them from the home other than detention. Louisiana is a big state that doesn't have the same resources as we do here so that's a big issue
- Lack of affordable housing, transitional housing, emergency housing- do not have that in this region for victims and survivors looking for stable housing
- In the systems where I work we go through the reasonable grounds that they may or may not be a victim all the way to formal identification - we have framework for who to call and exactly when you identify suspected trafficking, we are activated a little in advance so we are ready, may get translator ready, etc. Interested to learn how to have coordinated response with so many agencies and providers - how to apply framework on a larger scale here
- Greater New Orleans Human Trafficking Taskforce (GNOHTTF) Coordinator - if the identifier knows about the task force they will call one of our four funded partners: Eden House, Covenant House, Catholic Charities, and Family Justice Center, or call me as the coordinator and I can receive call and triage- will help them get into facilities- will take any client regardless of age, gender, etc. Covenant House is the emergency 3am placement here for youth; there are 85-member organizations in taskforce, if one of these agencies gets clients and can't provide services, will refer to a different agency in the network, if a client needs long term housing, they may call certain shelters in the network, informal now, but goal is to have coordinated referral network in Greater New Orleans Region in the next grant period
- Do not have clear statewide protocol outlined for detention centers- for actually going into detention, there are local protocols but not formal statewide protocols

- There are formal MOUs and protocols under NCA with CAC pertaining to certain protocols that are required after mandatory report is made, from service providers there is a struggle, could have linkage agreement on shared google docs, if need shelter and bed, where are they going for that, etc., for kids there are formal linkage agreements and MOUs for protocol
- HP Serve reported they will respond at all hours upon recovery of a trafficking victim

WHAT ARE THE GAPS?

Lack of placement, both short and long-term, as well as therapeutically trained foster families, were said to be a major gap in services available at this time. It was suggested that reality-based training for all system members to be offered, as well as community-based training focusing on demand. Public awareness regarding trafficking and traffickers use of social media and a study of the connection between pornography and trafficking needs to happen. A centralized point of contact for victims which raises awareness of legal services available to them is a need. Screening at-risk youth and deployment of the High-Risk Victims Model was offered as a possible solution. A need for better awareness training in the schools, and a demand focused training and more emphasis on boys who become victims was discussed. Comprehensive training for foster parents was deliberated, with a suggestion for a centralized model to be developed for delivering this training.

PARTICIPANT COMMENTS

- Centralized point of contact for services, coordination, increased coordination with DCFS
- Short-term and long-term placement for children with children
- Lack of shelters, housing for children in HT and foster care
- Continuum of care for foster care, doctors, therapist, etc.
- Comprehensive training for foster parents who want to work with child victims of sex trafficking, no centralized model for foster parents to work with child victims of CST
- AG Office need more reality-based training vs higher federal HT training
- Need minimum standard of care and services of victims
- Services for minor boys, housing (2)
- Need to include boys in the description of CST
- Focus on at-risk youth, HRV Model
- Laws/legislation needs to be tied to social and economic justice
- Need to look at connection between pornography, trafficking and opioid crisis
- Must address the economic needs as a means to get the victim out or preventing from going into prostitution, transitional and jobs programs for victim restoration
- Community-based training focusing on demand, education of men
- Public awareness and training regarding social media
- GNOHTTF a lot of HT victims aren't accessing the legal services that they have a right to through pro-bono means; crime victim's reparations fund gives victims a right to access that money. Victims that go through legal proceedings are entitled to restitution. All these different things that as service providers we aren't focused on- focused on short-term services, but we don't focus on other services like legal services, record expungement, etc.
- Need centralized contact point that disperses a crisis team to go out and identify these cases- starts process of assessing victims and finding services- Louisiana has a major gap of respite care and placement
- Need more specifically trained housing placements, huge gap in housing for kids especially once they age out at 18
- DCFS has kids needing housing, hard and difficult kids that act out and need new placements- only know of a couple placements we have for these kids; need patience, more homes with willingness to take this population, more therapeutic services- we can get transportation to get them there but need more services
- There is major gap related to social media, parents need to know what kids are doing on social media
- Buyers need to be addressed
- In reference to that, we are available to conduct internet safety training for parents, schools, and parent teacher groups, reach out to the local field office, we do it for adult victims, child victims, just reach out

WHAT IS WORKING?

Orleans Parish, East Jefferson, and Jefferson have well-trained judges to identify children who are victims of human trafficking with their wraparound services. They also reported having increased help with law enforcement, and there is some camaraderie and communication within the system. Metanoia has just opened up a sixteen beds housing with capacity for girls with babies, which is very important. CACs and their FIs coordinated multi-disciplinary efforts; HP serve is doing really well with direct services to victims statewide.

