



JILL BILLINGS
STATE REPRESENTATIVE

Rep. Billings Testimony in Support of Safe Harbor for Trafficked Youth (AB 41)

Good morning Chairperson Snyder and members of the committee. I thank you for holding a public hearing on AB 41. This bill would move our state further in protecting sexually exploited children by treating them as child-victims, rather than criminals. AB 41 prohibits charging a minor with the crime of prostitution.

Sexually exploited children exist in my district and in your district. The trafficking of children is happening in urban areas, rural areas, and has been reported in all 72 Wisconsin counties. Sexually exploited children tend to be at-risk, vulnerable youths with troubled backgrounds; many are homeless or drug dependent. According to the U.S. Department of Justice's Anti-Human Trafficking Task Force an estimated 70 to 90 percent of youth victims of sex trafficking have histories of sexual abuse.

Currently, children who are forced into commercial sex practices can be prosecuted for the crime of prostitution, causing victimization and burdening a child with a criminal record. Sexually exploited children are often vulnerable to criminal charges, incarceration or detention for actions taken while under the emotional and physical control of their traffickers. AB 41 can alleviate the harm caused by criminalizing sexually exploited children by prohibiting the practice of charging minors with prostitution.

AB 41 is the next step we can now take in Wisconsin after the passage of 2015 Act 367, authored by Rep. Amy Loudenberg, which mandates a Child Protective Service (CPS) agency initiate an investigation into all cases of alleged child sex trafficking by a caregiver or non-caregiver. It also requires law enforcement to report suspected cases of trafficking of a minor to the local CPS agency. 2015 Act 367 was a vital step in aiding sexually exploited children by ensuring trafficked kids are treated as victims and are provided the services they need.

Our neighboring states, including Illinois, Indiana, Michigan and Minnesota, have found success in passing similar Safe Harbor legislation. By passing this legislation we would be joining 25 other states and the District of Columbia that have adopted some type of immunity for trafficked youth, according to a 2018 Shared Hope International report. Other states have found that decriminalizing child prostitution along with providing services, has helped to identify and rehabilitate child sex trafficking victims, while also bringing the real criminals (traffickers/buyers) to justice. By treating children as victims, the adversarial relationship between minors and legal system intent on prosecuting them erodes. Instead it can create a reformative and therapeutic environment in which child victims speak candidly about their traffickers to law enforcement.

In Minnesota, convictions of sex traffickers have shown a dramatic increase since passing its hallmark Safe Harbor legislation in 2011. According to the Human Trafficking in Minnesota: A Report to the Minnesota Legislature January 2017, prior to this legislation, Minnesota had 8 people convicted of sex trafficking. After passage in 2012, that number quadrupled to 32 convicted. By 2016, 45 traffickers were convicted. Legal officials in Minnesota credit the increase in convictions to the passage of Safe Harbor. Trafficked children are one of the most vulnerable groups in our state, and it is imperative that these children see law enforcement and the court system as allies and a means of liberation from their traffickers.

(over)

AB 41 will put Wisconsin's criminal laws into alignment with both federal law, neighboring states laws and Wisconsin's own laws. By adopting AB 41, Wisconsin law will no longer conflict with the Federal Trafficking Victims Protection Act, which treats coerced children as victims, even if they have engaged in criminal prostitution activity. It also aligns our own state statutes. The 2015 Wisconsin Act 367 also included "sex trafficking" as child abuse under Wisconsin Chapter 48 (the Children's Code). Therefore, currently our statutes are misaligned by defining a child as a victim under Chapter 48, while still being considered a criminal under Chapter 944. Furthermore, the Wisconsin statutes include many laws that make it a crime to have sex with a child. It therefore stands to reason that if some Wisconsin laws treat minors as victims of sexual predation, all Wisconsin laws should treat minors as victims of prostitution, not criminals.

Each year Wisconsin does more to protect sexually exploited youth. I believe this is the next step in a process of bringing awareness and changing our approach to addressing this serious issue. I ask you to join me in protecting our vulnerable youth by supporting AB 41. Thank you.



STATE SENATOR
LaTonya Johnson

WISCONSIN STATE SENATE

6TH DISTRICT

Assembly Committee on Children & Families
Testimony on Assembly Bill 41
March 27, 2019

Good morning Chairman Snyder and members of the committee,

Thank you for the opportunity to testify on behalf of this very important proposal—AB 41—which prohibits children under the age of 18 from being prosecuted for acts of prostitution – a Class A misdemeanor. This bill is tremendously important considering that under Wisconsin law it is illegal for any child under the age of 18 to consent to sexual activity.

AB 41 brings Wisconsin law in line with federal law which treats children engaged in commercial sex acts as sexually exploited children and victims of child abuse, not criminals. This bill also aligns our state with Illinois, Minnesota, and Michigan by helping to end the practice and stigma of labeling these minors as criminals by charging child trafficking victims with prostitution. My hope is that it will make it easier for law enforcement and child welfare authorities to convince these children that they have done nothing wrong and are in no way responsible for the horrific acts they were forced into by their traffickers.

This bill does not legalize prostitution—this is illegal and will remain so. This bill only prevents our child victims from being charged with prostitution while providing them with the opportunity to get the services, counseling, and treatment they need to go on to lead healthy, productive lives as an adult.

This bill will also not encourage traffickers to seek minor victims. The average age of a child when they are first trafficked for sex is 13 years old, and between 70 and 90% of these children already have a history of abuse before falling into the hands of a human trafficker. Children are already a trafficker's prime target, and the sooner we can earn the child's trust and get their cooperation, the sooner we can put their trafficker behind bars. Treating these children like criminals for acts that they were forced into leaves them wondering who to trust, and that mistrust makes cooperating with prosecutors less, not more, likely.

Wisconsin is known as a human trafficking hub, a place where pimps and traffickers can come and steal our children off of our streets, forcing them into sexual slavery in places like Chicago, Las Vegas, and other parts of the county and little to nothing can be done to rescue them.



STATE SENATOR
LaTonya Johnson

WISCONSIN STATE SENATE

6TH DISTRICT

Prosecuting our children for crimes they had no choice but to commit does nothing to help put an end to this trend. We care about our kids, and while we are all working hard to protect them, the children who do fall victim to this terrible criminal enterprise deserve AB 41 instead of a criminal record.

Once again, thank you to my co-authors, Senator Darling, Representative Billings, and Rep. Steineke for their hard work on this bill, and thank you, committee members, for your consideration of this important proposal.



JIM STEINEKE

MAJORITY LEADER

STATE REPRESENTATIVE • 5th ASSEMBLY DISTRICT

(608) 266-2401
Toll-Free: (888) 534-0005
Rep.Steineke@legis.wi.gov

P.O. Box 8953
Madison, WI 53708-8953

Testimony for Assembly Bill 41

Relating to: prosecuting a person under 18 with committing an act of prostitution.

Assembly Committee on Children and Families

March 27, 2019

Chairman Snyder, ranking-member Subeck and members,

Thank you for hearing Assembly Bill 41.

With more and more attention being paid to the topic of human trafficking in Wisconsin, I appreciate the committee taking the time to hear about this important topic. I fully believe that this legislation helps us take an important next step in how our judicial and child welfare systems work to combat this growing problem in our state.

While perhaps deceiving by the brief description assigned to this bill, it's important to first note that we're here today to talk about the impact trafficking can have on a child and the importance of treating these children as victims – not as criminals.

Admittedly, this was a topic I knew little about as this legislation was introduced in previous sessions. And admittedly, I must say that my perception has changed over time as I've become better informed on the topic.

Further, as times and practices have evolved with how we best respond to and prosecute these heinous crimes, it's important that our approach advances in how we offer support to those effected.

In short, AB 41 would no longer allow children under the age of 18 to be charged or prosecuted for committing an act of prostitution. Simply put, trafficked children should be viewed by our society for what they are – victims, not willful prostitutes or criminals. It is important that as these victimized children come out of these horrific scenarios in which they've been trafficked, that they receive the advocacy and assistance they need to begin rebuilding their lives.

With more known about the effects of childhood trauma today than ever before, the weeks and months following the discovery of childhood trafficking are a critical time to offer support and reestablish trust with victims. The effects of charges being brought, court appearances and a possible prosecution, only stand to compound the issues for these victims who find themselves in already-traumatic experiences.

Some have suggested that if implemented, this legislation would impeded the ability of prosecutors to effectively do their jobs. However, after multiple conversations with local prosecutors and judges, they believe that sufficient tools exist under current law to detain and protect these victims from their traffickers outside of this process.

Again, I appreciate having the opportunity to join the bill's authors and come before you today to discuss this important legislation. Thank you for your time and consideration.

Alberta Darling

Wisconsin State Senator

Co-Chair, Joint Committee on Finance

Testimony before the Assembly Committee on Children and Families
Assembly Bill 41
Wednesday, March 27

Thank you Chair Snyder and committee members for holding a public hearing on Assembly Bill 41. This bill is incredibly important to protecting child victims of sex trafficking in Wisconsin.

Under current law, an individual who is under the age of 18 cannot legally consent to sexual relations. In spite of this law, minors who have been forced into having sexual relations because of trafficking can still be prosecuted for prostitution. As such, Wisconsin law currently penalizes trafficked children for a crime they cannot even legally consent to committing.

Not only have trafficked children undergone serious trauma, but Wisconsin law currently allows them to be punished for a situation that was out of their control. Assembly Bill 41 makes a very simple change to statute. The bill in front of you prohibits the prosecution of a minor for prostitution.

This simple change to the law is vital to ensure children who have been sex trafficked are recognized as victims, not criminals. Victims of sex trafficking often have undergone incredible trauma that will affect them for the rest of their lives. The law should not also plague these victims with a Class A misdemeanor on their records. In addition to allowing victims to lead lives without a conviction on their record, by eliminating the threat of prosecution, the bill will encourage children to come forward to law enforcement. Traffickers will no longer be able to use the threat of prosecution for prostitution as a way to keep children inside the cycle of abuse they undergo while being trafficked.

It is crucial for Wisconsin to join other states and pass this legislation to protect our minors and ensure they have access to the services they need after being trafficked, not to a prostitution conviction.

I'd like to thank Senator Johnson and Representatives Steineke and Billings for their work on this bill. Last session, this bill was passed on an 8-0 vote in this committee. I hope to have your continued support for Assembly Bill 41.

testimony



To: The Assembly Committee on
Children and Families
Date: March 27, 2019
From: End Domestic Abuse WI
Re: Support of Assembly Bill 41

End Domestic Abuse WI
1245 E Washington Ave, Suite 150
Madison, Wisconsin 53704
Phone: (608) 237 3985 Fax: (608) 255-3560
chaset@endabusewi.org

Chairman Snyder and Members of Assembly Committee on Children and Families,

Thank you for your ongoing support of domestic violence survivors in Wisconsin. End Domestic Abuse WI (End Abuse) is the statewide voice for survivors of domestic violence and the membership organization representing local domestic violence victim service providers throughout the state. We are supportive of AB 41/SB 49, the Safe Harbor legislation, and respectfully urge you to approve its passage.

At End Abuse, we recognize that gendered and interpersonal violence do not occur in a vacuum, and that while the details of a victim's experience can vary a great deal from case to case, the dynamics of power and control are always present. For this reason, the strict divisions between different types of gendered and sexual violence are often blurred in the lived experience of survivors, meaning many of our member programs throughout the state often serve human trafficking survivors. Advocates report that these individuals face extremely complex challenges on the road to independence and recovery.

One of the main barriers faced by trafficking victims is related to their experience of the criminal justice system. Unlike domestic abuse and sexual assault, specific services for trafficking victims are almost nonexistent in our state. This lack of services has the effect of shepherding trafficking survivors of all ages through the criminal justice system, rather than provide them with advocacy services they need to heal. For child victims of trafficking in particular, this process compounds the trauma they have already experienced, exacerbating the worst effects of the exploitation to which they have been subjected. Not only is it the case that many child victims of human trafficking are unjustly charged with prostitution because of the coercion and violence they experience but following their conviction they must also continue through life with a criminal record, making it even more difficult for them to heal and lead successful lives in the future. This legislation, by eliminating the prostitution penalty for a person under the age of eighteen, will ensure that law enforcement treats these children appropriately – as victims of child abuse, not as criminals.

Domestic violence is the result of an imbalance of power and control in a relationship. Victims of human trafficking experience many of those same dynamics with their traffickers. Traffickers take advantage of individuals in vulnerable situations, preying on them by promising to provide for their most basic needs, such as food and shelter as well as their emotional needs like the desire to feel loved and be part of a family. By employing these strategies, traffickers are able to lure victims, manipulating and abusing them, often under the guise of a meaningful relationship. For child victims at one of the most impressionable stages of their development, their teenage years, this victimization is particularly destructive to their identity and sense of self-worth.

In the past, it was often suggested that charging minors with prostitution was a necessary tool to locate and bring traffickers to justice. However, this perspective does not align with current practices for law enforcement and prosecutors, nor does it reflect the realities of trafficking as they exist in Wisconsin today. Providing victims with the resources they need to leave abusive situations on their own terms, whether they be related to domestic abuse or trafficking, is the first step towards empowering them to hold their abusers accountable. Charging minors with prostitution is not only traumatic, it is ineffective as well.

At End Abuse, we know that victims of crime have a better chance to heal when they have positive support from not only service providers, but their community as a whole. We work with community partners and law enforcement regularly to improve system responses to domestic violence and human trafficking. This bill will help our criminal justice system to recognize the value in working with law enforcement to help survivors heal in a warm and supportive community, rather than from behind the bars of a prison cell.

The Safe Harbor legislation is a positive step towards the development of the framework needed to adequately serve child trafficking victims in a trauma informed manner. With several sessions of analysis and deliberation, the time has come to honor all trafficking survivors and pass this important legislation. We appreciate your thoughtful consideration of our concerns, and respectfully urge you to support this proposal. Feel free to contact Chase Tarrier, Public Policy Coordinator at chaset@endabusewi.org or Adrienne Roach, Policy and Research Program Director at adrienner@endabusewi.org with any further questions or concerns.



