Evaluation and Program Planning 33 (2010) 311–316

Contents lists available at ScienceDirect

Evaluation and Program Planning

journal homepage: www.elsevier.com/locate/evalprogplan

Child human trafficking victims: Challenges for the child welfare system

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ARTICLE INFO

Article history:
Received 16 December 2008
Received in revised form 16 June 2009
Accepted 16 June 2009

Keywords:
Child victims of human trafficking
Human trafficking victims and child welfare

ABSTRACT

Since the passing of the Victims of Trafficking and Violence Protection Act in 2000 and its reauthorization by President George Bush in 2008, federal, state and community efforts in identifying and providing services for victims of human trafficking have significantly improved. However, most of the research and resources for trafficking victims have been directed towards adults rather than children. Researchers agree that there is a growing number of sexually exploited and trafficked children in the United States yet few programs emphasize the unique experiences and special needs of this population. This article examines commercial sexual exploitation of children; differentiates the needs and problems between child prostitution and victims of human trafficking; reviews and critiques current treatment practices; and summarizes challenges and successes in working with child victims of human trafficking, offering practice and policy recommendations.

Published by Elsevier Ltd.

Since the passing of the Victims of Trafficking and Violence Protection Act in 2000, also known as the Trafficking Victims Protection Act (TVPA), and its reauthorization as the Trafficking Victims Protection Reauthorization Act by President George Bush in 2008, federal, state and community efforts in identifying and providing services for victims of human trafficking have significantly improved. However, most of the research and resources for trafficking victims have been directed towards adults rather than children. Researchers agree that there is a growing number of sexually exploited and trafficked children in the United States (Boxill & Richardson, 2007; Estes & Weiner, 2002; Spangenberg, 2001), yet few programs emphasize the unique experiences and special needs of this population. Public child welfare systems make referrals to licensed private therapists and providers who have experience treating sexual abuse, but the issues and treatment goals of children sexually abused by single perpetrators are different than those for sexually exploited children. Public child welfare program assessment practices and treatment policies should be changed to reflect the distinctive problems of the human trafficking population, which has been subjected to sex slavery.

1. International human trafficking

The secretive nature of human trafficking prevents a precise count of the number of people victimized by the industry each year (U.S. Department of State, 2008), but a conservative estimate by the United Nations Children's Fund (UNICEF) suggests approximately 1.2 million children are trafficked for sexual exploitation worldwide (2007). In the Trafficking in Persons Report-June 2008, the Department of State stated that at least two million children are exploited in the international commercial sex trade. Most victims of international trafficking come from Southeast Asia, Latin America, Eastern Europe and Newly Independent States and the average age of child victims of trafficking is about 13 or 14 (Barnitz, 2001; Boxill & Richardson, 2007). Although the trafficking of boys for commercial sexual purposes is typically unreported, the International Labor Organization (ILO) and UNICEF estimate that 2% of all commercial sexual exploitation is with boys (U.S. Department of State, 2008).

The commercial sexual exploitation of children (CSEC) is defined as the "exploitation of children entirely, or at least in part, for financial or other economic reason. The economic exchanges involved may be monetary or nonmonetary..." (Estes & Weiner, 2002, p. 10).

2. Domestic human trafficking

In the United States, runaway, homeless, kidnapped children or children in or leaving foster care are at elevated risk of forced prostitution and trafficking. Trafficking of persons occurs domestically and vulnerable children within the United States are at-risk for sexual exploitation. Although most research has focused on children involved in international sex trafficking (Fong & Berger, 2008; Miko & Park, 2002), there is a growing concern about child prostitution and its link to children who have been trafficked in the United States (United States Department of Health and Human Services & Administration for Children and Families, 2009a).

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0149-7189/$ – see front matter. Published by Elsevier Ltd.
doi:10.1016/j.evalprogplan.2009.06.018

In the 2004 U.S. Department of Justice Annual Report, the FBI identified 14 field offices located in areas where there was a high incidence of prostituted children and asked each of these offices to establish a task force to address the problem. The original 14 cities identified as part of the initiative were Atlanta, Chicago, Dallas, Detroit, Las Vegas, Los Angeles, Miami, Minneapolis, New York, San Diego, San Francisco, St. Louis, Tampa, and Washington, DC.