PARTICIPANT COMMENTS

- Orleans parish, Caddo, Jefferson and EBR Parish have been doing well with their training and education level but there are 60+ parishes that are not all on that level. I am really impressed with the Family Justice Centers and the work they are doing
- Using identification tool statewide which has improved identification of human trafficking victims and high-risk victims
- Progressively trying to work through church ministries to train on identification of human trafficking
- Increasing help with law enforcement
- AG office, New Orleans HT Task Force
- Family Justice Centers response
- DCFS creating victim identification tools, training for staff
- Really strong laws in Louisiana - often ranked #1, this year ranked #2 by Shared Hope; Eden House has wrap around services for adult trafficking victims- job training, education, housing, drug therapy, wardrobe, healthcare, dental care, and psychiatrist that can do evaluations within 24-48 hours
- So much collaboration between parishes in Louisiana, New Orleans CAC (NOCAC) does courtesy FI's, we do medicals for victims coming from across the state, we provide and refer to counseling, we work together; so many of us are stretched and have less resources than most CACs in the rest of the country [CACs in Louisiana currently do not receive any state funding]; CACs work together, VOCA grant partnership between NOCAC and Family Justice Center (NOFJC) on trafficking - every child gets forensic medical exam who comes to the CAC for forensic interview, and case get reviewed on MDT for investigation and services
- Training for medical personnel and coordination with New Orleans PD
- Coordination and partnership- work well with NOPD, we are meeting them in the waiting room, we have donated scrubs so they can leave and blend in with the crowd, have forensic cell now where people call and give us heads up before forensic medical exams, work well on state and federal level
- Immediate response of a medical team, law enforcement, and NGOs with shelter to get victim safe immediately and to apprehend perpetrators; once we apprehend perpetrators, the victims can feel safe enough to come forward, it is great to have that available at any hour
- Louisiana Children's Trust Fund- resource that can be used or leveraged if you have idea how to use funds

WHAT IMMEDIATE, SHORT AND LONG-TERM PLACEMENTS ARE AVAILABLE?

Many different service providers and nonprofits discussed their services. Their comments are listed below.

PARTICIPANT COMMENTS

- Forensic evaluation- medical at CARE Center and forensic interview at CAC, we have forensic interviewers on call 24/7 to be ready for an interview as needed, case managers meet with DCFS and family to connect to services, refer to evidence-based counseling and other community partners to meet identified needs
- Plug them into Plaquemines Community Care Center for in-house counseling, reach out to the entire family, extended family for preventative services in addition to the counseling services for the victim
- In Jefferson CAC after all these services are provided we have the MDT approach, so this coordinated team can staff cases to ensure we are making every effort to provide the services for the child as well as services their care giver may need, they come to the CAC for the MDT because they recognize we can facilitate open communication
- Wraparound services available statewide- this region is JP, Orleans, Plaquemines, St. Bernard, can get kids into the program to find underlying issues to prevent trafficking from happening, try to figure out issues at the beginning
- It doesn't have to be a kid who is a trafficking victim, it can be a kid who is skipping school, or fighting at home, we need to keep them in school or catch them before they are on the streets, in detention services, or foster care, can prevent this through a coordinated approach
- If a person has the complication of suicidal or homicidal thinking, Metropolitan has a metro crisis response team, if there is concern about danger, we can call NOPD to determine the next best course of action
- Taskforce is beginning work on labor trafficking - are we missing any short or long-term resources on labor trafficking? Is there anything to address labor trafficking?
- Those with TVAP funding can provide legal counseling regardless of immigration status to victims of trafficking: Eden House has TVAP funding, Covenant House provides services to victims of trafficking regardless of type of trafficking, our service providers are not limited but each specific service is limited in its population and scope so you can call the taskforce for any specific needs for a client
- STAR will serve anyone who's experienced sexual violence such as many labor trafficking victims, we can provide