Lad Lake is in full support of Assembly Bill 41. Eliminating the option for persons under the age of 18 to be prosecuted for an act of prostitution reinforces that persons involved are, in fact, victims and not perpetrators of a crime. This aligns with the work that Lad Lake and many other organizations are doing to support victims of sex trafficking. Lad Lake has a program dedicated to working with female victims of sex trafficking. We work with our youth to help heal the trauma they endured from being sexually exploited. This bill has the potential to positively impact victims of sex trafficking and aid in their healing process

Trauma

- Criminalizing youth who have been sexually exploited can add to the trauma they have already suffered
- Treating trauma is a complex issue and avoiding re-traumatization is essential to any victim's recovery

Law Enforcement Interaction

- By eliminating the possibility of prosecution, the dynamic of law enforcement and exploited youth will shift
- Currently, traffickers are able to brand law enforcement an enemy of the victim
- Law enforcement should be a known resource to help youth get out of a trafficking situation
- With this bill, law enforcement will be in a position to help and advocate for the victims instead of having to put them through the criminal system

Labeling

- One of the many challenges we face in treating victims of sex trafficking is the unfortunate societal label of prostitute and criminal that has been placed upon them
- Labeling these victims as prostitutes implies that they made a choice
 - The legal age of consent in Wisconsin is 18 years of age. If youth are not able to legally consent to sexual contact, how can we prosecute them for acts of prostitution?
- Exploitation and being prostituted is not a choice
- Traffickers use this label as a tactic and aid in their grooming and efforts to manipulate the youth and negatively impact their self-worth

Lasting Impact

- We work very hard to help our youth understand that the exploitation happened to them and it was not their fault
- At the same time, they continue to have legal implications that gives them the opposite message
- These charges and the label of prostitute will continue with them after they are out of our care and can impact their ability to move forward in their lives
- We have seen the impact in our community when working with survivors and advocates against child sex trafficking
- Due to the prosecution of prostitution, many of the survivors have criminal backgrounds, which negatively impacts and can cause barriers to them becoming employed by social service agencies

Safety Concerns/Additional Needs

- There is a need for safe secure locations for our exploited youth to be placed
 - Although it is arguable that detention/jail provides this safe and secure location, we believe we can do better and there are other solutions that could be put into place to ensure that the youth have a safe place to go without having to be put through the criminal justice system
 - Continuum of safe locations could be developed depending on risk
 - A safe home with a family member out of the community
 - Safe homes in unidentified locations with trained foster parents and law enforcement partners to secure the area
- Victims should not be criminalized and put into detention/jail- This only reinforces what perpetrator's messaging
- Law enforcement and all other organizations need to be working in the same direction. Criminalizing the youth hinders movement forward in the fight against sex trafficking

CORPORATE
HEADQUARTERS
DOUSMAN
W350 S1401 Waterville Road
P.O. Box 158
Dousman, WI 53118
262-965-2131 DOUSMAN
414-342-0607 METRO
877-965-2131 TOLL FREE
262-965-4107 FAX

MILWAUKEE SOUTH
2820 West Grant Street
Milwaukee, WI 53215
414-647-1771 PHONE
414-647-1117 FAX

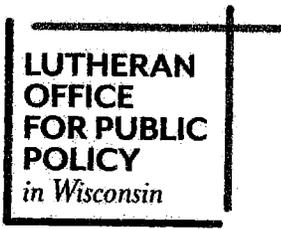
ST. ROSE CENTER
3801 North 88th Street
Milwaukee, WI 53222
414-466-9450 PHONE
414-466-0730 FAX

Admission Referrals
Out of Home Care
referrals@ladlake.org
262-965-5256 FAX

ladlake.org

*When you invest in Lad Lake, you help build stability and independence
for our community's most vulnerable youth and families.*





Evangelical Lutheran Church in America
God's work. Our hands.

March 27, 2019

To: The Honorable Representative Patrick Snyder and Members of the Committee on Children and Families.

Regarding: AB 41

Dear Chairman Snyder and Committee Members,

We are representing the Lutheran Office for Public Policy in Wisconsin (LOPPW), a statewide advocacy ministry of the Evangelical Lutheran Church in America. We advocate for just policies, especially related to hunger and poverty and care for God's creation, based on our social statements and Christian scripture.

LOPPW speaks in favor of AB 41 as we have in other legislative sessions over the last five years, each time with the same commitment to move away from re-victimize young people who have been sex trafficked. We hope this time the bill makes it to the floor in both houses.

I have been in my position as director of LOPPW about the same amount of time we have been advocating on this bill. During those five years, I have

- learned that this state law will put us in alignment with federal law.
- heard from direct service providers that the system of holding sex trafficked youth in jail is not working. We need to focus on getting them to human services, and continuing to support state budgets that provide that funding. Right now \$3 million is included in the governor's draft.
- witnessed a former attorney general, Brad Schimel, move from being against this bill to being in support of it to the extent of testifying that he had a change of heart at a hearing.
- heard Judge Ramona Gonzalez who drove from La Crosse to testify that sex trafficking of youth is a serious problem in our state and that even though there is good will between judges, who don't want to charge youth for prostitution, that they still charge youth with "lewd and lascivious behavior," that can go on a youth's record in place of prostitution.
- observed my colleagues in other states watch this same type of bill pass. Those states include Pennsylvania and Georgia. We are behind Georgia.

We ask that you support this bill, but not only that. We respectfully ask that you support bringing this bill to the floor and not allow it to get lost again, the way we sometimes let young people to disappear.

Thank you for your consideration.

Reverend Cindy Crane, Director
Kelsey Johnson, Hunger Fellow

But Jesus called the children to him and said, "Let the little children come to me, and do not hinder them, for the kingdom of God belongs to such as these." Luke 18:16



Wisconsin State Public Defender

17 S. Fairchild St. - 5th Floor
PO Box 7923 Madison, WI 53707-7923

Office Number: 608-266-0087 / Fax Number: 608-267-0584
www.wisspd.org

Kelli S. Thompson
State Public Defender

Michael Tobin
Deputy State
Public Defender

Assembly Committee on Children and Families
March 27, 2019
Public Hearing on Assembly Bill 41

Chairman Snyder and members,

Thank you for having this hearing on Assembly Bill (AB) 41. The State Public Defender (SPD) supports AB 41 which would make important changes to ensure that juveniles who are coerced into prostitution are not further victimized by the criminal justice system.

A practical definition of child sex trafficking is a complex pattern of behaviors related to the exploitation of youth for sexual activity for money. At times, there is a disconnect between the language we use and how we treat victims in the legal system.

A person under 18 years of age in the State of Wisconsin is presumed to be unable to give consent to engage in a sex act. In most circumstances a person under the age of 18 may not legally enter into a contract. Both are required under the legal definition of prostitution. More importantly, children engaging in sex acts for money are forced or coerced by the traffickers to engage in these acts. Treating children as delinquents/criminals only furthers the process of victimization.

AB 41 prevents a child under 18 years of age from being charged with the crime/delinquent act of prostitution. This bill, along with 2015 Wisconsin Act 367, helps a small but important number of children receive help and services when they are victims of sex trafficking without being convicted of the crime/delinquent act of prostitution.

Thank you again for this opportunity to testify in support of Assembly Bill 41.

CHILDREN & THE LAW SECTION

To: Members, Assembly Children & Families Committee
From: State Bar of Wisconsin, Children & the Law Section
Date: March 27, 2019
Re: Support for AB 41 – Safe Harbor

The State Bar of Wisconsin's Children & the Law Section strongly supports AB 41, Rep. Billings and Sen. Darling's Safe Harbor legislation, which removes the ability to charge a child with prostitution. A child under the age of 18 cannot consent to sexual behavior and should not be considered a criminal, but rather a victim and survivor of sexual exploitation.

Children are victims of a crime when they are being sex trafficked. They are being forced to have sex and possibly engage in other illegal activities. The Children & the Law Section supports AB 41 as it prevents victims of a heinous crime from being prosecuted. This is especially important in trafficking cases, as these situations are hard to identify as such because they are complicated and involve coercion, manipulation, and often the use of physical force.

WI attorneys have seen an increase in the number of children that are victims of sex trafficking over the last several years. According to the Milwaukee Homicide Review Commission Report of April 15, 2013, at least 77 youth were trafficked in the Milwaukee area from August 2010-August 2012. Thirty one youth (40%) had a CHIPS case, JIPS case or both at Milwaukee County Children's Court. The majority of the youth were 16-17 years old (52%) and almost a third of the youth were 12-15 years old (32%). Experts in the field believe this is a gross underestimation of the number of children sexually exploited in the Milwaukee area.

This is not an issue exclusive to Milwaukee. The sexual trafficking of children occurs in both rural and metropolitan areas. Between 2007-2017, 1523 reports from Wisconsin were made to a trafficking hotline, with calls coming from all 72 counties. According to the National Human Trafficking Resource Center, data collected from a 2012 study indicates that after Milwaukee, its hotline received the second highest number of calls from Verona, WI, a population of less than 11,000.

Victims come from every race, gender, age, socioeconomic class, and ethnicity. Child victims of trafficking are exploited for commercial sex, survival sex, and labor purposes. Traffickers often use force, fraud, manipulation, and coercion to exploit their victims.

In addition to the trauma induced from sex trafficking, arrest and prosecution for prostitution can further traumatize victims, as well as leave him or her with a profound distrust of law enforcement, often preventing victims from seeking assistance. Furthermore, the criminal record that results from being an arrest can act as a barrier to future employment and other opportunities.

AB 41 is a tremendous step forward in protecting the innocent lives of Wisconsin youth who are victims of sex trafficking, and for the reasons outlined, the Children & the Law Section supports this legislation.

For more information, please do not hesitate to contact our Government Relations Coordinator, Lynne Davis, ldavis@wisbar.org or 608.852.3603.

The State Bar of Wisconsin establishes and maintains sections for carrying on the work of the association, each within its proper field of study defined in its bylaws. Each section consists of members who voluntarily enroll in the section because of a special interest in the particular field of law to which the section is dedicated. Section positions are taken on behalf of the section only. The views expressed on this issue have not been approved by the Board of Governors of the State Bar of Wisconsin and are not the views of the State Bar as a whole. These views are those of the Section alone.



STATE BAR OF WISCONSIN

My name is Jay Reinke and I am the Chair of the Policy and Legislative Committee for the Human Trafficking Task Force of Greater Milwaukee. I am here to speak in favor of AB41.

The Human Trafficking Task Force of Greater Milwaukee is the community response to eradicating Human Trafficking through coordinated services, education and awareness, and informed policy change. Our members come from direct service agencies, religious organizations, labor groups, and the community at large.

Our direct service members have told us how important it is for young people to receive services when they are victims of human trafficking. We know from past survivors that pimps reinforce to their victims that there is no one out there who wants to help them and that if the police catch them they will just throw them in jail. Jail is not the safest place for their victims, who have spoken about the importance of someone stepping in and taking action on their behalf, getting them away from their trafficker and being someplace safe. They are trying their best to not upset their trafficker so as not be punished too severely when they are back on the street. They are secretly grateful when someone has seen their predicament and done the right thing in offering the kind of help needed to leave the life they find themselves trapped into by their pimps. Those who have testified in court against their traffickers spoke

of the importance of their treatment in getting them ready to testify and giving them the courage to face not only the trafficker, but also the other trafficking victims who will be in court to try to intimidate them, often posing as the traffickers relatives, either young “cousins” or “nieces,” when in reality they are just there to stare down the survivor, hoping to scare them into silence.

Some people believe that there are some teens who want to be in prostitution. I have not heard of, or met, any such young person. Yes, some may return to their trafficker, but what they really want, is to be with someone who says they love them, no matter what the costs. They want someone to tell them that they are pretty, that they are important, that they matter, and they want that so much that they are willing to do anything to hear those types of words, and to think that someone actually cares about them.

Personally, I know that if my teen came to me and told me they wanted to rent their body to strangers for money, I would call someone for help for my child. I would reach out to whoever was willing to help. I would not want them placed in jail.

I was privileged to hear a young survivor tell her story. She spoke of how bad things were for her at home, how she ran away and was picked out by a trafficker who groomed her to be part of his stable. She said that when she thought of leaving

her trafficker, she didn't know where she could go, so she stayed. She turned to alcohol and drugs to escape her reality. She was picked up by police and turned over to the "Feds," as she called them. She eventually agreed to testify against her trafficker. She was placed in foster care and was told she would be safe. Her trafficker, while in prison, found out where she was and sent people to beat her into silence. They found her outside her "safe place" and beat her badly enough to send her to the hospital. The agents she was working with came to visit her, wanting to make sure she was still willing to testify. She left the hospital and went into a treatment facility for girls. She said that part of her fought being there, that she was pretty mean to the people at the center, and said some not so nice things to them. But, secretly, she was glad to be there. She told us how that first night when she laid her head down on her pillow, it was the first time in a very long time she felt safe, and slept through the night. She told us that the people at the center were the first people in her life who cared about just her, and not what she could do for them. She said that although law enforcement and the justice system may have appeared to want to help, they, too, wanted something from her. They wanted her to testify. Her counselors at the treatment center didn't want something from her, they wanted things for her. This young woman eventually found the courage to testify against her trafficker, even after the beating, with her

counselor at her side. This brave young woman told her story to a room full of strangers in the hope of educating us as to how to best help victims of human trafficking.

As she was leaving the meeting, she was going home to Illinois for a visit with her family to try to repair their relationship. It had been years since she had seen her family, and now she felt strong enough to return for the weekend. She had come that far because she was with people who she knew cared about her.

It is time for us to believe the victims and the survivors, and not the pimps and traffickers. The survivors tell us that jail does not help. The traffickers know that arresting these young victims only reinforces their brainwashing that no one cares about them. Arrests may be a quick and easy answer. But, there is nothing quick or easy about the life these young victims are being forced to live. Their only hope is for us to care for and love them harder than their trafficker abuses them. It is not quick, it is not easy, and it is the right thing to do.

Because we know how important it is for someone to finally do the right thing by these young people, we at the Human Trafficking Task Force of Greater Milwaukee are her in support of AB41.

Thank You.