Children and youth who have been prostituted typically lack parental support and, if under the age of 18 years, usually become clients in the public child welfare system when they are finally able to leave the oppressive situation and seek help. Children and youth who have been forced into sex slavery have similar, but nevertheless different, clinical issues from children subjected to sex abuse within their family or social service systems. This article examines commercial sexual exploitation of children; differentiates the needs and problems between child sexual abuse and victims of human trafficking; reviews and critiques current treatment practices; and summarizes challenges and successes in working with child victims of human trafficking, offering practice and policy recommendations.

3. Commercial sexual exploitation of children and international human trafficking

To address the growing number of international trafficking cases, the United States in 2000 passed The Trafficking Victims Protection Act (TVPA), a national policy addressing human trafficking which defines "severe forms" of human trafficking as

> sex trafficking in which commercial sex is induced by force, fraud, or coercion, or in which a person induced to perform such an act has not attained 18 years of age; or the recruitment, harboring, transportation, provision, or obtaining of a person for labor services, through use of coercion, for the purpose of subjection to involuntary servitude, peonage, debt bondage and slavery (U.S. Department of State, 2008, p. 6).

TVPA has three main objectives: to prevent human trafficking, protect victims, and prosecute traffickers. Although funding to implement TVPA was reauthorized in 2003, 2005 and 2008, most of the services are aimed towards adults rather than children.

Most children fall victims of trafficking through the process of migration (U.S. Department of State, 2008). Desiring better alternatives for their children, parents in overseas countries are tricked by traffickers promising education, employment and financial prosperity. Other vulnerable children include street workers, the homeless, and unaccompanied minors crossing international borders illegally and without adult supervision. The Division of Unaccompanied Children Services (DUCS) in the Office of Refugee Resettlement (ORR) in Washington, DC handles the Unaccompanied Alien Children (UAC) and finds ORR-funded facilities where they receive services related to mental health and trafficking issues.

Traffickers may have isolated children from their parents, using control, violence, coercion, narcotics and social isolation to force children into debt bondage, involuntary servitude and commercial sexual exploitation.

The violence inflicted on children in the sex industry is severe. The few children rescued by law enforcement have acute physical and sexual trauma and adverse health effects including mental illness, substance abuse, sexually transmitted diseases, HIV infection, pregnancy and abortion-related complications (Willis & Levy, 2002). Although non-governmental organizations, like End Child Prostitution, Child Pornography, and Trafficking Children for Sexual Purposes (ECPAT) have proposed intervention and prevention models to mitigate the long-term health consequences of child prostitution, the implementation of such strategies are not uniform and are under-utilized in many countries (O'Brian, Van de Borne, & Noten (2006); Willis & Levy, 2002).

In addition to medical and mental health services, children trafficked across international borders may need to be repatriated to their country of origin. However, prior to repatriation, a needs assessment should be conducted with child welfare and law enforcement to ensure the safety of the child. If family reunification or repatriation is unsafe, child welfare agencies must work to create a permanency plan that is in the best interest of the child (O'Neill Richard, 1999). While child welfare agencies in the United States may have some of these steps in place for abused and neglected kids, these safeguards tend to disappear for sexually exploited children and for victims of human trafficking, particularly.

4. Commercial sexual exploitation of children and child prostitution in the United States

A growing number of American children are trafficked into the national and international sex industry. In 1995, the United States government created a task force with representatives from federal agencies and the National Center for Missing and Exploited Children. The task force was responsible for initiating research about the commercial and sexual exploitation of children (CSEC), and was instrumental in enhancing and amending legislation to include harsher penalties for perpetrators, culminating in 2000 with the passing of TVPA (Barnitz, 2001).

Many of the domestic victims of sexual exploitation are vulnerable youth on the street or from the foster care system. In 2003, the Federal Bureau of Investigation (FBI), Department of Justice Child Exploitation and Obscenity Section and the National Center for Missing and Exploited Children joined forces to create the *Innocence Lost Initiative*. The purpose of this initiative was to develop specialized task forces across the country to address the growing number of children victimized by domestic sex trafficking in the United States. These coalitions were established in sixteen cities, which were selected because of high incidences of child sexual exploitation and prostitution (Federal Bureau of Investigation, 2009; Shared Hope International, End Child Prostitution Child Pornography and Trafficking of Children for Sexual Purposes (ECPAT-USA), & The Protection Project of the Johns Hopkins University School of Advanced International Studies, 2006). In 2008, the FBI reported a total of 577 rescued children. Since the inception of the Innocence Lost Initiative, more than 300 pimps, madams and associates have been convicted of crimes against children, resulting in more than 3 million dollars seized from these operations (Federal Bureau of Investigation, 2009).