services for them, even labor services

- Orleans Parish Juvenile Court Center for Racial Justice provides labor trafficking services
- Free Indeed Home in Covington takes children under 18, 24/7; need to be suspected of being trafficked or confirmed, only those with history of sex trafficking accepted because we don't want other girls brought into the trade
- CAC interviews children that have witnessed crime, not only for primary victims- so we can connect the family with services if we are gathering that evidence, can reach labor trafficking victims
- HP Serve Grant provides services for survivor, could be law enforcement that we come meet and buy them clothing, if they graduate Eden House and they need startup for utilities and rent, we can help with that. If law enforcement needs to keep someone in an area for the length of an investigation, we can pay for their hotel and food. We can have them brought out of areas that are unsafe and up to Baton Rouge, and we are there to help them get started and provides services for boys, girls, children, adults, trans, all around. The only thing we don't have is housing. We can provide money to send them somewhere else for housing. For minors it can be more complicated. We had a girl who wouldn't stay at Metanoia or Free Indeed because she couldn't have her phone. Law enforcement came to pick her up and took her back to her grandmas where she ran away. If DCFS isn't involved, we can't do anything for minors
- Covenant House's immediacy need with 24 hours emergency services; 30-90 day stay, then can stay up to 18 months, then permanent supportive housing, drug abuse support, on staff medical support, food, clothing, hygiene, lots of unconditional love
- Eden House provides housing and long-term recovery services to adult female victims of Commercial Sexual Exploitation; provide all services the women need to become "productive members of society"; offer graduates Havana voucher
- Eden House Social enterprise component: "Especially Eden" which provides residents with paid employment, job skills and work experience to build a resume, and financial skills that will help them get a job. Socially conscience gift enterprise (Eden House residents make and sell gift baskets)
- R.E.A.L. Choices is an Eden House prevention education component for at-risk girls using the curriculum developed by My Life My Choice in Boston
- NOCAC, our partnering agency who is in this room today, and the Youth Opportunity Center (YOC), provides extensive case management and support for kids at risk of dropping out of school- they are called to pick kids up in the middle of the night because they are scared- they build relationships with these kids; huge resource in this area because they support these kids in staying in school since many have missed a lot of school
- YOC is a partner agency on the NOCAC-coordinated CSEC Service Provider MDT
- Metropolitan Human Services not state or federally funded for this specific population, but target population is anyone in this region with substance abuse or mental disability, has capacity to provide long-term treatment for this population; psychologists, counselors, peers on staff to work with this population, complimentary component to the specialized services that many people here provide
- National Children and Family Services works with children up to age 21; purpose is to work with the kids to make them more self-sufficient, wraparound service may not be the long-term but will connect
- Plaquemines Community CARE Center are only full-time service provider in the parish, we are the contract provider with Metro and if it's a service beyond us we refer to them
- Louisiana Methodists Children's Home provides therapeutic foster care and we have therapeutic foster parents- now we need comprehensive training for foster parents and workers working with foster parents- need this training so we are not re-traumatizing youth, and to help foster parents be successful and maintain placements; implementing TBRI, but there is no model to bring to these foster parents; want them to have capacity to meet the needs of these kids.

WHAT DO YOU WANT TO SEE/NEXT STEPS?

Participants talked about their vision for the New Orleans area response, as well as next steps. They would like to see a central point of contact in order to deploy a response team. The term "one-stop shop" was used as a place for victims to go through the recovery process with services in one place. The team would consist of law enforcement, an advocate, SANE nurse and any others deemed necessary to the process. A prevention education component in the schools and coordination between school officials, social workers, and court officials handling truancy and FINS is a step that need to take place. There needs to be a better way to evaluate placement, whether the home is suitable for the child to return. All system members need current and continued trafficking training to include nurses, judges, counselors, law enforcement and social workers. The development of therapeutic foster homes was high on the list of next steps that participants would like to see as well.

PARTICIPANT COMMENTS

- A central point in the state - everyone knows who to call, one phone number or one agency; rapid response team/crisis team is dispatched- SANE nurses would go out and advocate with law enforcement, sent out 24/7 to meet victim and start providing and coordinating services; Rapid Response Team is very common across the country as a response to human trafficking
 - Minimum coordinated standard of response for all children who are found on the street, runaway
 - A “one-stop shop” continuum of care
 - Coordination among coordinators in the state
 - Want to see a Rapid Response Team and continuum of care developed
 - More coordination between coordinators; having ongoing state-hosted meetings for trafficking coalition coordinators and CST coordinators to share best practices, identify services gaps, and continue to expand statewide network and response to HT in Louisiana
 - Required license to deal with CST Victims
 - Prevention education for all youth
 - Business trained in the dynamics of CST
 - Way for victim to go all the way through rather than being arrested, bringing them to a center where the resources are lined up right there- it’s not something where you get arrested one day and then you get one resource a week later, another a few weeks later. Trying to move from putting kids in the system and doing written citations
 - In Calcasieu Parish, they have a program- child is brought to Multi-Agency Resource Center, resources are lined up, front to back- everything is line up; trying to get to that here - not putting these kids in the system; can be off the streets, child can be brought in for whatever reason - main purpose is to put resources in place for child and family- main goal is to minimize detention
 - Collaboration with FINS workers and OJJ helps keep kids out of detention facilities; social workers try not to suspend kids with out-of-school suspension, otherwise, they will be on the streets; this region works hard to keep kids off the streets in whatever capacity
 - Adequate placement for the children that come into our care; particularly if it is late in the afternoon or night and we don’t have the luxury of calling all these agencies, understanding the reunification factor; understanding the parent’s circumstances- have they been victimized? Some of them need to be returned home, can’t all stay in care forever, need to address particularly if the mother is being victimized
 - Homeless shelters- Unity Now- would be good to have them at the table- a lot of homeless shelters fall under Unity Now- places now have to fit the criteria of homelessness so if we could go backward and address that then we can go forward
 - Education of counselors, teachers, judges, LE, all disciplines
 - When the youth are brought in, should be paired with mentor, preferably survivor if possible that will stay with them throughout
 - We have several DV shelters that take women and their children: New Beginnings and The Haven; many of our parishes are not advertised because don’t want perps to know where they are located; used to expel students that are on drugs- in ascension, kids are put into home with other kids and are able to stay on their teams, etc. there are good programs in our state for kids at-risk
 - Central call center for this population only, law enforcement and service providers sometimes come across victim that needs to find housing and services but it is 3am and hard to get someone on the phone; services come and go, get new funding and lose funding, hard to keep up with, need a place to call and say this is my victim, this is what I need, where do I send my victim
 - Youth and parent support and training; someone who can relate with the parent and relate with the youth, some times do not open up to facilitators and this helps- was gone for a little while and is now back, not titled as mentors but are looked up to as such
 - Requirement for nurses to participate in trafficking training
 - Prevention education for youth: at-risk youth and all youth
 - Best services for victims of trafficking- best placement for victims is therapy foster homes trained in TBRI - under the new leadership we have seen this training and should see more long-term
 - Funding for at-risk youth
 - Voice of the youth and the victim is missing; now we have an adult survivor advisory board, would like to see a youth survivor board, want to give them agency for what happens to them, respond best when we listen and we need to engage them in our response
- 