**STATE OF WISCONSIN
DEPARTMENT OF JUSTICE**

**Josh Kaul
Attorney General**

Room 114 East, State Capitol
PO Box 7857
Madison WI 53707-7857
(608) 266-1221
TTY 1-800-947-3529

PREPARED TESTIMONY OF ATTORNEY GENERAL KAUL

2019 Assembly Bill 41/ Senate Bill 49
Assembly Committee on Children and Families

Wednesday, March 27, 2019

Dear Representative Snyder, Chair, and Representative Ramthun, Vice-Chair:

Thank you for the opportunity to submit testimony regarding Assembly Bill 41. This proposal is supported by the Wisconsin Chiefs of Police Association, Children's Hospital of Wisconsin, and the Wisconsin Coalition Against Sexual Assault. As Attorney General, I am proud to join these groups in supporting Assembly Bill 41. I thank Senator Darling, Representative Billings, and the other legislators who have worked on this bill.

Combatting human trafficking is a priority for the Wisconsin Department of Justice (DOJ). In 2017, DOJ created the Bureau of Human Trafficking within the Division of Criminal Investigation. The Bureau investigates human trafficking and refers survivors to victim services. In addition, DOJ's Bureau of Justice Information and Analysis is collecting incident-level information about human trafficking.

In my view, an important part of our response to this crime is providing support to survivors of human trafficking. I believe that, over time, there has been increasing recognition that a person involved in prostitution may be a human trafficking victim. Recent comments made by Green Bay Police Chief Andrew Smith illustrate this point: "The thing about human trafficking is that in the past we looked at just prostitution," said Smith. "Thinking in law enforcement has evolved over the past 20 years and now we look at it as these are true victims. These are people that are being exploited."

Assembly Bill 41 is in line with this understanding. It would ensure that minors who are survivors of human trafficking are not prosecuted for participating in prostitution.

I believe there is much additional important work to be done to reduce human trafficking. I encourage the members of this committee—and all other members of the Legislature—to help raise awareness about this issue. Information about human trafficking can be found at www.BeFreeWisconsin.com , www.WisconsinTalks.org , and people can provide tips to the National Human Trafficking Resource Center by calling 1-888-373-7888.

If you have any questions, please contact the Department of Justice's Government Affairs Director, Chris McKinny, directly at McKinnyCJ@doj.state.wi.us or (608) 224-9207.

TO: Committee on Children and Families
FROM: Marlene Weisenbeck, FSPA, Ph.D.
826 Avon Street
La Crosse, WI 54603
608-782-5281

DATE: March 27th, 2019
RE: Assembly Bill 41

Committee on Children and Families:

As Convener and Chair of the La Crosse Task Force to End Modern Slavery, I wish to strongly support the Safe Harbor Bill AB 41 concerning the prosecution of children under 18 for prostitution. Many in our task force and in society in general recognize that a minor does not make a choice for prostitution, but rather in incidences when it occurs, the acts are in a context of fear and control which make the child or youth respond out of a sense of force or coercion. Please pass this bill so that proper response can be made to this devastating reality in the lives of children and youth.

TO: Assembly Committee on Children and Families
FROM: Brenda Bayer, Human Trafficking Program Advocate, The Women's Community
DATE: March 27, 2019
RE: Assembly Bill 41

I am Brenda Bayer, Human Trafficking Program Advocate at The Women's Community, an advocacy center in Wausau. As an advocate, my priorities are to provide direct services to victims and survivors of human sex trafficking, as well as facilitate community awareness and education on the realities of human trafficking. I welcome and appreciate any opportunity I have to positively affect policy and the community climate on issues related to human trafficking.

I'm here today to discuss the need for passing of the Safe Harbor bill in Wisconsin. It would promise legal protection for youth who have been victimized by the horrific crime of human sex trafficking. Federal law provides that children under the age of 18 cannot legally consent to engage in a commercial sex act, as they developmentally have not reached the intellectual or emotional capacity to understand the implications and consequences of what they're agreeing to. Legally speaking, in order for someone to be considered a prostitute, they must be 18 years old. Yet, without the protection of the Safe Harbor bill, children can be arrested and sentenced to jail for prostitution. Currently, children under the age of 18 who have sexual contact with an adult are protected under the law, unless money is exchanged. If no money is exchanged, it's child abuse. If money is exchanged, it's considered in some social circles, a so-called victimless crime called prostitution.

Victims of human sex trafficking are sexually assaulted multiple times a day, by multiple perpetrators. The abuse is so encompassing and normalized that in many cases victims lose the ability to see any other way of life in their future. They are trained and conditioned by their trafficker to believe it's their choice, and that they have some responsibility in their abuse. Trafficked youth need to be treated as survivors of trauma and provided rehabilitative services rather than given a criminal record. We have learned that involuntary detention of sexually trafficked youth replicates the trauma experienced at the hands of their traffickers, delaying and even preventing recovery and increasing the likelihood of relapse back into the life. Additionally, a criminal record can make it more difficult to pursue future housing, employment and education opportunities. We need to shift the responsibility to the perpetrator rather than blaming the victim. As a community, we need to be offering services, and helping victims and survivors foster positive connections with caring adults and competent community systems. Research indicates that engaging victims of sex trafficking in a voluntary program of specialized services encourages their ability to heal, learn to trust, and develop individual and occupational skills that will undoubtedly enhance their ability to achieve a sense of peace and live healthy, happy lives.

Even more challenging than passing the Safe Harbor bill is identifying resources, developing strategies that are effective, and then implementing programs to help struggling survivors of youth sex trafficking. Legal and social service systems face the challenge of addressing the multidimensional needs of these children. State agencies are forced to answer the question that has no answer: where are the available services for child and youth victims of sex trafficking and exploitation? The reality is that those services don't currently exist.

Safe Harbor laws are an important step in recognizing the complex needs of child and youth victims of sex trafficking. With the passing of the bill, communities throughout the state would be encouraged to engage in the fight to eradicate human trafficking in our state and nation. We have an obligation to continue to learn and improve our response to youth victims of sex trafficking and exploitation.

Instead of arrest, prosecution, and criminalization, the Safe Harbor law would enable states and communities to do the more rewarding work of empowering survivors. We cannot allow the complexity of the issue to deter action; vulnerable youth are, and will continue to be, exploited and punished with our inaction. Please join me in the fight to hold the true perpetrators accountable.



WISCONSIN COALITION AGAINST SEXUAL ASSAULT

Testimony

To: Members of the State Assembly Committee on Children and Families
From: Wisconsin Coalition Against Sexual Assault (WCASA)
Date: March 27, 2019
Re: Assembly Bill 41, Child Sex Trafficking Legislation
Position: Support

The Wisconsin Coalition Against Sexual Assault (WCASA) appreciates the opportunity to offer this written testimony for your consideration. WCASA is a statewide membership agency comprised of organizations and individuals working to end sexual violence in Wisconsin. Among these are the 57 sexual assault service providers located throughout the state that offer support, advocacy and information to survivors of sexual assault and their families.

WCASA thanks Chairman Snyder for bringing this important piece of legislation forward for a hearing today. We also thank the leading sponsors of the bill, Representatives Billings and Steineke and Senators Darling and Johnson for their leadership on this legislation in both houses. Additionally, WCASA appreciates the long, bipartisan list of over 50 other cosponsors of Assembly Bill 41.

The National Center for Missing and Exploited Children (NCMEC) estimates that of the more than 23,000 endangered runaways reported to NCMEC in 2018, one in seven were likely victims of child sex trafficking.ⁱ Additionally, the average age of entry into prostitution is between 12 and 14.ⁱⁱ This data requires a significant shift in our thinking as well as our policy.

WCASA believes we should treat sex-trafficked children as victims of sexual exploitation – not as criminals. This legislation seeks to do just that. Most victims have a prior history of abuse long before pimps and johns abuse them.ⁱⁱⁱ As a result, we should focus our efforts on addressing the complex trauma histories of child sex trafficking victims by providing specialized services, rather than criminalizing them.

Treating sex-trafficked children as delinquents or criminals is self-defeating and harmful. It hinders victim cooperation, which is necessary to convict the real criminals – pimps and johns. The current approach also increases distrust of law enforcement and child protective services, which hinders efforts to prosecute perpetrators. Most importantly, the isolation of detention and the stigma of being treated as a delinquent serve only to exacerbate individuals' feelings of guilt and shame, ultimately re-traumatizing child victims.^{iv}

This legislation is also a key component to dismantling racial disparities in the juvenile justice system. Arresting and prosecuting a child for prostitution is one of the main entry points to the juvenile justice system, also known as the sexual abuse to prison pipeline.^v Girls of color experience a higher burden of sexual violence and are more likely to be incarcerated for their responses to trauma.^{vi} Furthermore, the juvenile justice system is poorly equipped to handle the impacts of trauma on child victims, which not only compounds the harms inflicted by the underlying abuse, but also increases the risk for further sexual victimization.^{vii}

Finally, AB 41 would help bring state law in line with the federal Trafficking Victims Protection Act (TVPA), which treats prostituted minors as victims of sexual exploitation instead of as delinquents or criminals. Treating victims as delinquents conflicts with our other child sexual assault laws, which maintain that children under 18 cannot consent to sexual intercourse. Prosecuting them for prostitution implies a willingness and consent that is not legally sustainable.

We believe this legislation is the logical next step in Wisconsin's efforts to combat child sex trafficking. While current law allows for a court to enter a consent decree or deferred prosecution agreement under the Juvenile Justice Code or adult criminal statutes, these measures are within the discretion of the court. Thus, child sex trafficking victims can still be treated as delinquents for prostitution unlike in Illinois and Minnesota. WCASA believes a clear prohibition on prosecuting a child for committing an act of prostitution is needed for child trafficking victims.

We thank you for your attention to this matter and for your continued efforts to reduce the prevalence of human trafficking in Wisconsin. If you have any questions, you can reach me at ianh@wcasa.org.

ⁱ National Center for Missing and Exploited Children. Available at <http://www.missingkids.com/theissues/trafficking>

ⁱⁱ Sherman. Annie E. Casey Foundation. Detention Reform and Girls: 13 Pathways to Juvenile Detention Reform. 2005.

ⁱⁱⁱ Geist. "Finding Safe Harbor: Protection, Prosecution, and State Strategies to Address Prostituted Minors," *Legislation and Policy Brief*: Vol. 4: Iss. 2, Article 3. 2012.

^{iv} Ibid.

^v Saar, Epstein, Rosenthal, & Vafa. The Sexual Abuse to Prison Pipeline: The Girls' Story. Available at: https://rights4girls.org/wp-content/uploads/r4g/2015/02/2015_COP_sexual-abuse_layout_web-1.pdf

^{vi} Ibid

^{vii} Ibid.

BILL NO: Assembly Bill 41
TITLE: Prosecuting a person under the age of 18 with committing an act of prostitution.
COMMITTEE: Assembly Children and Families
DATE: March 27, 2019
POSITION: SUPPORT

Dear Chairperson Snyder, Vice-Chairperson Ramthun, and Committee members:

Shared Hope International is a national non-profit organization dedicated to combating the commercial sexual exploitation of children in the United States. Since 2011, when we first commenced the Protected Innocence Challenge project and outlined the minimum legal components for addressing child sex trafficking through legislation, we have called on states to recognize any minor engaged in commercial sex as a victim of sex trafficking, not a "prostitute." We know that child survivors have the best outcomes when they are met with protection, trauma-informed services, and a response that is appropriate for the horrific experiences they have endured.

Assembly Bill 41 is part of an imperative and national shift in the way that society and law views commercially sexually exploited youth. 25 states and the District of Columbia have remedied the practice of criminalizing child sex trafficking victims for prostitution; 14 additional states have introduced legislation this session that, if enacted, would make this critical change. Criminalizing sex trafficking victims is not only gravely unjust, it presents a real and significant barrier to accessing services and opportunities that steer a survivor's path towards safety, support, health, and stabilization. While the practice of arresting and detaining a minor for prostitution is often purported to be a means of ensuring the child's safety, this practice merely provides a short term response that ultimately interferes with the long-term protection of the child.

Non-criminalization laws recognize that children *never* engage in commercial sex by choice; rather, a child does so out of coercion, force, fraud, fear, or survival. This is not consensual sex; money does not sanitize rape and treating the child as a consensual actor not only misplaces criminality, it sends the child the message that they are responsible for their own victimization. Oftentimes, children entangled in a life that includes commercial sex carry with them years of trauma, generational vulnerabilities, and abuse. Other times, such children have trusted the wrong adult, been fed a false promise, or have fallen for an exploiter who later sold the child to someone all too willing to pay for the chance to rape him or her. Children with unsafe or unstable home environments may find the streets safer and, resultantly, sell their bodies in exchange for something to eat or someplace to sleep. These are not choices; children living in such circumstances deserve, at a minimum, specialized services and long-term care, not detention, punishment, or juvenile records that carrying crippling consequences far beyond their childhood years.

We are grateful for the Committee's dedication to this issue and respectfully request a favorable report on AB 41.

Sarah Bendtsen, J.D.
Policy Counsel
Shared Hope International



Written testimony in support of Safe Harbor Bill (AB 41)

Dear Committee on Children and Families and Chairman,

Thank you for taking the time to discuss this important bill. My name is Ellen Merker, and I started an agency to reduce sexual and domestic violence against people with disabilities in our community. People with disabilities are at increased risk for all forms of sexual violence, including human trafficking, so this bill is very important to me and my clients.

A young woman I work with once told me she used to be a "prostitute". When I asked further questions, I discovered that as a teen, she had a pimp and had been coerced into sex work. When talking about it now, you can hear a pain in her voice, and see that she feels ashamed. She never reported what happened because she assumed that she would be arrested, knowing that prostitution was illegal but not knowing how to get out of it. When I suggested to her that she was not a criminal, but rather a victim of a pimp who coerced her into this work, she was silent for a minute. She then told me that I just "blew her mind". She had been carrying around this burden for years, now into adulthood, and felt such relief knowing that she was not the one who should have been arrested.

Human trafficking affects many individuals in this state, particularly those who are more vulnerable. This includes children, who pimps often find easier to manipulate into sex work. These children are not criminals, but rather victims, and it is the pimps who should be arrested and charged. The trauma of sex trafficking is something that affects a child long into their adult life. In addition, having "prostitution" on their record affects their ability to find work and affordable housing.

Other states that have implemented similar legislation have found that minors are more comfortable coming to law enforcement to report sex trafficking when they do not have the fear of being charged with a crime themselves. They are then able to arrest more of the adults who are exploiting these children, thus reducing the frequency of child sex trafficking.

