



JuST Response Council **Protective Response** **Model**



JuST Response Council (JRC) Protective Response Model

Young people who have experienced abuse through sex trafficking deserve to be received with the highest level of compassion and care. Professionals and communities that are charged with providing this response have largely recognized juvenile sex trafficking victims as victims, and thus should not be charged with crimes or delinquency offenses such as prostitution or truancy that are a result of trafficking offenses committed against them.¹ However, factors such as agency roles, state political climate, available resources and the nature of the abuse itself create complex challenges to establishing and implementing protective response models for juvenile sex trafficking victims. Some of the most advanced protective response models are still in their infancy and there is diverse opinion on approaches to various models. It is the goal of this field guidance and the JuST Response Council to share the most current findings and emerging practice across geographic, system and legislative areas to support the development of effective protective responses.

What is a “Protective Response Model?”

A protective response model to juvenile sex trafficking encompasses state and federal statutes, system protocol and implementation, access to available service and community resources, and outcome measurements to evaluate effectiveness in identifying, responding to, and preventing further harm. At all levels the shared goal is to prevent juveniles from becoming sex trafficking victims and ensure that youth who have been trafficked are provided with tools and support to help them heal from the trauma they have endured, and create and sustain a life away from trafficking.

10 Protective Response Model Premises

All stages of a protective response model should be grounded in the following ten premises:

- 1 Non-criminalization.** The criminal justice and delinquency systems are not the right place to respond to juvenile sex trafficking victims. Minors cannot commit the crime of prostitution and must not be held culpable for non-violent offenses committed as a direct result of their being trafficked. Federal law clearly defines any commercial sex act with a young person who has not reached the age of 18 as human trafficking and all corresponding language should reflect this definition. The term “prostitute” and associated terms are stigmatizing and harmful labels that have no place in the response to sex trafficking.
- 2 Trauma-informed.** All victims of crimes, including juvenile sex trafficking victims, should be met with a trauma-informed approach. When creating a response plan for juvenile sex trafficking, a thorough understanding of the specific trauma associated with it is required. Training on trauma dynamics and the involvement of survivor leadership in bringing trauma-informed responses are critical to ensuring that decision makers and responding professionals understand these unique dynamics and account for them in the shaping of their response model. It is critical that professionals working with juvenile sex trafficking victims recognize “delinquent behavior” as a symptom of trafficking-related trauma or earlier abuse. While this is true for many children in care, it is especially relevant for the youth who may not be “asking for help” and may be resistant to initial service interventions.
- 3 Empowerment approach.** Juveniles that are victims of sex trafficking are strong, intelligent and resilient people. Services must be shaped with this in mind and must be centered in what the child needs and wants and may change over time as the child responds to services. Although it is not the priority, an empowerment approach coupled with trauma informed services may ultimately encourage the victim to participate in prosecution of the exploiter. An essential element of the empowerment approach is provision of a funded advocate who will support him or her in any system response and at any point in the services continuum.
- 4 Safety concerns addressed.** Safety concerns present a particular challenge when creating a service plan for victims of juvenile sex trafficking. State licensing and mental health procedures for young people who present as harmful to themselves or others should always be considered when connecting youth to services. Traditional government requirements for contracted providers should be re-examined for potential safety gaps. Safety gaps can include restrictions on readmission of a victim who leaves a placement, or placing other youth in care with a victim who may recruit them into sex trafficking.

¹ This concept is further complicated when a former victim later becomes an adult perpetrator, one who controls, recruits, punishes victims. See “The Role of Female Pimps:” <http://jiv.sagepub.com/content/30/16/2814.short>.

There is a lack of consensus on when restrictive or forced services should be provided to keep young people with severe trauma bonding safe from re-exploitation. Some victim advocates maintain that certain behaviors related to trauma-bonding, such as running away or recruitment of other young people, warrant higher security, while others worry that restrictive services grounded in these concerns will lead to system structures that may not empower survivors and may in fact re-traumatize them. Youth involvement in their individual service plans can help mitigate these concerns and should be a priority.

5

Proactive identification efforts. The number one reason victims of juvenile sex trafficking do not receive appropriate services is that they are simply not recognized as such. Mandatory, high quality, tailored training focused on victim identification is essential. Also essential are proactive identification protocols that recognize identification may happen in a variety of ways and places, such as through screening tools or a first responder emergency response, and may happen long after a victim is system-involved or in treatment for physical or mental health. A validated screening tool should be used to identify victims of trafficking. Without such validation, there will be inconsistencies that impact the ability to evaluate outcomes.