Shreveport Region Symposium

December 13, 2017

Local Co-Host: Caddo Parish Juvenile Court/Juvenile Services

Number of Participants: 70

Site Report

SUMMARY

The Shreveport participants reported that many things are going well as it relates to the recovery and services delivered to trafficking victims; no labor trafficking cases have been uncovered, with sex trafficking being the biggest issue. Law enforcement reports they recover victims through traffic stops, information from other criminal investigations, and information obtained by interviewing runaways. After the recovery, they notify DCFS/CPA if issues are disclosed by the child. The reporting system was said to add a time lag in that they report to a central state office and must wait for the information to trickle down to the local level. A need for a timelier, seamless reporting procedure was identified. The victims recovered were also reported to be LGBTQ kids, homeless kids, and kids living in poverty. Familial trafficking was stated to be a problem, with the parents trafficking their children for drug money. Military representation conveyed they have a bigger problem with the buyer/demand aspect than the trafficker aspect. Victims in the area are identified by contact with law enforcement and screening tools used by system members such as juvenile services questions children about relationships they are involved in as well as how they have obtained property in their possession when they have been on runaway status.

Community referrals were also cited as a method of identification. Following their recovery, victims are interviewed in the CAC model and CPS issues are assessed. It was stated that some rural areas are still charging children with prostitution upon their arrest. Following placement, the victims were reported to often runaway again from placements. Placements were discussed and foster care was offered as an avenue that is working for kids in the area. The Juvenile Department reported an intervention tool and a screening process that is working in both identifying victims and curbing risky behaviors. Services for male victims were said to be lacking and training for more peripheral system members was identified as a need. Examples of such system members included first responder EMTs and staff from the hospitality industry. The vision for the future was described as a more centralized local response, better funding for DCFS and law enforcement, and more attention of youth activities and workforce development to try and prevent runaways.

WHO ARE OUR VICTIMS?

Participants reported victims recovered in the area as children living in poverty, children engaged in delinquent behaviors, and runaways; with children who runaway multiple times being at greatest risk. Children were reported to meet traffickers during their runaway instances and through social media. Some attendees reported that familial trafficking is also an issue, with these children being trafficked by parents with drug issues. Children in the foster care system and children with a history of mental health issues fall prey to traffickers, with the point being made that these victims usually do not self-report their abuse. An increase in Spanish speaking victims has been seen, with barriers created because of language and cultural differences. Caddo Parish officials stated that the victims recovered in their area are local and do not generally come in from other areas.

PARTICIPANT COMMENTS

- Children living in poverty
- Homeless and delinquent children
- In Caddo, victims are predominately local, African American females
- Children trafficked by neighbors
- Children trafficked by family
- Younger children coming into advocacy centers
- Seeing increase in Spanish speaking which is a barrier and a challenge
- Victims do not self-report/self-identify
- Foster children
- Children with multiple runaways and multiple placements
- Children from families that use drugs-familial trafficking for drug use

- Young people who frequent social media
- Adult females who get involved with males who completely control their finances
- Families with history of sexual abuse
- Male victims who have sex with men
- Kids with mental health issues, vulnerable because of lack of parental support
- Parents in drug court have history of trafficking their children
- Children who are age 17 and runaway
- Migrant workers moving from place to place
- Children in juvenile system because they may be experiencing sexual abuse or be sexually active
- Military sees more buyers than traffickers
- Children going through any situation that makes them vulnerable
- Online predators look for these vulnerability
- Children who watch hyper sexualized anime
- Children with disabilities that make them vulnerable
- Children being raised by grandparents have been seen by CAC
- Transgender kids
- No labor trafficking has been reported or detected

HOW ARE VICTIMS IDENTIFIED?