These children need our help, our support, and our compassion. I ask you to vote in favor of AB 41 to protect child victims of sex trafficking.

Ellen Merker

Director, Heart Consulting LLC

To: Members of the Wisconsin Assembly Committee on Children and Families
From: Dr. Joy Ippolito, former Wisconsin Anti-Human Trafficking Coordinator
Date: March 27, 2019
RE: Assembly Bill 41: prosecuting a person under the age of 18 with committing an act of Prostitution

I extend my apologies that I am unable to attend in person to give my testimony in support of Assembly Bill 41, as I am currently traveling out of state for work. I have submitted this written testimony to Rep. Billings' office to share with the members of the Assembly Committee on Children and Families. The testimony I share with you is my own, as a private citizen of Wisconsin. However, I would be remiss to not acknowledge that this testimony is deeply informed by my civil service as Wisconsin's Anti-Human Trafficking (AHT) Coordinator in the Department of Children and Families from May 2016 through December 2018. I was Wisconsin's first, and only, AHT Coordinator to serve in this policy advisor executive role. As such, I have developed extensive knowledge of Wisconsin's landscape related to the issue of child sex trafficking, as it relates to policy, research, and practice. I developed deep connections not only within the child welfare and youth justice systems, but also among medical, legal, service providers, and law enforcement professionals from every corner of the state—from Ashland to Milwaukee and everywhere in between. Thus, I bring to my testimony unparalleled expertise in understanding the various interdisciplinary and complex system responses to this issue in Wisconsin. I additionally have a doctorate in Human Development and Education from Harvard University and have a deep understanding of complex trauma and its impact on child and adolescent development. While I left my position with DCF for a job in the private sector at the end of 2018, I remain committed to supporting the young people in our state affected by sex trafficking.

In April 2016, 2015 Wisconsin Act 367 was enacted to include child sex trafficking into the definition of child abuse. This Act went into effect on May 29, 2017. In spite of this, our statutes still allow for charging a minor with prostitution. Quite simply what this means for our state is that we have a situation where an adult can be charged for the crime of child abuse and that same child who has been victimized—often by multiple adults—can also be charged with a crime. For no other crime do we allow our state to charge minors for an abuse committed against them. We do not charge domestic violence survivors with a crime for the physical and emotional abuse they have suffered at the hands of their abusers. We do not charge victims of sexual assault for being victims of sexual assault. To tell a young person in the same breath that they have had a serious crime committed against them, and then charge them with a crime for what was done to them, is a burden no young person should have to endure. And it is in conflict with our commitment as a state to Fostering Futures and supporting trauma-informed systems, policies, and practices.

As I traveled around the state giving presentations to various groups of professionals in my role as the AHT Coordinator, it was not uncommon for someone in attendance to raise the question of wanting to keep the ability to charge a young person as a way of "keeping them safe" and "off the streets". Twenty plus years ago, we were confronted with this dilemma when the issue of domestic violence entered into the public discourse. To be sure, these cases have been and always will be professionally trying for those trying to assist those who are being abused—law enforcement, service providers, and concerned family members and friends rightfully are frustrated by situations of domestic violence. But locking up those being abused by their partners has never been a solution discussed to the issue of domestic violence.

To: Members of the Wisconsin Assembly Committee on Children and Families
From: Dr. Joy Ippolito, former Wisconsin Anti-Human Trafficking Coordinator
Date: March 27, 2019
RE: Assembly Bill 41: prosecuting a person under the age of 18 with committing an act of Prostitution

The various professionals that work on these cases understand that there is a cycle of power, abuse, and control inherent in these relationships. For many who are in a domestic violence situation, they feel as though they have no other choice but to stay. Removal from these situations is a *process* and is one that takes empathy, patience, and supportive services to be successful.

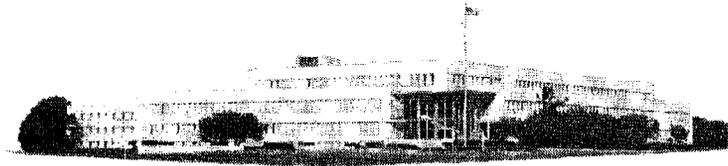
The same is true of sex trafficking situations. Research conducted across the nation has proven repeatedly the parallels between domestic violence and sex trafficking. Across the country, we know that upwards of 70-90% of young people caught up in sex trafficking situations have been sexually abused. The young people who are caught up in sex trafficking do not just wake up one day and decide that they want to use sex to make fast money. They have had adults who have taken advantage of them since they were young children. They have lived with drug abuse and violence in their homes. They have been pushed out because they were unwanted by their families. They have experienced the loss of a parent or primary caregiver and suddenly find themselves at the mercy of a too often cruel world. They have limited cognitive functioning to understand that other people are trying to manipulate them. While we have systems in place to care for these young people, too often they have suffered in silence. The burdens and traumas they carry are not visible to an outside observer; youth who act tough do so because it is their defense mechanism to protect themselves. After so many repeated traumas, they lose the ability to have faith and trust in others. Without adequate resources to treat them for the traumas they have experienced, they come to see the world as a place where love and relationships are designed to hurt, which is a belief system they will carry with them into adulthood without the proper support and interventions. As a state, we cannot continue to be a party to causing further harm to their young lives by charging them with prostitution. We cannot be another source of false trust where we say we are here to help them heal and then turn around and lock them up. I know the desire to keep the young people in our state is strong, but the research has shown that punitive responses to those who have experienced complex and repeated traumas will never be successful and only cause further damage to their development.

I know this legislative bill has come up in previous sessions but has not moved forward out of the Assembly. I implore you to change that outcome this time. Using the threat of charging a young person with prostitution should not be "a tool in our tool belt" to respond to this crime. A mountain of research, data, and professional opinions tell us otherwise—such a threat will be useless and only risks causing further harm. Being frustrated with young people for engaging in trafficking is also not a justification for charging them with prostitution. The young people who get pulled into trafficking have been missed or failed by our systems. Our response must be to continue building that integrated, early, and trauma-informed system—work that I laid the groundwork for as the AHT Coordinator and work that can continue to grow in the coming years—not charging them with a crime because they have been failed by others. Let us please continue being the champion of young people in Wisconsin by passing AB 41. It is our duty to ensure that we continue to protect, serve, and treat young people who have been abused within our state; passing this legislation will ensure we continue to do just that.

COUNTY OF WAUKESHA

HON. BRAD D. SCHIMEL
Judge

Barb Dassow
Court Reporter
(262) 970-4768



Liz
Deputy Clerk
(262) 548-7564

Michelle
Legal Clerk
(262) 548-7548

CIRCUIT COURT BRANCH 6
515 W. Moreland Boulevard
PO Box 1627
Waukesha, WI 53187-1627

Dear Chairperson Wanggaard and Members of the Senate Committee on Judiciary and Public Safety and Chairperson Snyder and Members of the Assembly Committee on Children and Families:

Thank you for the opportunity to submit testimony in support of SB 49/AB 41, which provides immunity from prosecution for trafficked minors. Let me begin with a shocking statistic: according to the National Center for Prosecution of Child Abuse (NCPA), one out of every three homeless teenagers is lured toward victimization by traffickers within 48 hours of leaving home. These youths are vulnerable to every type of exploitation. Traffickers are experts at spotting vulnerable youth.

As awareness of this horrific crime expands, we are better able to understand this crime and see this crime in ways which we may not have recognized before. Trafficked individuals should be recognized as victims, not willful prostitutes or criminals, especially when it comes to children. A child engaged in a commercial sex act is by definition a victim of human trafficking. Youth are often lured into trafficking by someone pretending to love them and are kept in by deceit, manipulation, fear, force and often drug abuse.

The most troubling aspect of trafficked youths is the long-term trauma suffered by the victims. Victims must recover from unimaginable abuse, but the most we are able to work with is to find a path for a healthy future. They need to finish school or receive additional training so that economic independence is possible.

The victims have health risks to overcome as drug addiction is often induced or exploited to control the victim. Traffickers not only take away a victim's freedom while they are being trafficked, but they also create physical and psychological barriers that impact the victim's freedom in the future.

Coordination between law enforcement, district attorneys, victim-witness professionals, and human services is key to ending both the supply and demand aspects of human trafficking. Following a report to law enforcement, victims require significant advocacy and assistance.

Putting together this new understanding that a trafficked youth is not a criminal, but a victim, and the need for this victim to rebuild their lives, it is important that these minors

are not treated as criminals by the criminal justice system. These victims should be provided services and an understanding that they can trust law enforcement which can lead to further cooperation and an enhanced opportunity to catch the "big fish upstream." If a victim doesn't know where their next meal will come from, or where to find shelter,

or whether they will be protected from the reach of a trafficker, it is difficult for traumatized youth to come forward and trust law enforcement and/or social services.

This all may sound odd coming from someone who was previously a career prosecutor for 29 years. Prosecutors do not normally support immunity laws that tie the hands of police and prosecutors, and I do not come to this position of support lightly. When a similar bill was proposed several legislative sessions ago, I had concerns about law enforcement losing the ability to immediately remove a youth from a trafficking situation to protect that minor and do further investigation.

Because Wisconsin's child protection laws did not allow county departments of social services to open up a case to protect a child from a person who did not meet the definition of a "caregiver" for the child, an immunity statute would then have left both law enforcement and social workers from being able to intervene to help a trafficked child. I was worried that that the traffickers would actually use the immunity to better exploit their child victims, because they would know that law enforcement would be powerless to take the child into any kind of custody, even protective custody. If a person cannot be legally prosecuted for a crime, then law enforcement would be without reasonable suspicion of criminal activity that would give them authority to detain the person against their will. If they cannot detain the child, then they are powerless to remove the child from the oversight of the trafficker. They would never get the chance to build a rapport with the trafficking victim and gain their trust so we can try to help the child and hold the trafficker accountable.

I had those concerns then, and if there had been no other changes to the law in Wisconsin, I would still be opposed to immunity legislation. However, the law in Wisconsin has changed dramatically. The implementation of 2015 Wisconsin Act 367 has assuaged my concerns and leaves me fully supportive now of enacting this legislation.

As of May 29, 2017, if law enforcement has reason to believe that a child is being trafficked, they must refer the case to child welfare services. 2015 Wisconsin Act 367 requires law enforcement to make a referral to child welfare services when there is a reported case of child abuse in which a person who was not a caregiver of the child is suspected of permitting, encouraging or allowing a child to engage in prostitution or trafficking for purposes of a commercial sex act. That gives the officer authority to detain and take the child into protective custody under our child protection laws rather than the criminal code.

An officer can now remove the child from the oversight of the trafficker and detain them long enough for services to be put in place. And it will not be a criminal arrest or prosecution, which can create long-term impediments to the child trying to recover psychologically, socially, and economically. The act of commencing prosecution can be a severe impediment to healing and restoration for that child. If we acknowledge the child is a victim of trafficking, then why would we brand them a criminal?

The 2015 Wisconsin Act 367 also authorizes and requires the child welfare agency to investigate such reported cases. Prior to Act 367, human services did not have the authority to intervene in non-caregiver cases. With the passage of 2015 Wisconsin Act 367, Wisconsin went a long way toward better protecting minors in danger.

SB 49/AB 41 will not solve all of the challenges we face with from scourge of child sex trafficking, and will not be a perfect solution in all cases, but it is a step in the right

direction to ensuring victims understand that they are indeed victims and that there are people in the criminal justice and social services systems who want to help them. If we can perhaps instill trust in the justice system, we have a better chance to connect the victim with necessary services so that they may heal and escape the horrendous life as a trafficked individual.

If we are going to be successful in building cases against traffickers, our real target, we need victims to be with us, to provide the information we need to unravel the trafficker's network and to eventually testify in court. If we expect victims to stand with us, they need to know they can trust us to help. This bill will help move us in that direction. It is the right thing to do. Thank you for taking up this important issue.

If I may be of further assistance, or if you have questions or concerns, please do not hesitate to contact me. Best wishes in your deliberations.



201 East Washington Avenue, Room G200
P.O. Box 8916
Madison, WI 53708-8916
Telephone: 608-422-7000
Fax: 608-422-7161

Governor Tony Evers
Secretary Emilie Amundson

Secretary's Office

TO: Members of the Assembly Committee on Children and Families

FROM: John Elliott, Deputy Administrator, Division of Safety and Permanence
Nadya E. Pérez-Reyes, Legislative Advisor

DATE: March 27, 2019

SUBJECT: 2019 Assembly Bill 41

Chairman Snyder and Members of the Assembly Committee on Children and Families:

My name is Nadya Pérez-Reyes and I am the Legislative Advisor for the Department of Children and Families. I am accompanied by John Elliott, Deputy Administrator for the Division of Safety and Permanence and Fredi Bove, Policy Initiatives Advisor. John Elliott will be providing testimony today in support of 2019 Assembly Bill 41.

Thank you for the opportunity to testify in support of Assembly Bill 41, a key piece of legislation to protect and serve vulnerable youth who are victims of sex trafficking. DCF applauds the commitment to anti-trafficking efforts demonstrated through the persistence of community partners and legislators to introduce Safe Harbor legislation in Assembly Bill 41.

Protects and serves vulnerable youth. DCF supports Assembly Bill 41 as a key piece of legislation that would change current state law so that a child will no longer be prosecuted for committing an act of prostitution. This bill strengthens the commitment from the state to protect youth who are victims of sex trafficking.

Sex trafficking occurs in rural, urban, and tribal communities throughout the state, involving both boys and girls across all ages. Youth who experience sex trafficking are victims of crime. This legislation acknowledges that youth survivors have experienced significant trauma and should be provided with appropriate services and support, instead of the risk of prosecution.

Changes the law to be in line with nationwide best practices. The National Clearinghouse on Human Trafficking considers it best practice to adopt “Safe Harbor” legislation as an essential part of a state’s legal system to help combat human trafficking.

The National Council for State Legislators notes that other states are at the forefront of “intergovernmental efforts to identify and implement effective procedures to combat child traffickers and pursue justice for survivors.” Currently 20 states and the District of Columbia have legislated prosecutorial immunity for trafficked youth (MT, ND, MN, IL, VT, NH, WY, HI, CA, UT, NE, KY, DC, CY, TN, NC, SC, OK, MS AL and FL). These laws vary from state to state, prevent children from being charged with certain crimes, such as immunity for prostitution and crimes committed that are related to being trafficked.