6

Flexible. An effective protective response model must be flexible to allow for a range of services responsive to the unique needs of each victim. State and tribal agencies and community-based nonprofit service providers both play a role in any protective response model. The model must permit individual service plans to be rooted in the victim's preferences—and when available and if appropriate, their family/caregiver—and should be informed by a host of considerations including gender, culture, prior trauma, mental health needs and safety concerns. While formal protocols are necessary for access to services, rigidity must not prevent consideration of these other factors.

7

Accessible array of funded, specialized services. Given the wide range of victim responses to exploitation and trauma, and the many doors a victim could come through, an array of funded and

accessible services is required. Laws must ensure access to federal, state, tribal and local services, such as child welfare, child advocacy centers, and Medicaid for all juvenile sex trafficking victims regardless of whether there is an identified trafficker, and whether they are in state or home custody. If emergency assessments are needed, safe, youth-friendly environments should be available 24/7 with an advocate available to support a juvenile through assessment and throughout time in care.

8

Established protocols. Formal protocols defining professional and agency roles and responsibilities are essential. Every professional identified in a protective response model should be equipped with a clear understanding of the protocols to provide the most streamlined, coordinated response. Training should not just focus on impact of victimization but should also prepare first responders for the challenges associated with the healing process. To achieve this, agencies must identify uniform definitions to ensure clear coordination and collaboration. Whenever possible, priority should be placed on incorporating leadership from sex trafficking survivors who have attained the professional/academic standing and healing supports to effectively create, implement and evaluate these protocols.

9

Continuity and consistency in support. Scope and scalability of existing infrastructures across wide geographical areas are needed to allow for youth to transition through programs without losing the continuity of care in their community. Throughout the process there should be a primary advocate for the victim who is able to support the child regardless of what system(s) are involved or where the child is in the continuum of care. When possible, the child should be included in the decision as to whom that advocate should be.

10

Ongoing monitoring and evaluation. While the field strives to identify sustainable solutions, there must be transparency and understanding about the expense and duration of needed services. Evaluation and continuous quality improvement (CQI) for trainings, tools, protocols and provided services is critical to make sure that immediate resources can continue to improve while best practices are still being identified.

These core principles were developed by Shared Hope International and the JuST Response Council to assist in the establishment of protective response models. The list is not exhaustive and will likely develop further as longitudinal data becomes available and the field continues to refine its understanding and response methods. The core principles frame the development of protective models; however, political will, funding and socioeconomic and geographical diversity may not allow all recommendations to be achieved immediately. In the following pages we identify examples of current programs that exemplify components of these principles, along with tools or resources available to help communities as we all strive to build a response that allows young survivors access to the support and care they deserve.

Field guidance for developing protective response models for juvenile sex trafficking victims

This field guidance is presented in four categories: Intervention, Case and Safety Planning, Empowerment/Healing Supports and Program Evaluation/Policy Implementation Assessments. These categories identify major areas along a continuum of care beginning where first responder and service providers engage with victims of juvenile sex trafficking. The JuST Response Council also noted that when creating a larger systemic and community plan, prevention must also be addressed. Many times these categories will overlap or happen concurrently and may happen in a very different order.

As the victimization associated with juvenile sex trafficking becomes better understood and recognized across the nation, promising field techniques for preventing, identifying and responding at the state or local level are emerging. These field examples are meant to inform or support the development of a comprehensive plan that would also include considerations of state and tribal law, mandatory reporting guidelines, availability of community resources for victim and family support and existing policies and protocols. The following examples are of comprehensive protective response plans that encompass components of all or some of the ten premises noted above.

Examples of Established Model Response Protocols

Field Examples

Connecticut HART Model:

<http://bit.ly/HARTmodel>

Washington State Model Protocol for Commercially Sexually Exploited Youth:

<http://bit.ly/Projectrespect>

San Diego County CSEC Protocol:

<http://bit.ly/CSECprotocol>

Additional Resources

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

<http://bit.ly/IOMrguide>

Intervention

“Many victims are not likely to disclose their trafficking abuse, and access to services should not hinge on disclosure.”