Screening tools are used by some participants, one being Share Hope International Intervene tool. Most participants reported being on the lookout for signs of trafficking with children they see on their caseloads. Juvenile services reported they look for tattoos, piercing, how kids are dressed, types of property they come in with, such as expensive phones, and interviewing children about their relationships and older boyfriends. Some participants reported interviewing runaways as a method of identifying trafficking victims. Parental and grandparental reports account for some of the reported victims, with community referrals also being a source of identifying trafficking victims.

PARTICIPANT COMMENTS

- Juvenile services look for tattoos, piercings, and how they are dressed
- Ask about age of boyfriend
- Higher end property, cell phones
- Look for signs of trafficking, Juvenile Dept. has been trained on this issue
- Developing a relationship with families of sexually abused children
- Interviews of runaways
- Community referrals
- Information developed through trafficking investigations, which may lead to additional victims
- Information developed through routine traffic stops
- Shared Hope International Intervene screening tools used by Caddo Parish Juvenile Services
- Health services determining number of STDs and sex partners
- Grandparents/parents reporting

WHO ARE WE MISSING?

When posed with the question regarding what population is being missed, participants talked about kids who are in very rural areas and are not properly screened. Trafficking within the family was identified as a situation where reports are unlikely to happen. Mentally challenged children were said to be a population likely missed due to lack of their ability to report abuse.

PARTICIPANT COMMENTS

- Victims who are isolated by location or situation: familial victims, rural victims, home schooled children
- Familial victims
- Children in faith-based communities
- Young adult population that come to job centers for services are vulnerable
- Victims in rural areas
- Mentally challenged children

WHAT HAPPENS AFTER IDENTIFICATION/ RECOVERY OF VICTIMS?

Participants stated that victims have a belief they will be arrested and prosecuted for prostitution and this complicates recovery processes. DCFS will be notified by the recovery agency if CPS issues are present and identified. CPS stated they need to determine the child is unsafe with the family in order to take action. Some participants noted that the centralized reporting of abuse to CPS sometimes delays their timely involvement at the local level, and also that they are not informed as to why CPS action was not taken. If the circumstances do not rise to the level of CPS involvement, other nonprofits provide advocacy and services. Caddo Parish Juvenile Services regularly staffs reported cases and discuss the delivery of services. The Child Advocacy Center provides forensic interviews for recovered victims. It was cited that children recovered as trafficking victims typically run away again, within 48 hours of recovery. The runaways are not always reported by the parents. Law enforcement discussed instances where they were not notified immediately by entities that suspected trafficking, such as schools in the area. Children in some rural areas may still be charged with prostitution.

PARTICIPANT COMMENTS

- Victims feel they will be prosecuted for prostitution
- CPS is notified regarding welfare issues if present
- Child may be sent to another jurisdiction
- There is not a seamless process as far as services
- Caddo Parish Juvenile Services has a CRT (Community Response Team), meets bi-weekly to staff and review confirmed trafficking cases and discuss delivery of services. DCFS is included as well as the CAC, law enforcement, and Jewel House
- If medical encounters victim or possible victim they attempt to get as much information as possible and make notifications
- CAC has a trauma, informed forensic interviews for recovered victims
- Centralized reporting to CPS sometimes delays response at local level
- Familial trafficking is considered high-risk
- Children are running away within 48 hours after recovery
- Parents are not always reporting the runaways
- CPS needs to be able to determine the child is unsafe with family to validate a report
- If circumstances do not rise to level of CPS involvement, Gingerbread House will provide intervention and services as well as advocacy
- CPS will call state office, have internal staffing between state and local office to brainstorm resources and service for the child
- I-20 Central Corridor Anti-Trafficking Task Force releases information on possible victims
- Schools have tried investigating trafficking on their own, this is a problem, law enforcement need to be brought in early
- Nonprofits want to be involved, feel they sometimes cause frustration within the system
- Some parts of system feel children “traffic” themselves and like doing it
- Medical stated they have seen medical staff with this view
- Some school officials agree this can happen
- Rural areas are still arresting for prostitution
- Caddo Juvenile Services treat the children, work with the families
- Many of the children reported are screened by CPS, others want communication about when this is done and why
- There is no uniformity with terminology and language used regarding children recovered and situation
- Kids are coming into juvenile system with other charges, sometimes they are released before they can be assessed

WHAT IS WORKING?

Several nonprofits and awareness campaigns are providing services which are working. Foster care placement was named as one of the system components that is working as a suitable placement for trafficking victims. The area schools have effective training, and the Juvenile Department has an effective screening tool. The juvenile courts have a three-tiered intervention tool which has been very effective. Most law enforcement reported they are aware of necessary contacts to make upon a recovery and that process is working well.