Continues statewide collaborative efforts against human trafficking. DCF along with other state agencies, the Wisconsin legislature, and partners throughout the state have supported anti-trafficking efforts to protect and provide services to vulnerable youth.

Our goal in anti-trafficking efforts is to: Develop, implement, and sustain a coordinated and comprehensive trauma-informed culturally competent and survivor-centered response and service system for youth who are at risk of or have experienced sex trafficking. The Wisconsin Anti-Human Trafficking Task Force, co-chaired by DCF and the Department of Justice and composed of a broad range of stakeholders, met quarterly from December 2015-December 2017. This task force strengthened cross-system collaboration; developed training for child welfare workers, professionals serving youth, and staff in the hotel industry; and supported the development of public awareness campaigns and prevention videos.

A DCF Anti-Human Trafficking Advisory Council launched in March 2018 to keep addressing various issues, such as an anti-human trafficking regional hub service delivery system to support counties, Tribes, and agencies serving youth who are at risk of or have experienced trafficking.

DCF supports the legislation proposed in 2019 Assembly Bill 41, as an important step in the process of providing youth victims of trafficking with access to effective, trauma-informed practices by eliminating a youth’s exposure to prosecution and the justice system. DCF extends our appreciation to legislators for continue to support anti-trafficking efforts and ensuring that protections exist for our youth.

We would be glad to answer any questions from the committee. Thank you.

From Judge Gonzalez

Pg 6 of 2



NATIONAL COUNCIL OF
JUVENILE AND FAMILY COURT JUDGES

WWW.NCJFCJ.ORG

RESOLUTION REGARDING DOMESTIC CHILD SEX TRAFFICKING AND COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN

WHEREAS, Too often, children who are at risk for or are victims of domestic child sex trafficking or sexual exploitation move through juvenile justice and child welfare systems unidentified; and

WHEREAS, Victims of trafficking and exploitation can enter the delinquency or dependency systems through a variety of charges, not limited to prostitution, that may bring a victim to the court's attention, but not necessarily identify them as a victim of trafficking: Drug possession, fraud, theft, status offenses such as, running away from home, violation of curfew, or truancy; and

WHEREAS, Children who run away from home are at high risk of child sexual exploitation due to their mental, physical, and financial vulnerability; and

WHEREAS, Children who have a history of child sex abuse or those who have been in the child welfare or juvenile justice systems are at heightened risk for becoming victims of trafficking or commercial sexual exploitation; and

WHEREAS, Children can be victimized at any age and in urban and rural communities; and.

WHEREAS, Girls, boys and gender non-conforming children are affected by child sexual exploitation and are often hidden within communities and not well-served by human service and law-enforcement systems; and

WHEREAS, Children who have been trafficked and/or exploited have experienced severe forms of trauma; often suffering negative long-term psychological, social and physical impacts; and

WHEREAS, In many states youth who are victims of commercial sexual exploitation face criminal charges and incarceration. States across the nation do not have the legal framework or systems of care to sufficiently protect children from further victimization or prevent the sale and purchase of children for sex or sexually exploitative purposes; and

WHEREAS, Victims need access to a variety of services that one system alone may not be able to provide.

Judge Gonzalez
pg 2 of 2

BE IT THEREFORE RESOLVED AS FOLLOWS:

The NCJFCJ believes judges are in a unique position to prevent this form of violence against children through: increased identification of at-risk and exploited youth in the court system; educational efforts about trafficking within a community; and stimulating community and systems collaboration and participation to create or enhance services for victims.

The NCJFCJ calls for a coordinated response to increase the effectiveness of all justice and child-serving systems, in identifying child victims of domestic sex trafficking and exploitation at the earliest stage possible and to provide services necessary for victims to heal from trauma and related harm. This response includes coordination among judicial officers to ensure that victims who are moved throughout the country are identified and served appropriately.

The NCJFCJ opposes the criminalization of victims of child sexual exploitation and supports state laws and policies that provide necessary protection for victims and penalties for buyers and traffickers.

The NCJFCJ calls upon child-serving systems to deliver evidence informed services and programming to avoid children becoming vulnerable to exploitation while in the care of the state, and after leaving care.

The NCJFCJ supports the development of specialized services and resources for victims of human trafficking from the child welfare system, delinquency system, and within the community. Services should include, but should not be limited to, a development of non-detention triage facilities and specialized placement options that are equipped to effectively address the unique trauma suffered by victims of human trafficking.

The NCJFCJ shall encourage judicial leaders to convene local stakeholder and community groups to improve and enhance system responses to the needs of child victims of sex trafficking involved in court proceedings.

The NCJFCJ shall collaborate with allied organizations and experts across the nation to develop resources for judges and courts that seek to improve outcomes for victims who enter the court system.

Originally adopted by the NCJFCJ Board of Trustees at their Spring Meeting, February 23, 2013, San Antonio, TX. Revised and adopted by the NCJFCJ Board of Directors at their Spring Meeting, March 24, 2016, Las Vegas, NV.

Let me begin by thanking all of you on the committee for being willing to tackle this challenging issue and seek support for survivors of this injustice to many minors in our state. I am the clinical director for Eye Heart World. We are a non-profit dedicated to fighting sex trafficking through awareness, prevention, and aftercare. We work directly with law enforcement at the local, state, and federal levels to meet with survivors as soon as they are removed from a trafficking situation. We opened the first residential facility in Wisconsin in October 2017 that is dedicated to providing trauma-informed care through a strength-based approach, serving survivors ages 18 and up. We have served 16 survivors since opening. We have had our first graduate, as well as 7 survivors that have completed phase one of programming, and 3 more have completed the later phases of the program. While our facility is focused on adults, we have found that the survivors we serve as adults had often been trafficked as minors that continued into their adulthood. In 2018 alone, we received 72 referrals from a variety of referral sources; survivors ranged in age from 14-52.

We have served one survivor that was trafficked beginning at age 7 when she was sold by her father to buyers, then sold to another trafficker at age 11, and to yet another trafficker at age 17. She does not remember a time in her life when she was not being bought and sold for sex. Another survivor was sold at age 11 by an uncle to his friends. This led to a life of trafficking that continued until she sought services with us at age 34. We have served yet another survivor who was trafficked beginning at age 13 by her aunt. She was initiated into the life and was taught to rob buyers while her aunt engaged in sex acts. This then progressed to her engaging in the sex acts as well.

In each of these cases, these young women were charged with different crimes that they were forced to engage in as part of being trafficked. Could they give permission to engage in sex at age 7, 11, or 13? According to federal law, no, they could not. According to WI state law regarding statutory rape and child enticement, they also could not give consent for sex. However, at this time, they could be charged with prostitution. This bill, the Safe Harbor Bill, is a wonderful step in the right direction in WI becoming a leader in how to deal with cases on human trafficking in the legislature and in the criminal justice system. In passing this bill, WI will be the 23rd state where our state laws will align with the federal laws that will lead to identification, removal from trafficking, and provision of services to survivors.

According to the National Conference of State Legislatures, there are six themes in state Safe Harbor laws and policy. These include:

1. Collaboration and coordination of state entities and resources.
 - a. WI has made strides in this direction with the development of the Regional Hubs to coordinate different agencies that provide services to trafficked minors.
 - b. Further strides will need to be made, but we are off to a good start.
2. Decriminalization and/or diversion for actions of trafficked youth.
 - a. This is what this bill will attempt to do. This will end treating the youth as criminals when they truly are trauma survivors. Youth who have been trafficked often become adults who have been trafficked, with levels of PTSD that are equal to that of a soldier who has been in war.

As a state, we have further to go, but this Safe Harbor bill is the first step in a series of steps that will allow our legislature, our law enforcement, and service providers the support that they need to provide survivors the care that they need and deserve to recover from a life of trafficking and engage in becoming active and healthy members of our society.

Thank you again for the support that this bill has received thus far. We hope that the testimony here today will further support for the passing of this bill. We appreciate the opportunity to speak on behalf of the survivors that we serve.

Sincerely,

Dawn Spang, MS, NCC
Clinical Director
dawn@eyeheartworld.org
Eye Heart World



EYE HEART WORLD™

March 27, 2019

Morgan Meadows, M.Ed.



To Sir/Madam Chair; members of the Children and Families Committee,

RE: AB-41 Relating to prosecuting a person under the age of 18 with committing an act of prostitution.

Please accept my gratitude for being able to testify in favor of this bill today. Even though I am a member of several anti-trafficking agencies, it is as an individual survivor of human trafficking, and a survivor advocate, that I hope to represent the voices of those unable to be present today, because they are either hiding, actively enslaved, incarcerated, currently being groomed by a trafficker, or dead --- without knowing or ever having had a chance at restoration.

Current Bio: Ed.D. candidate (Concordia University); M.Ed (2013); BA (Goddard) 1998; Mother of four. Independent Consultant/Owner of *A Lucid Tree, LLC* in Door County. Focus on community education and curriculum design, rather than classroom teaching; Statewide presenter and support for individuals and agencies involved in anti-trafficking/survivor advocacy, HT rescue, and prevention education. Establishing a residential learning design center that accommodates survivors.

Victim Bio: Actively trafficked between ages of 3 and 23; Pornography, sex trafficking, domestic labor and experimentation; Intrafamilial and intergenerational trauma; child marriage to 2nd trafficker at 17; Escape from domestic violence at 29.

Survivor Bio: Rape Crisis (6 mo.), vocational rehabilitation (4 years), Victim Witness program (7 years), 5-day immersion/externalization therapies designed for survivors of HT (10 extended sessions over 18 years); weekly/by-weekly therapy for 8 years; college education (9+ years to date); Counseling/externalization therapies totaled: \$25,000; Consolidated student loans: \$120,000 to date (BA / M.Ed / Ed.D is 75% complete.)

Benefits of AB-41:

- 1) Strengthens Wisconsin's response to DMST / human trafficking as a whole [The Polaris Project issued its *state-by-state* report card this month: Wisconsin achieved an "F" for failing to pass the Safe Harbor Bill last year (as well as other anti-trafficking legislation)].
- 2) Partial decriminalization of victimization: still holds minors accountable for obvious criminal behavior, but assessed differently as minor responds to treatment.
- 3) Sets in motion expansion of wrap-around-services, based on ACEs protocol: *Adverse Childhood Experiences*; the victim's relationship to PTSD (i.e. effects of toxic stress across the lifespan), and assessing all parties to the crime of trafficking --- victim, buyer, trafficker.

Opportunities:

- 1) To improve outcomes for victims and the children they come to parent: "*Healing the past – Redeeming the present – Changing the future*" [EngediRefuge.org];
- 2) To become adept at housing and educational programs for victims at the community level, as well as implementing prevention curriculum at both primary and secondary education levels;
- 3) To collect and share data to better understand emerging trends in victimization patterns: disproportionate gaps in needed services, especially for people of color; and improving the quality of care for survivors and their loved ones (short-term/long-term).

Genuinely,

A Lucid Tree, LLC
P.O. Box 731, Fish Creek, WI 54212
Ph: 920.212.5644
alucidtree@gmail.com

March 27, 2019, AB-41 Testimony, Resources

Resources

Reports of Child Sex Trafficking Allegations & Substantiations to Child Protection Services (2018, 17 pages). Retrieved from <https://dcf.wisconsin.gov/files/aht/pdf/aht-report.pdf>

The Medical Response to Sex Trafficking of Minors in Wisconsin (2015, 9 pages).
<https://www.wisconsinmedicalsociety.org/WMS/publications/wmj/pdf/114/2/52.pdf>

Be a Trauma-Informed Care Champion (2019, 1 page); Department of Health Services.
<https://www.dhs.wisconsin.gov/publications/p01229.pdf>

Fostering Futures Wisconsin: Toxic Stress and ACEs, retrieved from
<http://www.fosteringfutureswisconsin.org/aces/>

Got Your ACE Score? Got Your Resiliency Score? Retrieved from <https://acestoohigh.com/got-your-ace-score/>

Commercial Exploitation and Sex Trafficking of Minors in the U.S.: Commonly Overlooked, Misunderstood, and Unaddressed Forms of Child Abuse (2013, 1 page); Institute of Medicine and National Research Council of the National Academies. Retrieved from
<http://www.nationalacademies.org/hmd/~/media/Files/Report%20Files/2013/Sexual-Exploitation-Sex-Trafficking/infographic.pdf>

Dec2017 Report: US Government Efforts to Combat Trafficking in Persons (28 pages). Retrieved from
<https://www.state.gov/documents/organization/284072.pdf>

Pretesting a Human Trafficking Screening Tool in the Child Welfare and Runaway and Homeless Youth Systems (4 pages). Retrieved from
<https://aspe.hhs.gov/system/files/pdf/258576/HTSTExecSumLongShortFormQs.pdf>

Evaluation of Domestic Victims of Human Trafficking Demonstration Projects (168 pages). Retrieved from https://www.acf.hhs.gov/sites/default/files/opre/sc1_final_report_508_compliantb.pdf

Medical Treatment of Victims of Sexual Assault and Domestic Violence and Its Applicability to Victims of Human Trafficking (14 pages). Retrieved from <https://aspe.hhs.gov/system/files/pdf/76121/index.pdf>

Promising Practices: And Overview of Trauma Informed Therapeutic Support for Survivors of Human Trafficking (2015, 16 pages); Polaris Project and Sanar: A Wellness Institute. Retrieved from
<https://www.polarisproject.org/sites/default/files/Sanar-Promising-Practices.pdf>

The following excerpt regarding ACEs was retrieved from <https://acestoohigh.com/got-your-ace-score/>

A whopping two thirds of the 17,000 people in the ACE Study had an ACE score of at least one — 87 percent of those had more than one. Thirty-six states and the District of Columbia have done their own ACE surveys; their results are similar to the CDC's ACE Study.