Although child prostitution is often associated with international trafficking, Estes and Weiner (2002) showed that this is only one aspect of child prostitution. Estes and Weiner (2002) suggest that as many as 244,000 American youth are at-risk of commercial sexual exploitation each year. In a national survey of non-governmental and governmental organizations conducted in 1999, 3171 cases of child sexual exploitation were identified and 901 of these cases were CSEC prostitution. In this subsample, approximately 25% (224) of prostitution cases occurred while the child was living at home, 59% (532) of the children participated in local sex rings run by pimps and 16% (145) engaged in national sex prostitution rings (Estes & Weiner, 2002). Estes and Weiner (2002) identified 17 U.S. cities known for the presence of high child sexual exploitation and prostitution. These cities included Chicago, Dallas-Fort Worth, Detroit, El Paso, Honolulu, Las Vegas, Los Angeles, Miami, New York, New Orleans, Oakland, Philadelphia, San Antonio, San Diego, San Jose, San Francisco and Seattle.

Because very little is known about child prostitution in the United States, reporting inconsistencies have prevented accurate

national estimates of commercial sexual exploitation and trafficking of children domestically. However, conservative measures indicate that between 300,000 and 400,000 children are exploited through prostitution in the United States each year (Spangenberg, 2001; Willis & Levy, 2002).

Children who live close to international borders have an increased risk of being trafficked across international boundaries. Estes and Weiner (2002) estimate that between 10 and 15% of homeless and street children are trafficked through national and international networks; this estimate includes both U.S. born and foreign born children. Small groups of organized criminals and large national and international trafficking networks are responsible for transporting children across state and international boundaries. They use well developed networks of people that recruit, transport, enforce and organize sex rings involving children (Estes & Weiner, 2002).

Although previous studies of international victims of human trafficking indicate similar patterns between male and female victims, studies conducted with prostituted youth in the United States show patterns that differ by gender. Previous studies have shown that female youth in the United States experience a greater risk of commercial sexual exploitation than males (Boxill & Richardson, 2007; Estes & Weiner, 2002). Male prostitutes are often older, act independently of pimps and organized crime leaders, and prostitute in public areas (Boxill & Richardson, 2007). These differences are likely to decrease the incidences of violence inflicted on male prostitutes.

In contrast to the typical picture of at-risk youth, a study in Atlanta found that not all children forced into prostitution were runaway, homeless or delinquent youth. In a study using Fulton County Juvenile Court Records, Boxill and Richardson (2007) found many of the girls forced into prostitution in Atlanta were kidnapped or lured from public places, such as movie theaters, schools, bus stops and shopping malls. After years of victimization, many of these girls looked similar to child prostitutes from abusive backgrounds despite their circumstances and different means of entry into prostitution. Boxill and Richardson (2007) found that these children were frequently involved in the juvenile justice system and their behavior criminalized. As a result, their abductions and long histories of physical and sexual abuse were ignored (2007).

Many juvenile victims of sexual exploitation are funneled through the juvenile justice system. They are often arrested on charges of prostitution or illegal work. Similarly, as many as 38,000 children are deported from the United States each year, some of whom may be victims of human trafficking (Shared Hope International et al., 2006). In part, this is a function of the insufficient cooperation between non-profit organizations and governmental organizations.

5. Child sexual abuse

International studies estimate that 25% of children around the world experience sexual abuse, physical abuse or domestic violence (Cohen & Mannarino, 2008). Rates of sexual abuse in the United States are higher than international estimates of abuse. In North America several studies show that 30–40% of female children and 13% of male children experience sexual abuse (Bolen & Scannapieco, 1999; Briere & Elliott, 2003; Corcoran & Pillai, 2008). Moreover, the U.S. Department of Justice estimates that juvenile victims comprise 12% of crimes and 71% of all sexual crimes reported to police (Finkelhor & Ormrod, 2000). While there is an abundance of literature on the short- and long-term impact of child sexual abuse, there is less information about evidenced-based treatment modalities that successfully decrease the impact of this trauma (Lev-Wiesel, 2008). Due to the growing prevalence of child sexual abuse in the United States, there is a dire need for effective treatments that reduce the consequences of sexual trauma on children and families.