PARTICIPANT COMMENTS

- Gingerbread House is effective in providing training on trafficking
- Gingerbread House provides trauma focused counseling
- Specialized foster care placement
- Juvenile Detention Center has program for screening trafficking victims
- Juvenile services has specialized probation unit for trafficking victims
- Some adult services available could be used
- Medical care at MLK Health Center
- “Not a Number”-program by Love 146
- Human trafficking survivor mentoring through Purchased, Not for Sale
- The Juvenile Center has high level of trafficking and provides stable environment
- Schools have effective training
- Specialized placements
- FREE Coalition strengthens public knowledge, has a training team which goes out into the community to train all possible points of entry
- Law enforcement has contacts established when a child is recovered, contacts to begin effective process
- Juvenile courts have three-tiered intervention tool which has been effective
- Arrests are being made by law enforcement

WHAT SHORT AND LONG-TERM SERVICES ARE AVAILABLE TO VICTIMS?

Short-term services available for victims include: forensic interviewing of victims, emergency shelter, and short-term placement. Long-term placement is also available. A curriculum exists for trafficking prevention for youth. Many different entities reported they house and serve victims of child sex trafficking. The challenge was identified as these services are mostly delivered on a voluntary basis, and these children tend to run away again after recovery.

PARTICIPANT COMMENTS

- Immediate needs are being met by homeless shelters and specialized foster care placement, but there is severe shortage of placement
- Forensic interviewing by Gingerbread House
- Gingerbread House has #Notanumber human trafficking prevention curriculum for youth created by Love146
- Short and long-term needs addressed with placements specific to trafficking victims (Jewell House, Free Indeed)
- Jewell House is emergency and transitional living youth facility, offers alternative to juvenile detention while long-term plan is established
- Metanoia House, Christopher Youth Center
- Gingerbread House CAC has short-term crisis treatment available
- Louisiana Methodist Children’s Home can provide counseling
- Juvenile Detention Center, average 20 runaways at a time, staffed about 130 cases since 2014, 44 % confirmed victims, remainder prospective victims
- Johnnie Gray Center, Bossier City, short-term emergency placement
- Services that are “voluntary” and occur out of custody do not seem to be working as the victims run away from them
- Purchased, Not for Sale is a residential program for homeless women that includes trafficking, and year-long mentorship program including survivor and non-survivor mentors

WHAT SERVICES ARE MISSING OR NEED TO INCREASE?

Training for all community members and some system members is needed. These members were identified as the school system, youth direct service providers, the medical community, EMS first responders, and the hospitality industry. Activities available for youth were said to be lacking and a need for better preparation for the youth workforce was identified. Services for male victims are not sufficient. The entities that are treating these victims are using treatment models for sexual abuse that are not trafficking specific. Finally, special needs clients need better advocacy.

PARTICIPANT COMMENTS

- Beds and services for male trafficking victims
- Long-term residential facility for juvenile sex trafficking victims built in this area so kids aren't sent across state once identified
- Mandated training regarding trafficking/substance abuse awareness for school system, direct youth service providers, foster care/home staff, medical, EMS first responders, hospitality industry staff, and existing treatment centers, need more trafficking training
- Specific services for LGBTQ, mentally challenged, mental health services for perpetrators
- More youth-based activities
- Better workforce development for kids, more demand focus from law enforcement targeting the buyers

WHAT IS YOUR VISION FOR A LOUISIANA STATEWIDE RESPONSE?

In order to increase DCFS involvement with recovered children, participants agreed DCFS needs more funding or a realignment on how reporting takes place. System members need standardized protocols and comprehensive community prevention training. Law enforcement needs advanced, trauma training and a CAC model should be replicated offering a delivery of services in one location.

PARTICIPANT COMMENTS

- More locally centralized response, not centralized at state level
- Statewide Public Service Announcement "Not in My State", replicating the Shreveport area PSA that was done
- Harsher penalties for traffickers and buyers
- Crisis Response Team in every region
- Training for hospitality industry statewide
- Develop I-10 Corridor Task Force
- Increased funding for law enforcement response

Thibodaux Region Symposium

February 20, 2018

Local Co-Host: Terrebonne Children's Advocacy Center and Children's Advocacy Center of Lafourche

Number of Participants: 65

Site Report

SUMMARY

The attendees of the Houma Symposium feel they are not doing all they can to identify victims and discern what the trafficking problem really is regarding this region. Disclosures of trafficking were said to be few. Two cases were discussed: one involving a girl from out-of-state, another involving two girls who were held in a hotel room. The participants believe they do have more victims within the runaway population, children who are trafficked by their families, and drug addicts who are adults and children prostituting for drug money. Participants also discussed populations they believe to be at-risk of becoming involved in trafficking, such as youth in the foster care system, the homeless population, kids who come through medical facilities with multiple STD, and LGBTQ kids who become homeless because of the lack of acceptance.