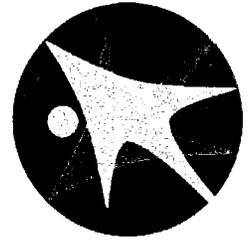
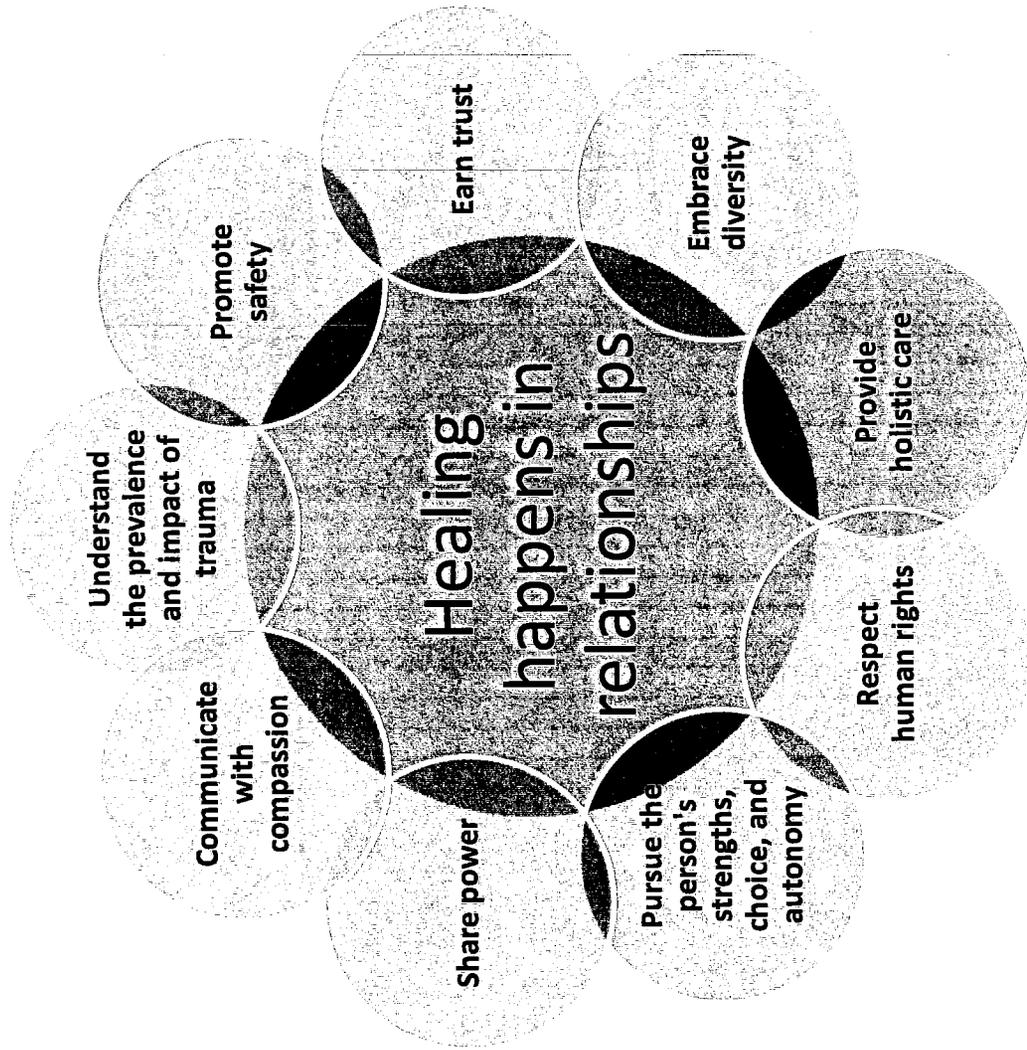
Number of Adverse Childhood Experiences (ACE Score)	Women	Men	Total
0	34.5	38.0	36.1
1	24.5	27.9	26.0
2	15.5	16.4	15.9
3	10.3	8.6	9.5
4 or more	15.2	9.2	12.5

The study's researchers came up with an ACE score to explain a person's risk for chronic disease. Think of it as a cholesterol score for childhood toxic stress. You get one point for each type of trauma. The higher your ACE score, the higher your risk of health and social problems. (Of course, other types of trauma exist that could contribute to an ACE score, so it is conceivable that people could have ACE scores higher than 10; however, the ACE Study measured only 10 types.)

As your ACE score increases, so does the risk of disease, social and emotional problems. With an ACE score of 4 or more, things start getting serious. The likelihood of chronic pulmonary lung disease increases 390 percent; hepatitis, 240 percent; depression 460 percent; attempted suicide, 1,220 percent.

(By the way, lest you think that the ACE Study was yet another involving inner-city poor people of color, take note: The study's participants were 17,000 mostly white, middle and upper-middle class college-educated San Diegans with good jobs and great health care — they all belonged to the Kaiser Permanente health maintenance organization.)

Be a trauma-informed care champion!



Empowering. Engaging. Effective.

Wisconsin Department of Health Services

www.dhs.wisconsin.gov/tic

P-01229 (02/2019)



COMMERCIAL SEXUAL EXPLOITATION AND SEX TRAFFICKING OF MINORS IN THE U.S.

ARE COMMONLY OVERLOOKED, MISUNDERSTOOD, AND UNADDRESSED FORMS OF CHILD ABUSE

ESTIMATES RANGE FROM

1,400 — 2.4 million

There is no true estimate of these crimes in the United States.

In Columbia, South Carolina

Many professionals who interact with youth are unaware that this abuse occurs in their communities.

HOW ARE WE PREVENTING, IDENTIFYING, AND RESPONDING TO COMMERCIAL SEXUAL EXPLOITATION AND SEX TRAFFICKING OF MINORS?

SCHOOLS

Teachers and school personnel are uniquely positioned to recognize changes in behavior and appearance — which may be a sign of underlying problems — among the youth they interact with each day.

WHAT COULD HELP?

- Appropriate training and established protocols to identify vulnerable youth and to intervene early.
- Broadening the understanding of child abuse to include commercial sexual exploitation and sex trafficking of minors.

POLICE

Law enforcement personnel often are the first to respond to commercial sexual exploitation and sex trafficking cases. This means that their ability to identify victims, investigate cases, and make appropriate referrals is crucial.

However, a review of case files in major U.S. cities indicates that police viewed only 1% of youth involved in prostitution as victims, and 60% as victims.

WHAT COULD HELP?

- Dedicate a unit or personnel to handle commercial sexual exploitation and sex trafficking cases.
- Train officers about trafficking.
- Develop protocols for trafficking cases.
- Participate in human trafficking task forces.

VICTIM SERVICES

Victim and support service providers are likely to be working with youth vulnerable to and victimized by commercial sexual exploitation and sex trafficking.

However, there are too few services available to meet current needs of victims and survivors. The services that do exist are unevenly distributed geographically, lack adequate resources, and vary in their ability to provide specialized care.

SERVICE PROVIDERS CAN:

- Help prevent commercial sexual exploitation and sex trafficking among those they serve.
- Identify and assist victims and survivors who are in their care.

BUSINESS

Businesses, which are sometimes used to facilitate commercial sexual exploitation and sex trafficking of minors, can also fight against these crimes.

HOTELS
Hotels and hotel chains can adopt policies and train employees to help prevent commercial sexual exploitation and sex trafficking of minors at their hotels.

FINANCIAL INSTITUTIONS/BANKS
Matching purchasing patterns of exploiters to credit card transactions can alert law enforcement to these crimes.

TRANSPORTATION INDUSTRY
Employees can be educated about the dangers and warning signs of these crimes, which may occur at truck stops or involve the use of transportation services.

JUDGES, COURTS, AND LAWYERS

In 2013, just 8 states had laws to redirect victims away from the criminal or juvenile justice system and into systems or services that are equipped to meet their needs.

- With the attorney-client privilege, defense attorneys may be instrumental in identifying and assisting young people.
- Judges have considerable discretion and authority over the outcome and treatment of the minors involved in these crimes.

HEALTH CARE

Health care professionals may encounter victims who are seeking treatment for injury or illness in emergency departments, urgent care, clinics, and community health centers.

- However, health care professionals may not recognize youth in their care who are at risk of or are victims of these crimes.
- A health care workforce with appropriate training could help prevent further exploitation and negative health consequences.

WHAT NEEDS TO BE DONE TO PREVENT, IDENTIFY, AND RESPOND TO COMMERCIAL SEXUAL EXPLOITATION AND SEX TRAFFICKING OF MINORS?

COLLABORATION AMONG ALL OF THESE GROUPS IS ESSENTIAL IN ORDER TO:

Increase awareness and understanding

Strengthen research

Support information sharing

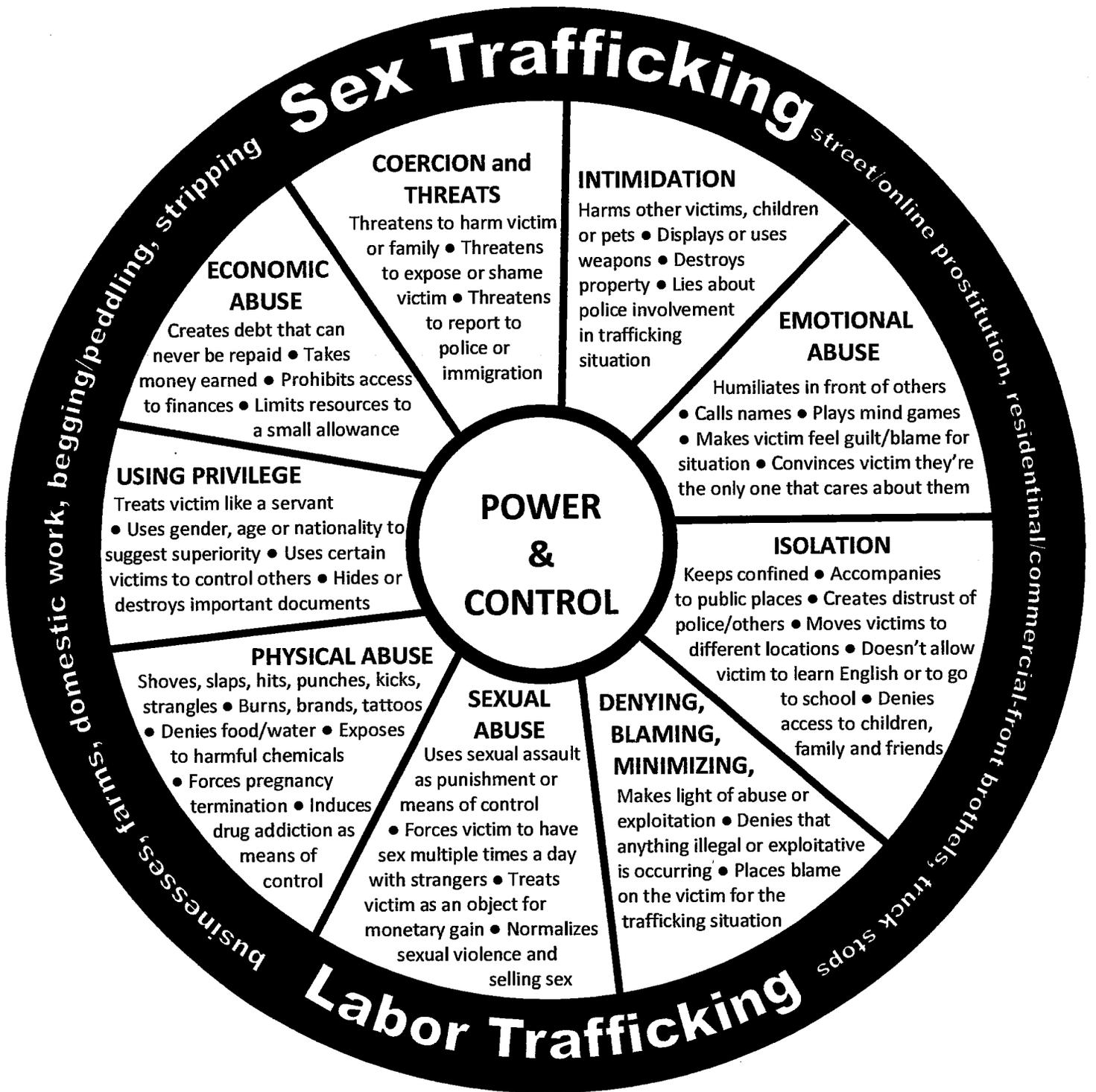
Strengthen the law's response

Support collaboration

ACCESS MORE RESOURCES FROM THE IOM/NRC REPORT

**CONFRONTING COMMERCIAL SEXUAL EXPLOITATION
AND SEX TRAFFICKING OF MINORS IN THE UNITED STATES**

AT WWW.IOM.EDU/SEXTRAFFICKINGMINORS



This wheel was adapted from the Domestic Abuse Intervention Project's Duluth Model Power and Control Wheel, available at www.theduluthmodel.org

Polaris Project | P.O. Box 53315, Washington, DC 20009 | Tel: 202.745.1001 | www.PolarisProject.org | Info@PolarisProject.org

© Copyright Polaris Project, 2010. All Rights Reserved.

This publication was made possible in part through Grant Number 90XR0012/02 from the Anti-Trafficking in Persons Division, Office of Refugee Resettlement, U.S. Department of Health and Human Services (HHS). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Anti-Trafficking in Persons Division, Office of Refugee Resettlement, or HHS.

Pretesting a Human Trafficking Screening Tool in the Child Welfare and Runaway and Homeless Youth Systems

Executive Summary

Despite the fact that youth involved in the child welfare (CW) and runaway and homeless youth (RHY) systems are particularly vulnerable to being trafficked, there is no consensus screening tool to identify trafficking experiences among such youth. In order to better serve youth trafficking victims, this study developed a Human Trafficking Screening Tool (HTST) and pretested it with 617 RHY- and CW-involved youth. This research established that the screening tool is accessible to youth and easy to administer, and that both the full-length tool and a shorter version were effective in identifying youth who are trafficking victims in RHY and CW systems, though additional research with more youth is needed.

Methodology

The tool was pretested with 617 youth, ages 12 to 24, across 14 RHY and CW settings in New York, Texas, and Wisconsin from March to November 2016. The survey captured their trafficking experiences as well as demographic characteristics and other life experiences related to trafficking (e.g., running away, drug abuse). The 19-item HTST was embedded in a longer *Life Experiences Survey*, along with a 6-item short-form version called the HTST-SF. The full HTST took approximately two minutes to complete, while the HTST-SF took less than a minute. Most youth completed the survey in an anonymous self-administered electronic form. A random 25 percent were administered the survey by a practitioner, who also recorded their own perspective on the youth's trafficking status.