How a young person is identified will greatly impact the response to his or her victimization. While screening is critical to identifying victims, first line responders and providers must be educated that many victims are not likely to disclose their trafficking abuse, and access to services should not hinge on disclosure. Expectations that a victim will trust a professional sufficiently to disclose, especially immediately after recovery by law enforcement, is misplaced, and efforts to elicit that disclosure may actually re-victimize the child. When implementing screenings for juvenile sex trafficking or preparing for law enforcement investigations and recovery, professionals need training on the associated complex trauma dynamics.

Identification and response through screening and assessment

Any child in care through child welfare, juvenile justice, runaway and homeless youth systems or other child-serving agencies should be assessed for potential trafficking so that tailored responses can be developed as soon as possible. As a result of the recently enacted Preventing Sex Trafficking and Strengthening Families Act and Justice for Victims of Trafficking Act, child trafficking has been designated a form of abuse and neglect, and must be reported as such. Several states including Florida and Maryland have already implemented laws or policies that mandate such screenings. Screening tools and interviews should prioritize motivational interviewing techniques and strengths based questions. Victims should not be asked blaming questions, such as: “why did it happen to you?” or, “what did you do to...?” or any other question that conveys that the victimization was the child’s fault. If possible, screening tools should be administered by an individual or advocate who can provide ongoing and consistent care for the young person.

“If possible, screening tools should be administered by an individual or advocate who can provide ongoing and consistent care for the young person.”

If the young person discloses to someone who cannot provide these services, an advocate should be provided as soon as possible to provide support, coordination and continuity throughout the entire continuum of care. Preferably, the advocate would be contacted before the screening and may be able to provide information in advance about prior screenings or disclosures to avoid duplication and re-traumatization. Many times multiple interviews and rapport building will need to take place before a victim will disclose, and professionals should prepare for a process as opposed to an event. Juveniles should be made aware of any applicable mandatory reporting laws, and the professional administering the screening should be familiar with all related protocols and able to respond appropriately if the child discloses trafficking abuse.

Note on Language:

Victim/Survivor: A person who has been victimized/survived victimization. This report uses victim and survivor interchangeably to provide consistency with statutory language and cross-agency terminology. We recognize that individuals who have experienced trafficking are survivors at all stages of their abuse and recover and are not defined by their victimization.

Juvenile: Refers to a person who has not reached the age of 18. Juvenile should not be a bad word. The issue of juvenile sex trafficking is not a new phenomenon, but the way it is perceived has been changing rapidly due to the advocacy of leaders and advocates across the country. We have a chance to reform systems broadly because of this shift in perception. With this goal in mind, we also have the opportunity to shift public perception of the word “juvenile” from its negative connotation to what it actually means—a young person whom we as a society have a responsibility to care for and about.*

*The JuST Response Council recognizes that victimization and service needs extend beyond the age of 17; however, this field guidance document is targeted to minors.

Examples of Identification Tools

Field Examples

Florida Human Trafficking Screening Tool (HTST):

http://bit.ly/FL_HTST

which was required through Florida’s HB 7141

Sex-Trafficking Assessment Review (STAR © 2015 District of Columbia Courts)

<http://bit.ly/STAR2015DCC>

INTERVENE, Shared Hope International:

<http://bit.ly/InterveneGuide>

WestCoast Children’s Clinic Commercial Sexual Identification Toolkit:

<http://bit.ly/WCCCTools>

Additional Resources

National Child Traumatic Stress Network Brief: Facts for Policy Makers Commercial Sexual Exploitation of Youth:

http://bit.ly/CSEC_Policy

Identification and Response in Law Enforcement Recovery or Emergency Situation

If a child is identified as a juvenile sex trafficking victim through a law enforcement operation or in a situation where a safe and stable environment is not identified, such as in an emergency room setting, a formalized protocol and shared language should be in place to connect youth to services as soon as possible. One of the most critical factors in these emergency recoveries is a place to conduct a needs assessment that is age appropriate, non-punitive and safe, no matter when or how the victim is recovered. Ideally, laws should require that a safe place be available outside of a detention setting where the child's immediate needs can be met and an initial safety plan can be developed. This will provide a trauma-informed response to the victim, as well as improve the quality of the assessment. Emergency safe homes, child advocacy centers and emergency foster care placements are options currently being explored to meet this need; however, resource and policy barriers continue to cause challenges nationwide. Wherever the emergency needs- based assessment happens, an advocate that the victim trusts or can build an ongoing trusting relationship with should be present. Many field experts suggest that this advocate be a survivor whenever possible. Ideally, multi-disciplinary teams that have been established specifically to respond to juvenile sex trafficking cases will be able to mobilize immediately, at any time of day, with all roles clearly defined. The protocol should account for immediate medical needs and allow for formal system response to use these emergency options without mandating custody to a state agency. Again, the needs, safety and support of the survivor should take priority over prosecutorial investigations.