The Child Advocacy Center stated, when they do receive reports of trafficking or suspected trafficking, these reports come from law enforcement and DCFS. Questions were raised regarding several cases that have come through the CAC that were not traditionally organized prostitution trafficking cases and whether those met the threshold to be legally called trafficking cases. The medical representatives, to include behavioral health expressed a willingness to collaborate on ways to better identify and share information. One entity staffs a 24-hour crisis hotline for trafficking victims. Sex education classes in the schools were discussed, as were entities that go into the schools and conduct internet and sexual safety training. It is important for students to know what is happening if they are approached by a trafficker. Therefore, participants agreed that trafficking training should be blended with the sex education program in order to teach kids about the dangers of trafficking and how it all unfolds. It was also brought up that teachers and counselors in schools should be trained on trafficking indicators so they are able to spot and report. As far as placement of the victims following recovery, many different nonprofits provide limited placement and services. However, most recovered victims are taken to detention due to the fact that a child with any type of charge is not accepted at most placements; these children may have a runaway and other charges not related to prostitution.

A lack of adequate school counselors was identified as a problem, with children waiting two to three weeks for an appointment with a counselor. The dynamics of trafficking and how quickly and dangerously the situation can escalate was addressed as a reason a suspected trafficking victim may need to get into see a counselor quickly. The high, school expulsion rate, was also examined and said to be a factor in a large number of kids being vulnerable to traffickers. Some entities reported having services that aren't being accessed and some reported that the reimbursement rate is just too low to provide services through the state. These concerns were all addressed in the group's discussion regarding their vision for the future. Communication was reported to be healthy and very good between the different systems, with HIPPA being raised as the only obstacle at times. System members expressed they would like a list of available resources as well as public service announcements in the region to raise awareness regarding human trafficking. It was suggested that a mobile MDT team for trafficking victims, which handles the law enforcement recovery, DCFS involvement, and placement services would be a tool that could more effectively serve trafficking victims following their recovery. Members of the group would like to see these organizations involved and represented in the MDT: LE, CAC, school board members, medical representative, emergency housing provider, judge and DA, Coroner's Office, educators and SROs. A meeting following the symposium was arranged in order to explore next steps as the region moves toward a more comprehensive response to trafficking victims.

WHO ARE OUR VICTIMS?

Participants recounted several cases that occurred in the Houma region. One case was a girl brought to the area from out-of-state and prostituted. Another example included two girls who were drugged and kept in a hotel room and prostituted. Other participants stated they see very few cases in which a disclosure of trafficking has been made. Often kids are suspected to be trafficking victims, but with no disclosure by the child, they are unable to

prove. It is sensed as a community they should look closer at children with multiple STDs, the homeless population, immigrants working in massage parlors and bars, kids found in the region from other jurisdictions, kids meeting people on the internet who may turn out to be traffickers, youth placed in foster care, and LGBTQ kids, who may leave home due to lack of acceptance, as potential victims.

PARTICIPANT COMMENTS

- Kids trafficked by their families
- Kids from other jurisdictions
- Illegal immigration status, seen in massage parlors and bars
- Also see illegal immigrants brought here with promises of work and then become sex workers to pay off debt
- Drug addicts
- Terrebonne has only seen a handful of victims
- Often kids are suspected to be trafficking victims but cannot prove it
- Homeless population
- Honor students lured by scams of modeling
- Kids with STDs
- Lots of comments about situations where trafficking is suspected but unable to get disclosure
- Medical is seeing kids with multiple STDs
- Have seen a case where girls were drugged and kept in hotel room, brought here from New Orleans
- Kids on internet using web cams
- LGBTQ experience a lack of acceptance
- Youth in foster care
- Homeschooled children
- Kids who are isolated, may turn to sex to fit in

HOW ARE CONFIRMED AND PROSPECTIVE VICTIMS IN OUR COMMUNITIES IDENTIFIED?

Victims of human trafficking were said to be identified by various methods. The Child Advocacy Center stated they receive reports of child sex trafficking from law enforcement and DCFS. HP Serve partners with the CAC and can bring training to any area. There are four behavioral health sites in the region which provide counseling and a crisis hotline manned 24/7. Domestic violence victims are screened for trafficking and the faith-based community has a training program regarding awareness. Schools system representatives stated teachers and school counselors sometimes receive student disclosures of trafficking, however, most attendees agreed that identification of victims is not what it should be in the region. New and better methods need to be developed in order to identify victims. HIPPA was raised as a barrier to sharing suspected or confirmed victim's information.

PARTICIPANT COMMENTS

- Disclosures to teachers
- Psychiatric assessments to identify risk
- Screening tools for Domestic Violence victims
- Child Advocacy center receives identification of victims from law enforcement and DCFS
- Diocese have online training course to identify signs and report
- SANE nurse program in New Orleans, no SANE nurses locally
- Several participants saw HIPPA as a barrier to reporting, unless information was exchanged in an MDT setting
- Lafourche has a good MDT containing law Enforcement, DCFS, and other agencies
- Law enforcement do not have needed resources once victims identify
- When victims are identified, they can go to four behavioral health sites in region: South, Central, LA Health, and Human Services Agency, they have a 24/7 crisis line, they use an MDT approach with counselors, psychiatrist, primary physicians, and addiction counselors
- HP Serve has a statewide grant with funding available for adults and children who are trafficking victims, through Louisiana Children's Anti-Trafficking Initiative, partnered with CAC's of Louisiana, they brought in Love146 who trains the trainer, statewide training, on a specific curriculum focused on human trafficking, this can be brought in to any region

WHAT IS BEING DONE TO KEEP KIDS SAFE?