Key Findings

Overall, the HTST (which measures both lifetime and past-year experiences) and the HTST-SF performed equally well at capturing trafficking experiences for most youth. Sampled youth were mostly 18 to 24 years old and in RHY-system settings.

- **HTST covered the key dimensions of youth's trafficking experiences**, according to Urban Institute researchers, members of the HHS study team, and RHY and CW youth helping on the study's youth advisory council.
- **HTST could be implemented and understood in RHY and CW settings.** Practitioners assessed the tool as easy to administer and youth's responses as truthful and understanding HTST questions. Further, youth's inclination to respond was not affected by whether the tool was self- or practitioner administered.
- **Responses to the HTST were correlated to known trafficking risk factors and outcomes**, including running away from home, being kicked out of one's home, abusing prescription or over-the-counter drugs, trading sex for something of value on their own (i.e., without the presence of a third-party exploiter), being arrested, and seeking help.
- **The HTST correctly predicted trafficking victimization.** For approximately 6 in 10 youth, the HTST correctly predicted youth to be trafficking victims according to administering practitioners' beliefs and observations. Additionally, the HTST correctly predicted 8 in 10 times which youth were not trafficking victims, according to practitioners' beliefs and observations.
- **The short form of HTST performed equally well as the full version**, with regard to all measures of validity. Since the HTST-SF took less than a minute to administer, it would appear preferable when time is an issue, unless practitioners are interested in capturing more specific dimensions of youth's trafficking experiences. Below are the long and short forms of the tool.

Conclusion

Responses to the 19-item HTST and 6-item HTST-SF were correlated with several known risk factors and outcomes associated with trafficking victimization, including running away from home, being kicked out by parents/guardians, exchanging sex on their own for something of value, abusing over-the-counter drugs, and seeking help. Further, both tools correctly identified trafficking victims 6 in 10 times and nonvictims 8 in 10 times, based on practitioners' assessments of youth's trafficking experiences. Given that practitioners also provided positive feedback on the tools, which took two minutes or less to administer, this study concludes that both the HTST and HTST-SF are accessible, effective tools for screening youth for human trafficking in CW and RHY settings. Given limited samples of certain subpopulations, we recommend additional testing of youth under age 18 and youth in CW settings, in addition to further validation work with a nationally representative sample of youth.

Human Trafficking Screening Tool Questions – Long Form

Did someone you work for...

- 1 Physically force you to do something you didn't feel comfortable doing
 - 2 Lock you up, restrain you, or prevent you from leaving
 - 3 Physically harm you in any way (beat, slap, hit, kick, punch, burn)
 - 4 Trick you into doing different work than was promised
 - 5 Make you sign a document without understanding what it stated, like a work contract
 - 6 Refuse to pay you or pay less than they promised
 - 7 Restrict or control where you went or who you talked to
 - 8 Deprive you of sleep, food, water, or medical care
 - 9 Not let you contact family or friends, even when you weren't working
 - 10 Keep all or most of your money or pay
 - 11 Keep your ID documents (e.g., ID card, license, passport, social security card, birth certificate) from you
 - 12 Threaten to get you deported
 - 13 Threaten to harm you or your family or pet
 - 14 Physically harm or threaten a coworker or friend
 - 15 Force you to do something sexually that you didn't feel comfortable doing
 - 16 Put your photo on the Internet to find clients to trade sex with
 - 17 Force you to engage in sexual acts with family, friends, or business associates for money or favors
 - 18 Encourage or pressure you to do sexual acts or have sex, including taking sexual photos or videos
 - 19 Force you to trade sex for money, shelter, food, or anything else through online websites, escort services, street prostitution, informal arrangements, brothels, fake massage businesses, or strip clubs
-

Source: Urban Institute, Human Trafficking Screening Tool pretest validation study (2017).

Notes: Response choices were "yes," "no," or "skip." Respondents were asked whether each item had ever occurred and whether it had occurred in the past year.

Human Trafficking Screening Tool Questions – Short Form

- 1 Did someone you work for ever refuse to pay what they promised and keep all or most of the money you made?
 - 2 Did you ever trade sexual acts for food, clothing, shelter, favors, or other necessities for survival before you reached the age of 18?
 - 3 Were you ever physically beaten, slapped, hit, kicked, punched, burned or harmed in any way by someone you worked for?
 - 4 Have you ever been unable to leave a place you worked or talk to people you wanted to talk to, even when you weren't working, because the person you worked for threatened or controlled you?
 - 5 Did someone you work for ever ask, pressure, or force you to do something sexually that you did not feel comfortable doing?
 - 6 Were you ever forced to engage in sexual acts with family, friends, clients or business associates for money or favors, by someone you work for?
-

Source: Urban Institute, Human Trafficking Screening Tool pretest validation study (2017).

Note: Response choices were "yes" or "no", and youth were allowed to skip individual items.



Medical Treatment of Victims of Sexual Assault and Domestic Violence and Its Applicability to Victims of Human Trafficking

*Erin Williamson, Nicole M. Dutch,
and Heather J. Clawson*

I. INTRODUCTION

In 2008, the Office of the Assistant Secretary for Planning and Evaluation within the U. S. Department of Health and Human Services sponsored the National Symposium on the Health Needs of Human Trafficking Victims. This symposium was designed to bring healthcare workers and members of the anti-human trafficking community together to discuss identification of and service provision to victims of human trafficking in medical settings. One of the major issue areas identified during the symposium was the importance of learning from and building on best practices used by medical providers working with similar, marginalized populations. Particular attention was paid to the efforts and ways that protocols and procedures have been established for victims of domestic violence, and whether they can be applied to or modified for victims of human trafficking.

This issue brief examines the procedures and protocols that currently exist for assessing and treating victims of domestic violence and sexual assault in healthcare settings in an effort to evaluate their applicability to victims of human trafficking. Given the similar trauma experienced by victims of domestic violence, sexual assault, and human trafficking, the procedures and protocols for domestic violence and sexual assault offer the best foundation on which to learn from and build proper response systems for victims of human trafficking. Since the procedures and protocols related to domestic violence and sexual assault typically focus on the sexual nature of the offense, this issue brief will primarily focus on victims of sex trafficking as well as victims of labor trafficking who are sexually assaulted.

II. THE MEDICAL AND MENTAL HEALTH CONSEQUENCES FOR VICTIMS OF HUMAN TRAFFICKING

Research indicates that victims of human trafficking often have a wide variety of physical and mental health needs (Clawson, Dutch, & Williamson, 2008). The physical health issues experienced by this population can include headaches, memory loss, gastrointestinal problems, chronic pain, broken bones, head and neck trauma, infectious diseases, sexually transmitted infections, dental or oral problems, respiratory illness, unhealthy weight loss due to food deprivation and poor nutrition, pregnancy, pelvic inflammatory disease, and other gynecological problems (Alexander, Kellogg, & Thompson, 2005; Family Violence Prevention Fund, 2005;

CONTENTS

- I. Introduction
- II. The Medical and Mental Health Consequence for Victims of Human Trafficking
- III. Domestic Violence and Sexual Assault as They Relate to Human Trafficking
- IV. Practices and Procedures for Medical Professionals Serving Victims of Domestic Violence and Sexual Assault and Their Applicability to Human Trafficking
- V. The Importance of Training
- VI. Conclusion



International Organization for Migration, 2006; Raymond et al., 2002; Zimmerman, 2003; Zimmerman et al., 2006).

Studies have found that 76–100 percent of female survivors of sex trafficking report being physically assaulted and 67–100 percent report being sexually assaulted while they were trafficked (Clawson, Dutch, & Williamson, 2008; Raymond et al., 2002; Zimmerman, 2003; Zimmerman et al., 2006). In addition to physical consequences, victims of human trafficking often experience severe and complex mental health consequences as a result of the trauma they have endured. Similar to victims of domestic violence and other traumatic experiences, many victims of human trafficking suffer from posttraumatic stress disorder (PTSD) (International Organization for Migration, 2006; Pico-Alfonso, 2005; Zimmerman et al., 2006). Studies have also shown that victims of trafficking often suffer from mood disorders, anxiety disorders, dissociative disorders, and substance related disorders (Family Violence Prevention Fund, 2005; International Organization for Migration, 2006; Zimmerman, 2003).¹

III. DOMESTIC VIOLENCE AND SEXUAL ASSAULT AS THEY RELATE TO HUMAN TRAFFICKING

Similar to human trafficking, the existence of domestic violence far preceded its recognition by healthcare professionals as a phenomenon that resulted in adverse health consequences that therefore needed to be addressed by them. Despite the noteworthy differences between domestic violence and human trafficking, the victims of these crimes often suffer similar physical and mental health consequences, requiring heightened sensitivity by service providers. Additionally, many adolescents and women are trafficked by individuals who they consider to be their boyfriends, fiancés, or lovers. Adolescents and women may continue to have an intimate relationship with their trafficker as they are trafficked. These relationships often mirror those in which there is intimate partner violence (Sheridan & VanPelt, 2005).

While the issues of domestic violence and human trafficking have received national focus relatively recently, attention to domestic violence precedes that given to human trafficking. This longer period of attention has resulted in significant integration of protocols and procedures related to domestic violence into various healthcare settings. In 1985, the American College of Obstetricians and Gynecologists became the first national medical organization to recognize and address the issue of domestic violence (Jones & Horan, 1997), and in 1991, the American Medical Association launched a campaign against family violence (Office for Victims of Crime, 1998). Although current practices and procedures for identifying, evaluating, and treating victims of domestic violence are not flawless, they provide an important foundation for the human trafficking field to learn from and build upon.

IV. PRACTICES AND PROCEDURES FOR MEDICAL PROFESSIONALS SERVING VICTIMS OF DOMESTIC VIOLENCE AND SEXUAL ASSAULT AND THEIR APPLICABILITY TO HUMAN TRAFFICKING

¹ A more complete discussion of the physical and mental health consequences of human trafficking can be found in Clawson, H. J., Dutch, N. M., & Williamson, E. (2008). *National symposium on the health needs of human trafficking: Background document*. Washington, DC: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services.



Screenings

Domestic violence, like human trafficking, is considerably under reported in healthcare settings (Sugg, Thompson, Thompson, Maiuro, & Rivara, 1999). One important tool for proper identification is comprehensive screening practices. Healthcare and social service providers working in the area of domestic violence generally agree that healthcare providers should employ universal screening for domestic violence. They note that while universal screening is recommended for all healthcare providers, it is particularly important for those working in primary care, urgent care, ob/gyn and family planning, mental health, and inpatient settings. (Family Violence Prevention Fund, 1999; Institute for Clinical Systems Improvement, 2006). Unlike many survivors of sexual assault, victims of human trafficking may not initially enter medical facilities as a direct result of their sexual assault due to their inability to access medical care during their captivity (Zimmerman et al., 2006); therefore, screening by medical providers in all healthcare settings is important to ensure proper identification and service provision.

A number of tools and guidelines currently are available to assist providers in identifying and interviewing both adult and juvenile victims of domestic violence and sexual assault. Some of these tools, such as the Family Violence Prevention Fund's suggested screening questions² and the American College of Emergency Physicians' guidelines for interviewing children³ provide a good foundation from which to screen for domestic violence in general and could be modified to incorporate screening questions for human trafficking.

Guidelines for identifying victims of domestic violence note that, similar to human trafficking, victims can be men, women, transgender, or come from a variety of backgrounds and experiences (Institute for Clinical Systems Improvement, 2006). While some guidelines for domestic violence put the minimum age for screening at 14 (Family Violence Prevention Fund, 1999), healthcare providers should be aware that victims of human trafficking can be much younger; according to Estes and Weiner (2001) the average age of entry into prostitution in the United States is 12-14.

Guidelines for domestic violence screening suggest posting signs and literature to supplement routine screening and reinforce the healthcare setting as a safe place to seek assistance. They also recommend conducting all screenings in private settings away from perpetrators who may accompany victims to healthcare settings (Institute for Clinical Systems Improvement, 2006). These guidelines can be adopted for victims of human trafficking who may be accompanied by either male or female traffickers.

Examinations

A limited number of evidence-based clinical practices exist for the examination and treatment of victims of sexual assault. This is due, in large part, to the limited number of experimental or quasi-experimental studies evaluating current examination and treatment practices (Agency for Healthcare Research and Quality [AHRQ], 2003).

² A complete list of screening questions can be found in Appendix B of Family Violence Prevention Fund. (1999, October). *Preventing domestic violence: Clinical guidelines on routine screening*. San Francisco, CA: Author.

³ A complete list of screening questions can be found in American College of Emergency Physicians. (1999, June). *Evaluation and management of the sexually assaulted or sexually abused patient*. Dallas, TX: Author.



Despite significant efforts to standardize care for victims of domestic violence, protocols and standards for proper examination vary greatly across facilities and States, particularly in the following areas: comprehensiveness of standardized protocols, procedures, and rape testing kits; use of trained providers and expert consultants; quality of examination facilities and technology; and capacity for DNA and drug testing (AHRQ, 2003). One example of disparity in standards is the fact that some hospitals have special areas and/or separate facilities to examine victims of sexual assault and abuse. Some of these hospitals even have age-appropriate facilities for children, as well as clothing for victims whose clothing is removed for evidentiary processing (AHRQ, 2003). However, other hospitals lack a sufficient number of private examination rooms to ensure the privacy of all victims. Since a number of these protocols and standards affect all victims of sexual assault, they likely will affect victims of human trafficking.

While universal screening for domestic violence is recommended across the healthcare field, the majority of guidelines for examination of victims of domestic violence, family violence, and sexual assault focus on the importance of evidentiary examinations. During evidentiary examinations, healthcare providers assess the medical needs of victims while collecting evidence for law enforcement purposes (AHRQ, 2003; American College of Emergency Physicians, 1999). Evidentiary exams typically involve: attainment of a patient's medical history and description of the crime; assessment of psychological functioning; performance of a physical examination; collection, documentation, and preservation of evidence; collection of lab samples; treatment for medical needs; and referral for medical and psychological services (Littel, 2001). Further research is needed to determine the effectiveness of evidentiary examinations on victims of human trafficking, especially since it can often take significant time for victims of human trafficking to perceive that they are victims of a crime and trust someone enough to disclose their victimization.