Emergency Responses to Juvenile Sex Trafficking

Field Examples

**Los Angeles County First Responder
Protocol for CSEC:**

http://bit.ly/la_csec

Additional Resources

**Shared Hope International's iCARE:
Healthcare Provider's Guide:**

<http://bit.ly/iCareGuide>

Case/Safety Planning

Once a child has been identified as having been or likely to have been trafficked and measures have been taken to ensure immediate needs have been met, support and ongoing assessment plans should be put into place as soon as possible. Multi-disciplinary teams (MDT) have long been identified as promising models to respond to abused and neglected children, and protocols should be developed to establish MDTs with appointed members that have been trained on the trauma dynamics associated with juvenile sex trafficking (CSE-MDT). Timing for CSE-MDT response will hinge on what services and case management the victim is already receiving, his or her safety situation and desire for services. Initial assessments should not limit future identified service needs, especially access to ongoing mental health services. In emergency situations, it is recommended that the CSE-MDT be gathered within 72 hours of recovery.

CSE-MDTs are most successful when the team approach has been developed and outlined in advance and is shaped to create culturally diverse and competent, comprehensive, integrated systemic and sustainable long term safety and services planning. The response must be shaped by the unique needs of the individual victim. Professional roles must be clearly defined and outlined to prevent boundary issues and conflicts. If possible, the victim should help identify who will be in the CSE-MDT. Laws should allow trafficking victims to have access to state mandated CSE-MDTs no matter what entity is responsible for their care. If determined safe, family should be included in services plans and should also be provided services and support. Initial service and safety plan determinations should allow room for flexibility and ongoing evaluation.

Juvenile Sex Trafficking Informed MDT Response

Field Examples

SEEN Program, Massachusetts:

http://bit.ly/SEEN_Program

Cook County Sheriff's Office Human Trafficking Response Team (HTRT):

<http://bit.ly/HTRTeam>

Ending the Commercial Sexual Exploitation of Children: A Call for Multi-System Collaboration in California:

<http://bit.ly/EndingCSEC>

WestCoast Children's Clinic Research to Action: Sexually Exploited Minors (SEM) Needs and Strengths:

http://bit.ly/WCC_SEM

Ohio Network of Child Advocacy Center through the Child Trust Fund provided funding for 26 Local Child Advocacy Centers to create human trafficking specific responses:

<http://bit.ly/OhioTaskForce>

Profession Specific Tools

A Guide for State Courts in Cases Involving Child Trafficking Victims Coerced into Criminal Behavior:

<http://bit.ly/ChildVictimsCoerced>

Renewal Forum Report: Falling Through the Cracks: Rethinking Child Protective Services' Response to Victims of Child Sex Trafficking in the U.S.:

http://bit.ly/Renewal_Forum

National Council of Juvenile and Family Court Judges (NCJFCJ) and National Center for Missing and Exploited Children (NCMEC) Publication: Missing Children, State Care and Child Sex Trafficking Engaging the Judiciary in Building a Collaborative Response:

<http://bit.ly/NCJFCJ>

Additional Resources

Georgetown Law Center on Poverty and Inequality in Partnership with Rights4Girls and the Crittenton Foundation Blueprint: A Multidisciplinary Approach to the Domestic Sex Trafficking of Girls:

http://bit.ly/Blueprint_PDF_

Office for Victims of Crime Training and Technical Assistance Center (OVCTTAC) Human Trafficking Taskforce E- Guide:

http://bit.ly/E_guide

Department of Justice Office for Victims' of Crime Human Trafficking Task Force e-Guide Strengthening Collaborative Response Supporting Victims, available at:

http://bit.ly/OVC_SupportingVictims

Case/Safety Planning Continued...

Ideally, MDTs should be gathered by a central coordinating agency and an advocate should be identified that can provide support throughout the continuum of care to lead the safety and services planning. Not only does this provide continuity for the victim, but integrates professionals in the community into the plan of care. The coordinating agency should be able to connect the victim to services, no matter how they are identified.