The question was raised regarding what actions are being taken to protect our children in the region. The CAC currently goes into schools and provides training related to internet and sexual activity, although not trafficking specific. Participants discussed the need for parental consent to conduct trafficking training, and how this could be an obstacle. The sentiment from the room was that trafficking training should probably be included within sex education classes. Training school personnel to spot indicators of trafficking was also discussed.

PARTICIPANT COMMENTS

- Child Advocacy Center of Lafourche goes into schools with awareness presentations related to internet and sexual activity
- School board has 10th graders receiving sex education, with parent's consent, trafficking would be allowed as an education topic, with parent's consent
- Survivor talked about her first disclosure of abuse was to a schoolmate, there should be hotline, PTA involvement and awareness training in high school
- Need training for persons who trafficking may be reported to

WHAT ARE WE DOING THAT IS WORKING?

Attendees stated that communication between agencies is good, service plans are being produced for aftercare of victims, and confirmed cases are being staffed and tracked.

- Lines of communication are very open between agencies
- The CAC is using NCAtrak to track risk factor in order to improve identification of victims
- They are creating service plans
- They are tracking confirmed and prospective cases

WHAT SHORT AND LONG-TERM SERVICES ARE AVAILABLE FOR VICTIMS?

Many nonprofits were named as being available for placements and other services; they are listed below in the comments section. Some nonprofits stated they may not house a child who has any kind of criminal charge, however, most victims will go to detention immediately following their recovery because of their runaway status and because it is the only safe, secure place for them. Law enforcement reported that they report their recoveries to the CAC who provides services. Representatives from the school districts reported they do not have enough counselors on staff to truly attend to kids in need. It was reported that counselors are sometimes only able to check kids in and not counsel them due to appointments being backed up two to three weeks. The need for a quick response to these victims, because of the danger they face, was raised. Some providers stated they are only reimbursed for half their rates which makes it difficult for them to become involved. DCFS stated that if they are notified of an issue with the family they will place the child.

PARTICIPANT COMMENTS

- Metanoia House
- Free Indeed Home
- Oasis House in Baton Rouge
- Covenant House in New Orleans
- Law enforcement is contacting the CAC and their victim services to find placement
- DCFS is not taking the children 24/7
- There are two group homes that house children 24/7, their availability isn't known by stakeholders
- South Central HHS Agency has funding to pay for staffing of cases, mental health needs
- High Five program partners with members from the community who serve as mentors to high-risk kids, this could potentially be used for trafficking victims
- School district talked about not enough mental health providers in the schools, counselors are not trained on complex trauma
- Counselors are just checking kids in, not counseling, appointments take two to three weeks
- Funding issues with providers only paid half their rate
- Start Corporation reported having services available that are not being accessed

- Start stated they have services not being used
- SPARC is a program that kids are being sent through, no adjudication or teeth in program according to one participant
- In Thibodaux FINS petitions in court are not being utilized to hold parents accountable
- CPS DA stated it could and should be used
- Concern expressed that FINS goes on child's record, not parents
- South Central Louisiana Human Services Authority, has counselors with training in trauma based, psychotherapy, trained in PTSD, LGBTQ issues, safe talk and assist
- DCFS is notified when any trafficking victim is recovered
- Clarified that DCFS is notified if culpability on parent's part is shown
- Short-term placement may be detention
- Detention is usually first place a runaway or trafficking victim will go because it is secure and they have opportunity to develop service plan
- Lafourche Parish has group home for emergency placement, no kids with criminal charge or warrant
- McDonald's House, kids must meet their criteria
- Magnolia Services have psychiatric services available

WHAT IS VISION FOR REGION?

Attendees reported they would like to see region-wide public service announcements in order to raise the community awareness regarding trafficking. A one-stop-shop where victims, after recovery, receive medical, talk with law enforcement and DCFS, and are appropriately placed. While agencies reported working well together, they did express a need for better sharing of information, particularly resources available to stakeholders and providers. Engaging with grant writers to try and increase funding for trafficking victims was a point of discussion. A meeting was set to revisit the symposium points.

PARTICIPANT COMMENTS

- Public Service Announcements
- Safe housing, short and long-term
- A mobile MDT team for trafficking victims, which handles prosecution/LE side to treatment
- Members should be LE, CAC, school board members, medical representative, emergency housing provider, judge and DA, Coroner's Office, educators and SROs
- Grant writers to look for funding
- Develop housing/placement while service plan is being developed
- One-stop-shop, one building for MDT
- Resource services online
- Can use Family Center for Healing model and replicate
- Look at other successful MDT teams in state-New Orleans
- Reducing expulsion rate by schools and addition of school counselors
- Develop task force that meets regularly
- Meeting was set for March 5 to begin task force