In the aftermath of child sexual abuse, children with exposure to trauma typically experience affective, behavioral and cognitive problems (Cohen & Mannarino, 2008). Previous research consistently demonstrates the negative impact of child sexual abuse on child and adult mental health outcomes. In a recent study of such abuse victims, Spatato, Mullen, Burgess, Wells, & Moss (2004) found increased incidences of acute anxiety and stress disorders, affective disorders, conduct disorders and personality disorders. Other mental health problems may include acute post-traumatic stress symptoms, low self-esteem, suicidality, poor academic achievement, substance abuse, disassociation and poor interpersonal relationship quality (Cohen & Mannarino, 2008; Corcoran & Pillai, 2008).

6. Child sexual abuse and child welfare

Child sexual abuse is an umbrella term for children or youth who are domestic or international victims of commercial sexual exploitation, child prostitution, or sexual abuse done by a single perpetrator who was a family member, familiar adult, or stranger. However, due to eligibility restrictions not all of these forms of sexual abuse fall under the jurisdiction of the public child welfare system. For child protective services to become involved with the case, the perpetrator of sexual abuse needs to be responsible for the care and custody of the child.

In 2006, the United States Department of Health and Human Services Administration on Children, Youth, and Families (ACYF) reported 8.8% of children in ACYF custody were removed from their original homes because of sexual abuse. The percentage of children sexually abused varied by age (U.S. Department of Health and Human Services, 2006). For child victims ages 4–7, approximately 8.2% of children were in care because of sexual abuse. This percentage dramatically increased for older children ages 12–15. ACYF (2006) reports 16.5% of children in this age group were removed because of sexual abuse (U.S. Department of Health and Human Services, 2006).

The determination of abuse following a CPS investigation was determined by multiple factors. In 2006, ACYF published the *Child Maltreatment Report*. Findings from this report suggest that children who were alleged to have experienced multiple forms of abuse (combination of neglect, sexual and physical abuse) were four times more likely to be considered a victim of abuse than children who were alleged to have experienced physical abuse. Similarly, children who experienced sexual abuse were twice as likely to be considered a victim of abuse as children who experienced physical abuse. The likelihood of being considered a victim declined the older the child was at the time of the crime (U.S. Department of Health and Human Services, 2006). Finally, data from 36 states indicated that children who were prior victims of maltreatment with 96% more likely to experience a future incidence of abuse than children who were not prior victims.

The federal government directs money to the state and local communities through several funding sources. While the federal government provides most of the funding for preventative and post-investigative services, state and local governments determine who will receive the resources. Nationally, nearly 60% of child victims received post-investigative services (U.S. Department of Health and Human Services, 2006). Children who were victims of multiple forms of maltreatment and neglect were more likely to receive treatment than children who were physically abused. Similarly, children who were sexually abused were less likely to receive services. Moreover, younger children and children abused by at least one parent were more likely to receive services than

older children and children not abused by a parent (U.S. Department of Health and Human Services, 2006).

Recent studies using a national sample of children in child welfare yielded similar results when examining mental health services. Children who come into contact with the child welfare system are more likely to receive mental health treatment than children in the general population (Burns et al., 2004; Farmer et al., 2001). Burns et al. (2004) estimated that over one half of children in the child welfare system have emotional or behavioral problems. Despite the large demand for mental health services, only about one-fourth of children with severe mental health needs received services (Burns et al., 2004). For children who did receive services, in-patient hospitalization was the least common treatment approach (3.1%) compared to out-patient mental health use (15.1%). Finally most out-patient services occurred in clinic or office settings. However, in-home treatment was still a popular treatment option for these youth (Burns et al., 2004).

Although information about sexual abuse and child maltreatment is available in national publications from the Administration on Children, Youth, and Families, the publications lack information about child victims of human trafficking and commercial sexual exploitation. To collect this information and fill the gap, public child welfare administrators need to change their practices to include assessment categories on intake and investigation forms. More information is also needed about the circumstances under which the sexual abuse occurred. Child victims of human trafficking have experienced a form of sex slavery and assessment tools need to be able to reflect this trauma. Program planning should include mandatory out-patient mental health services, with public child protective services case managers collaborating with private agencies equipped to work with human trafficking victims.