Not all youth will need to go to a facility or have an emergency response for assessment. If the victim is identified in a stable environment, the assessment may start with a case manager meeting with the young person in the community or at a placement location. Ideally, safety and services planning should be ongoing. Goals should reflect the victim's own priorities, self-defined needs, and goals for seeking assistance. Youth should consent to and inform any service plans as much as possible and a thorough safety analysis should be conducted.

“Goals should reflect the victim's own priorities, self-defined needs, and goals for seeking assistance.”

Coordinating Agencies

Field Examples

Connecticut's Human Trafficking Response Team (HART) designates six Human Anti-trafficking Response Teams through the Department of Children and Families (DCF): <http://bit.ly/HARTModel>

Georgia Care Connection was established by Georgia's Governor's Office for Children and Families to serve as a central, statewide hub for victims and survivors of child sex trafficking and for professionals seeking to help them: <http://bit.ly/GAcares>

Florida Department of Children Services (DCS) appointed a Statewide Human Trafficking Prevention Director who works closely with the Human Trafficking Director at the Florida Department of Juvenile Justice to manage the statewide referral processes of children that are identified as victims of trafficking: <http://bit.ly/FLfamilies>

Kentucky's Human Trafficking Victims' Rights Act (HTVRA) enacted in 2013 created one of the most comprehensive system response laws in the country and mandated that all juvenile sex trafficking victims referral to the Cabinet for Health and Family Services, even if they are identified after a referral to the juvenile justice system. The Cabinet report is available at: <http://bit.ly/ProtectKentucky>

Minnesota Department of Behavioral Health is the coordinating entity working with the Minnesota Departments of Human Services and Health to implement Minnesota's No Wrong Door Model which ensures that any victim of juvenile sex trafficking, regardless of how they were identified, can be referred to a point of contact in their region, a regional navigator who provides advocacy and ensures that the victim is linked to appropriate support services: <http://bit.ly/SafeHarborMN>

Case/Safety Planning

Adequate safety and services plans hinge on having trained professionals that understand juvenile sex trafficking dynamics and have adequate resources available to meet the array of services that victims may need. For purposes of this field guidance, empowerment/healing supports means efforts taken to support victims in coping with the trauma they have experienced, including life challenges caused directly or indirectly by their trafficking victimization, as well as efforts to equip them with defenses against future victimization.

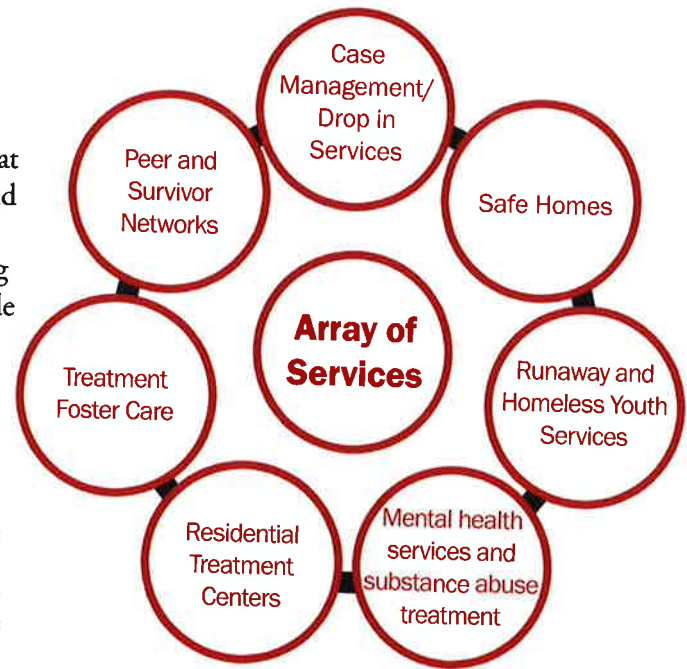
Ideally, communities should have more than one service plan available with programs tailored and informed to meet the needs of juvenile sex trafficking victims, providing a range of services equipped through training, education and funding to connect that young person to the most appropriate service plan. Victims should have access to trauma-informed counseling by professionals who have been trained on the unique dynamics associated with serving juvenile sex trafficking victims. When appropriate, services include comprehensive services and education to parents on trauma and creating protective factors to avoid re-victimization.

Many responses that have already been developed for crime victims or youth in care can serve as mechanisms to provide juvenile sex trafficking victims access to services. When creating a response plan, all components should be informed by the specific trauma dynamics associated with juvenile sex trafficking, and much of the well-established research around child-wellbeing will likely apply.

Identified services should provide flexibility for movement in and out of the program and should have a plan in place to respond to the high run rate or engagement interruptions in a service plan. Juvenile sex trafficking victims may need ongoing services, so lifting time restrictions in traditional service models for abused and neglected youth may be necessary.

Programs and services providing restorative services should focus on supporting the youth in finding his or her unique voice and building self-efficacy, as well as focusing on protecting the victim from re-traumatization. Similar to other programs serving abused and neglected youth, services should be culturally competent and gender responsive, providing as much normalcy as possible. The victim should be encouraged and empowered to shape his or her service plan at every opportunity possible.

When creating a response plan, all components should be informed by the specific trauma dynamics associated with juvenile sex trafficking, and much of the well-established research around child-wellbeing will likely apply.”



Mandated Services v. Access to Services: Laws and protocols should allow any juvenile sex trafficking victims access to services, but should not necessarily mandate them. Service plans should be flexible and dictated by trained professionals.

For instance, while a safe home should be accessible for young people who are determined to be able to benefit from the services they provide, not all victims of juvenile sex trafficking will need residential care and they should have access to in home wrap-around services.

Victim Service Provider Resources and Standards

Field Examples

Florida Safe House and Safe Foster home certification language:

http://bit.ly/FL_report

Kentucky's Ky. Rev. Stat. § 620.029 (Duties of cabinet relating to children who are victims of human trafficking)

Legislation (Section 5.4):

http://bit.ly/PIC_KY

Kansas's state law: Kan. Stat. Ann. § 38-2232(a) Section 5.4:

http://bit.ly/PIC_KS

Additional Resources

National Human Trafficking Hotline: <http://bit.ly/TraffickingHotline>

Office for Victims of Crime Matrix of OVC/BJA-Funded Human Trafficking Services Grantees and Task Forces: <http://bit.ly/OVCtrafficking>

Study of HHS Programs Serving Human Trafficking Victims by the U.S. Department of Health & Human Services Office of the Assistant Secretary for Planning and Evaluation: <http://bit.ly/HHSstudy>

Universal Services for Victims of Trafficking by the U.S. Department of Health & Human Services Administration for Children & Families Office on Trafficking in Persons: http://bit.ly/HHS_services

Vision 21 Transforming Victim Services Final Report by the U.S. Department of Justice Office for Victims of Crime, available at: <http://bit.ly/Vision21report>

Case/Safety Planning

Strong evaluation and the generation of good data are essential components of effective treatment. However, a rush to find best practices without comprehensive evaluation is a risk due to the immediate need of the victims coupled with the lack of knowledge in the field. Evaluation must be ongoing when creating a service plan and should be based on reasonable expectations for improved outcomes.

To adequately evaluate the implementation of policies and protocols, measurable outcomes must be identified by researchers and subject matter experts. Deliverables that indicate success must be defined. To establish best practices or even promising practices, there needs to be some continuity on data collection for program comparison or large scale assessment. When creating an evaluation and data collection methodology, there should be recognition that juvenile sex trafficking programs are not always comparable to other child-serving programs and consideration should be given to intake and acceptance criteria, especially when evaluating recidivism or run rates. These evaluations should be reviewed by survivors and field experts to ensure they are realistic and trauma-informed.

Along with targeted research on the efficacy of specific programs, research that is already looking at outcomes for vulnerable youth may be expanded to include juvenile sex trafficking identification and response. Continuous quality improvement (CQI) should be practiced by every youth serving agency and assessment must include the feedback of survivors. Internally, programs must have grievance and whistle blower policies that allow for accountability and review outside the organization.