7. Treatment and services for domestic and international child human trafficking

Domestic and international victims of human trafficking are typically not eligible for services until they have been officially classified as victims of trafficking. This has often been a hardship for governmental and non-governmental agencies, who do receive funding for services until this classification status is achieved. Once sexually exploited youth have been identified, there are few secure shelters and treatment programs that can aid in rehabilitation and reintegration. Moreover, many shelters and treatment programs do not provide services specific to sexually exploited youth.

Although there are few safe shelters for international victims of human trafficking, there are even fewer places for domestic victims. In part, this is because funding often focuses on international victims (Shared Hope International et al., 2006). As a result, many youth are housed in juvenile detention centers and in cases of domestic trafficking, victims can be placed in the custody of state child protective service (CPS) agencies (Shared Hope International et al., 2006). Some state CPS agencies, like in the case of Florida, have contributed to the identification of child victims by training intake and emergency workers to screen for child sexual exploitation. However, this process has not been adopted by all state child welfare agencies. In the case of Florida, involvement for CPS has led to an increase in the number of identified victims of trafficking (Shared Hope International et al., 2006).

Child and adult victims of human trafficking qualify for a wide range of services under the Trafficking Victims Protection Act and are eligible for the T-visa. Under the T-visa, a victim can remain in the United States, obtain legal work authorization and qualify for public assistance programs. After three years, victims are eligible to become a permanent legal resident (United States Department of Health and Human Services & Administration for Children and Families, 2009b). Although child and adult victims of human trafficking receive similar benefits under TPVA, there are several differences in how services are provided to these two populations. The primary difference between adult and child victims of trafficking is that children are not obligated to work with federal law enforcement and prosecution in order qualify for public benefits and immigration relief provided under the T-visa (Bridging Refugee Youth and Children's Services & U.S. Conference of Catholic Bishops/Migration and Refugee Services, 2009).

Since child victims of trafficking are often present in the United States without parental or legal guardianship, these children are classified by the Office of Refugee Resettlement as Unaccompanied Refugee Minors (URM). Children who enter the URM program are placed in federal foster care and are eligible for a wide range of benefits, including mental health treatment, medical care, educational services, legal representation, intensive case management, and independent living. Lutheran Immigrant and Refugee Service (LIRS) and the United States Conference of Catholic Bishops (USCCB) are two voluntary agencies that assist the ORR and URM program with victim identification, foster care placements and training, research and evaluation in the area of child trafficking (United States Department of Health and Human Services & Administration for Children and Families, 2009c). These programs are located in cities across the United States, including Phoenix, San Jose, Denver, Washington, DC, Miami, Boston/Worchester, Lansing, Grand Rapids, Jackson, Fargo, Rochester, Syracuse, Philadelphia, Dallas, Houston, Salt Lake City, Richmond, Tacoma and Seattle.

In the American child welfare system, public child welfare workers depend on licensed private therapists and providers who are knowledgeable in treating child sexual abuse but who struggle with the treatment modalities available for child victims of human trafficking because of the poor "best practice" fit. Despite the existing knowledge about the short- and long-term impacts of child sexual abuse, few treatment modalities for this population have been rooted in evidenced-based practice. Lev-Wiesel (2008) argues that many of the treatment models used with child sexual abuse survivors were actually developed for individuals with PTSD. Individual, family and group therapy are the most common treatment modalities. For child victims of human trafficking and prostitution, family and group therapy treatment would be problematic. These children seldom have family members who can attend therapy with them. Human trafficking victims often have extra needs for anonymity in group therapy and fear that family members may be harmed because traffickers use death threats to enforce compliance.

Private practitioners and public child welfare workers need to determine if the treatment modalities are appropriate for this different population of child sexual abuse cases. Within individual, family, and group therapy are several different types of therapeutic models. Many models aim to accomplish at least one of four goals: symptom reduction, destigmatization, increasing self-esteem and self-concept and prevention of future abuse (Lev-Wiesel, 2008). Trauma-focused cognitive behavioral therapy (TF-CBT) is one of the few treatment models that have been tested in random-control trials with child sexual abuse survivors. It was developed to treat symptoms of PTSD, depression, anxiety and/or behavioral problems (Cohen & Mannarino, 2008). This model conducts individual treatment and joint parent–child therapy sessions. The model is centered on building client education about sexual abuse and trauma, parental involvement, relaxation skills, affective and emotional regulation, coping skills, trauma-based narratives, desensitization and gradual exposure and safety planning. This is an example of a treatment model that needs to be modified by program planners in child welfare, mental health, and education who work with child victims of human trafficking. Because parental involvement, trauma-based narratives, and gradual

exposure may prove to be problematic for this clientele, modifications need to be made to assure that practices allow victims to be empowered and to receive supportive and culturally appropriate treatments.