Examples of Program Evaluation/Policy Implementation

Field Examples

Florida

Citrus Helping Adolescents Negatively impacted by Commercial Exploitation (CHANCE) is a pilot program developed by Citrus Health Network as part of a partnership with the Florida Department of Children and Families and Our Kids of Miami-Dade/Monroe, Inc., with research being conducted by the University of South Florida **Progress Report:** <http://bit.ly/CitrusHealth>

Department of Juvenile Justice (DJJ) Briefing on Prevalence of Commercial Sexual Exploitation of Children (CSEC): <http://bit.ly/D-A-R-E>

Youth Arrested for Trading Sex Have the Highest Rates of Childhood Adversity: A Statewide Study of Juvenile Offenders: <http://bit.ly/AdverseChildhood>

Minnesota:

Safe Harbor Year First Year Evaluation Report, September 2015: <http://bit.ly/WilderSafeHarbor>

Early Intervention to Avoid Sex Trading and Trafficking of Minnesota's Female Youth: <http://bit.ly/BenefitCostStudy>

Ohio:

Ohio Human Trafficking Task Force Report- July 2015: <http://bit.ly/OhioTaskForce>

Additional Resources

National Institute of Justice Office of Justice Programs' Evaluation of Services for Domestic Minor Victims of Human Trafficking: <http://bit.ly/NCJRSpdf>

The Children's Bureau at the Department of Health and Human Services' Administration of Children and Families' Continuous Quality Improvement (CQI) Toolkit: <http://bit.ly/ChildWelfareInfo>

Conclusion

As stakeholders continue to work toward implementing the core principles of a protective response model, it is imperative they activate the strongest framework of laws and protocols possible with the resources available at the moment. For the most up to date findings, field guidance and policy papers from the JuST Response Council please visit: Hope.org/JustResponse.



JuST Response Council

Shared Hope International's JuST Response Council represents some of the most innovative and informed field experts in the country to ensure JuST Response Initiative products provide a comprehensive field representation of diverse perspectives and experience with the shared goals to prevent juveniles from becoming sex trafficking victims and to ensure that youth who have been trafficked have access to the tools and support to heal from the trauma they have endured and the skills to create and sustain a life away from trafficking. Members include policy advocates, government officials, medical professionals, law enforcement, judges, academics, and service providers, many of whom are themselves survivors of juvenile sex trafficking, from diverse geographic areas. Members that contributed to this report include:

Nancy Baldwin, Hickey Family Foundation (AZ)

Nikki Trautman Baszynski, Office of the Ohio Public Defender (OH)

Lauren Behsudi, Casey Family Programs (DC)

Laura Boyd, Family Focused Treatment Association

The Honorable Bobbe Bridge, ret., Center for Children and Youth The Honorable Hiram Puig-Lugo, D.C. Superior Court (DC) Justice (WA)

Vednita Carter, Breaking Free (MN)

Mike Conrad, FBI, ret. (AZ)

Denise Edwards, National Children's Alliance (DC)

Courtney Gaskins, Youth for Tomorrow (VA)

Melinda Giovengo, YouthCare (WA)

Lisa Goldblatt Grace, My Life My Choice, Justice Resource Institute (MA)

Kim Grabert, Dept. of Children & Families (FL)

Yolanda Graham, Devereux Georgia (GA)

Michelle Guymon, L.A. County Probation Dept. (CA)

Marian Hatcher, Cook County Sheriff's Office (IL)

Stephanie Holt, Mission 21 (MN)

Rebecca Johnson, Engedi Refuge (WA)

Gretchen Kerr, Northland, A Church Distributed (FL)

Abigail Kuzma, Indiana Attorney General's Office (IN)

Amy Louttit, National Network for Youth (DC)

Faliza Mathon-Mathleu, ECPAT- USA (NY)

Withelma "T" Ortiz Walker Pettigrew, Survivor Advocate (MD)

Alexandra (Sandi) Pierce, Othayonih Research (MN)

The Honorable Hiram Puig-Lugo, D.C. Superior Court (DC)

Margie Quin, Tennessee Bureau of Investigations (TN)

Elizabeth Ranade Janis, State of Ohio Anti-Human Trafficking Coordinator (OH)

Linda Smith, Shared Hope International (WA)

Melissa Snow, National Center for Missing and Exploited Children (VA)

Jen Spry, RN (PA)

Margaret (Peg) Talburtt, Lovelight Foundation (MI)

Yasmin Vafa, Rights4Girls (DC)

Kate Walker Brown, National Center for Youth Law (NCYL), (CA)

Terry Williams, Women's Foundation of Minnesota (MN) Yolanda

The Following Counsel Observers also Contributed:

Bethany Gilot, Florida Department of Juvenile Justice (FL)

Shea Rhodes, Villanova Law School Institute to Combat Commercial Sexual Exploitation (PA)

Meghan Mallk, Women's Fund of Omaha (NE)