8. Challenges and successes

A plethora of barriers in child welfare and other public systems impede the identification of children who have been sexually abused. To tackle victim identification, public child welfare workers and social service providers need to work closely with juvenile detention facilities, court system, emergency shelters, and school social workers (Boxill & Richardson, 2005). Until recently, these entities were completely unaware that U.S. children were being exploited for commercial sex. While awareness of the issue is still lacking, successful programs in New York and Atlanta have helped draw national attention.

Few treatment and social service programs are equipped to address the complex needs of children who may have experienced torture, rape, drug abuse, trafficking and physical abuse. In addition, many of these young women and men must grapple with the stigma and shame surrounding their experience. In 2007, Boxill and Richardson published an article about their experience with a treatment program for women of commercial sexual exploitation and prostitution in Atlanta, Georgia. Angela's House is a therapeutic treatment community for young girls leaving prostitution. During the initial assessment period, each girl receives in-depth psychological, cognitive, social, physical and familial assessments. Girls receive home schooling and medical and mental health services while in the program.

Angela's House implements a therapeutic treatment model called Multisystemic Therapy (MST). Research on MST has been conducted by the National Institute of Health and has been validated as an effective treatment model for decreasing recidivism and psychiatric hospitalization (Henggeler, Melton, Brindino, & Schere, 1997; Henggeler, Melton, & Smith, 1992; Littell, 2005). Using a socio-ecological framework (Multisystem Treatment Services, 2007), this therapeutic model uses intervention components from strategic and structural family therapy, problem-focused therapy, and cognitive behavioral therapy (Littell, 2005). The emphasis in on the relationship between the individual youth and the family, peer group, school, community and juvenile justice systems (Multisystem Treatment Services, 2007). The goal of MST is to build social assets by improving strength and protective factors through healthy and strong relationships and supports (Multisystem Treatment Services, 2007). This treatment model is usually disseminated using a team of therapist, clinical psychologists and psychiatrists (Littell, 2005). The treatment is also typically provided in an environment natural to the youth (home, school, community, etc.) and usually lasts for approximately four months. Although successful with domestic victims of sexual prostitution, using MST with international victims of sexual human trafficking warrants caution because of the need to assure the understanding of cultural equivalents in therapeutic modalities.

The Girls Educational and Mentoring Services (GEMS) is another successful program. GEMS is one of a very few programs in New York City that focuses on the needs of sexually exploited youth and children (Girls Education & Mentoring Services, 2008). GEMS provides prevention and outreach to youth on the streets of New York, intervention services through case management, independent living, court advocacy and individual and group counseling, and youth development. In addition to providing services to children and youth exploited in sexual commerce, GEMS offers training to other organizations serving this population (Girls Education & Mentoring Services, 2008).

9. Practice and policy recommendations

Administrators, program planners, and evaluators need to recognize that there is a population within the domain of the public child welfare sexual abuse caseload, that warrants special attention. Child victims of human trafficking are survivors of sex slavery and have been through experiences similar to other children in prostitution. Both have experienced coercion and a large number of abusers. Human trafficking victims, however, may experience a greater variety of traumas because they may come from international backgrounds. Child protective service workers and social service providers who neglect the cultural component may aggravate, rather than relieve, the emotional and psychological damage done.

Organizational practices and polices need to be examined for child welfare assessments to appropriately capture the enormity of trauma child victims of human trafficking have experienced and accurately identify the treatment needed. Standard treatments of individual, family, and group therapy for child sexual abuse, which child protective workers use for referrals, may not be appropriate. Family members may not be available and group work may require extra sensitivity to the victims' fear of exposure, lack of anonymity, and fear of deadly harm to family members abroad.

Child welfare agencies need to partner with successful treatment programs in private agencies that work with the commercial sexual exploitation of children. Together, they need to identify successful program components and adapt the practices to their systems. Because of the diverse backgrounds of child human trafficking victims, culturally competent practices, such as respecting cultural norms and tradition, and policies that dignify the victims also need to be established in public child welfare agencies to enhance well-being and empower the victims.

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