Some protocols for evidentiary examinations, however, appear appropriate for victims of human trafficking. For example, it is recommended that victims of sexual assault be examined in a private room and by trained medical providers. Protocols also stress the importance of having a rape crisis advocate, medical health professional, social worker, or pastoral caregiver trained in crisis intervention present (American College of Emergency Physicians, 1999).

As with screening, a number of tools have been developed to assist with the evaluation of domestic violence and sexual assault. The Domestic Violence Survivor Assessment (DVSA) tool assists healthcare practitioners and patients in identifying psychological processing of the abuse as well as movement toward a violence-free life (Dienemann, Glass, Hanson, & Lunsford, 2007). This tool can be used for victims of sex trafficking whose relationship with their trafficker emulates that of intimate partner violence.

THE DVSA TOOL ASSESSES 12 PERSONAL AND RELATIONSHIP ISSUES COMMONLY FACED BY VICTIMS OF INTIMATE PARTNER VIOLENCE

1. Accessing help from friends, family, and organizations
2. Self-identity
3. Self-efficacy to be on one's own
4. Feelings and emotional response to abuse
5. Mental health, stress, depression, and PTSD
6. Seeking medical care for stress and injuries
7. Triggers of abusive incidents
8. Actions to manage partner abuse
9. Actions to seek legal sanctions
10. Attachment to the relationship
11. Views of the relationship and options
12. Managing loyalty to norms and own beliefs



Additionally, this and other tools can be modified for successful use with all victims who experienced sexual assault while they were trafficked.

Evidentiary exams should only take place after all emergency needs have been met, including appropriate protective action for victims who are actively homicidal or suicidal (American College of Emergency Physicians, 1999; Institute for Clinical Systems Improvement, 2006; Littel, 2001). The decision regarding whether to conduct an evidentiary exam is often based on State laws and whether law enforcement and prosecutors feel it will be useful in court; however, evidentiary exams are never to be conducted without the written consent of the patient. As with other medical procedures, evidentiary exams should never be done against a patient's will (Littel, 2001). Additionally, evidentiary examinations, as well as all medical and mental health examinations, should be based in culturally competent practices that respond to the cultural needs of the victim. Particular care should also be taken when conducting examinations on children (AHRQ, 2003). As previously mentioned, little is known regarding the effectiveness of evidentiary exams on victims of human trafficking; therefore, while guidelines for sexual assault and domestic violence can inform healthcare efforts related to human trafficking, further research is needed to assess their effectiveness with the trafficking victim population.

Sexual Assault Nurse Examiners

When not done by specialized trained professionals, evidentiary examinations can retraumatize victims (Littel, 2001). Recognizing this, the first Sexual Assault Nurse Examiner (SANE) program was established in 1977 to train registered nurses to specialize in forensic examination of sexual assault victims. By March 2001, SANE had grown to more than 400 programs (Ledray, 2001). This growth can be attributed, in part, to the fact that many physicians do not wish to examine victims of sexual assault because they feel they lack the specialized training required for evidentiary examinations (AHRQ, 2003; Littel, 2001).

The SANE program can be adapted for various regions and medical settings, including hospital-based and community-based settings (Littel, 2001). SANEs receive classroom and clinical training as well as certification on sexual assault (AHRQ, 2003; Littel, 2001). As part of their training, SANEs are taught the skills to provide assistance to patients from the initial evidence collection through prosecution (Littel, 2001). They are also trained to present forensic evidence at trial (Office for Victims of Crime, 1998). SANEs are not victim advocates; their training is in forensic examination of sexual assault. However, SANEs often collaborate with advocates to ensure that necessary crisis intervention, safety planning, and referrals are provided (Littel, 2001).

SANE and Human Trafficking

Most SANEs operate as members of a Sexual Assault Response Team (SART). SARTs utilize a multi-disciplinary approach, bringing together healthcare providers, law enforcement, prosecution, victim advocates, and public health organizations (AHRQ, 2003). SARTs oversee coordination of and collaboration among service providers as they relate to the initial response after a sexual assault. The goal is to ensure victim-centered service delivery and prevent revictimization (American College of Emergency Physicians, 1999; Littel, 2001). This model may be similarly beneficial for victims of human trafficking who also tend to be connected to multiple service providers, requiring a victim-centered service delivery approach. For example, members of SARTs could respond to cases of human trafficking through the same basic



U.S. Department of Health and Human Services,
Office of the Assistant Secretary for Planning and Evaluation

guidelines that they use to respond to cases of other forms of sexual assault. Case managers on SARTs could familiarize themselves with the local community-based agencies serving this population and act as a liaison between these service providers and the SARTs, similarly to their coordination of service delivery for victims of domestic violence. Additionally, in communities that have specific law enforcement units focused on the crime of human trafficking, SARTs could invite representatives from these units to become members of the SARTs. While all SARTs follow basic unifying guidelines and principles, each is unique in its structure and composition; therefore, communities will need to assess the best way to integrate human trafficking into their current response system on an individual basis. Future research, however, can help to identify best practices for how SARTs can effectively integrate human trafficking into their service delivery models.

SANE programs and SART models have dramatically enhanced the services provided to victims of sexual assault in communities throughout the United States (AHRQ, 2003; Littel, 2001). SANE programs have proven to be so successful that the Office for Victims of Crime has facilitated replication of SANE programs by funding the creation of the *SANE Development and Operation Guide*. Additionally, a Web site has been developed where SANE/SART programs can register and receive assistance with analyzing their program data (Littel, 2001).

Documentation

A crucial component of evidentiary examinations is documentation. Written records are not only used to describe physical injuries but also to address the emotional impact of the abuse. Evidentiary examinations must document injuries in an accurate, comprehensive, and objective manner that can be submitted to a court of law. Written records should document the time between the abuse and the time the exam is conducted as well as describe the patient's demeanor. It is suggested that when working with victims of sexual assault patient's words should be set off in quotation marks; should not use phrases implying doubt, such as "patient alleges"; should only use medical terms rather than legal jargon; should not summarize the patient's report; and should not refer to the perpetrator of the abuse with terms that might be used by the patient, such as "my boyfriend." (American College of Emergency Physicians, 1999; Isaac & Enos, 2001). Written reports should always be supplemented by photographs documenting physical injuries and body maps identifying the extent and location of the injuries. When observations conflict with a patient's statement, healthcare providers should record reasons for the differences (Isaac & Enos, 2001). For example, if a patient's injuries are consistent with being struck by an object but the patient reports falling down stairs this should be recorded and medical providers should document the specific elements of the injury that are consistent with the impact of an object and inconsistent with a fall. The impact of such documentation techniques on legal cases involving human trafficking is still unknown; therefore, until this issue has been further explored, medical professionals are encouraged to consult local district attorney offices to determine the form of documentation that best protects the victims they work with.

In the case of children, it is valuable to document their chronological age as well as the developmental changes related to sexual maturing (American College of Emergency Physicians, 1999).⁴ Since it may take years for a case of human trafficking to be heard in court, this

⁴ According to the American College of Emergency Physicians (1999), this information should be recorded in the form of Tanner so that it is consistent and reproducible from one profession to another.



**U.S. Department of Health and Human Services,
Office of the Assistant Secretary for Planning and Evaluation**

documentation will accurately inform the court of the child's age and development at the time of the violence or exploitation.

Protocols and procedures for evidentiary examinations tend to focus on sexual assault in which there is one perpetrator and/or one incidence of sexual assault. Victims of human trafficking, especially sex trafficking, have often been sexually assaulted multiple times by various perpetrators during their captivity. Additionally, one study conducted in the United States found that 28 percent of Russian women who were trafficked into the United States and 46 percent of U.S. citizens trafficked internally reported childhood incestuous sexual abuse (Raymond et al., 2002). Significant time may have elapsed between the time of childhood incest as well as the time of the assaults and the evidentiary examination, resulting in reduced physical ramifications of the assaults. Therefore, particular attention should be paid to documenting the statements of these patients and their accounts of the assaults.

Proper training is essential since documentation often plays such an important role in ensuring that patients receive appropriate and effective medical services. Factual information obtained in evidentiary exams may qualify victims for special status or exemptions in obtaining public housing, welfare, health and life insurance, victim compensation, and/or immigration relief. Additionally, documentation also plays a critical role in criminal proceedings. Medical providers who are not trained in proper documentation may actually hinder victims' cases by trying to remain neutral and unintentionally using language that subverts the case (Isaac & Enos, 2001).

Informed Consent

Informed consent is imperative for treating sexual assault victims. Allowing victims to make informed decisions regarding their care can be an empowering first step toward recovery. Informed consent should be obtained prior to each component of an evidentiary examination: physical examination, medical treatment, evidence collection, and photodocumentation. Additionally, informed consent should be obtained before reporting the crime to law enforcement and transfer of evidence. In cases regarding children, local and State law should be consulted to assess the need for parental consent (American College of Emergency Physicians, 1999). With youth and children, attaining patient consent can give the same important sense of empowerment that consent can provide for adults.

Medical records for evidentiary examinations should be kept separate from patients' other medical records to ensure limited access by authorized personnel (American College of Emergency Physicians, 1999). Findings from evidentiary examinations are only released to law enforcement when victims provide consent or when it is mandated by law (AHRQ, 2003; American College of Emergency Physicians, 1999). While all States have laws regarding mandatory reporting of child abuse, States vary with regard to reporting sexual assault (American College of Emergency Physicians, 1999). Healthcare providers should be well versed regarding laws related to mandatory reporting of sexual assault in their jurisdiction. In cases where victims are uncertain whether they want to file a police report, evidence can be collected and maintained per State statutes without being shared with law enforcement (Littel, 2001).



Coverage

While all 50 States and the District of Columbia have victim compensation programs to cover the cost of emergency medical assistance not covered by private insurers or other medical benefits (Office for Victims of Crime, 1998), many States have also passed specific laws protecting victims from having to pay for medical evidentiary examinations (AHRQ, 2003). Some of these State laws limit coverage to victims who are willing to file a police report and/or cooperate in prosecution, while other States provide coverage to all victims regardless of any decision pertaining to prosecution (AHRQ, 2003; Office for Victims of Crime, 1998). Despite laws protecting victims' anonymity and mandating that victims not be charged for the cost of evidentiary exams, cases have been reported where claims have been submitted to third-party insurance companies, breaching victims' rights to privacy. In some of these cases, victims who were not the primary insurance holders have been forced to disclose the assault to the primary persons covered. Additionally, numerous studies have found reports of victims being directly billed for evidentiary exams despite laws explicitly prohibiting this practice (AHRQ, 2003). Healthcare workers and facilities serving victims of human trafficking should familiarize themselves with local and State laws pertaining to coverage for victims of sexual assault to ensure compliance and assess applicability to victims of human trafficking.

V. THE IMPORTANCE OF TRAINING

All healthcare providers and non-healthcare providers working in healthcare settings should be trained in proper screening techniques for victims of human trafficking as well as domestic violence. Despite the need for training, a dearth of knowledge exists regarding how many healthcare practitioners have been trained to accurately identify, examine, and treat victims of domestic violence and sexual assault (AHRQ, 2003). For example, one study found that while 88 percent of physicians acknowledged having female patients who were victims of abuse, only 6 percent routinely asked their patients about possible domestic violence (Elliott, Nerney, Jones, & Friedmann, 2002).

Healthcare providers report not screening for domestic violence because they feel that they do not possess the necessary training, time, skills, and resources to care for victims (Elliott et al., 2002). In another study, more than 25 percent of physicians and almost 50 percent of nurses and medical assistants reported not having any confidence in their ability to screen for physical abuse. This same study found that only 23.9 percent of physicians, nurses, and medical assistants felt that they possessed strategies to assist victims of domestic violence (Sugg et al., 1999). Lack of training results in misconceptions among healthcare providers, hindering identification of and service provision to victims (Institute for Clinical Systems Improvement, 2006). Without proper training on human trafficking and other forms of violence, abuse and exploitation, erroneous beliefs regarding this population of victims are likely to be perpetuated as well.

Training Content

The goals of training on domestic violence, sexual assault, and human trafficking should center on increasing awareness about the problems and the internal and external resources available to support comprehensive service delivery. While, most training programs offer a broad overview of sexual assault and/or domestic violence focused on identification, management, and referral of victims (AHRQ, 2003), training should also teach skills and identify barriers to identification and



U.S. Department of Health and Human Services,
Office of the Assistant Secretary for Planning and Evaluation

treatment (Institute for Clinical Systems Improvement, 2006). Skill development is especially important in terms of interview techniques, safety assessment, and documentation. Similarly, training on human trafficking must offer healthcare providers and others in the healthcare field information and practical skills that can be used to identify, assess, and treat victims of human trafficking.

Training for healthcare providers on evidentiary examinations is required to ensure exams are conducted correctly and with rigor that will stand up in a court of law. The growing number of programs and training in forensic science can be credited to expanded State reporting requirements. A few States, such as Alaska, California, Florida, Iowa, Kentucky, and New York, have established mandatory education requirements for healthcare professionals on intimate partner violence, child abuse, and/or sexual assault. But most of these requirements focus on reporting incidents as opposed to enhancing clinical skills (AHRQ, 2003). Current training programs on related issues can be evaluated to assess the potential of incorporating the issue of human trafficking into training programs already focused on domestic violence, intimate partner violence, and child abuse. Such evaluation can provide a platform to compare and contrast different forms of sexual and physical violence while reducing redundancy in training.

There has been little examination of current trainings on domestic violence and sexual assault to assess their content, duration, and scientific basis (AHRQ, 2003). However, one study found that training physicians in identification and treatment of domestic violence increased their screening from 3.5 percent to 20.5 percent. (Thompson et al., 2000). Further assessment of domestic violence and sexual assault trainings is imperative to understand their impact on identifying and treating victims of domestic violence as well as the expected success of incorporating human trafficking.

The Role of Academic Programs, Hospitals, and Medical Associations

One way to ensure successful training of healthcare professionals is to integrate sexual assault, domestic violence, and human trafficking curricula into university and other educational programs. While some programs currently provide a broad overview on the issues of sexual assault and domestic violence, only a few university-based healthcare training programs integrate content on performing medical evidentiary examinations. Additionally, the International Organization on Migration concluded that the programs that do exist are often inadequate (IOM, 2006). To improve university-based training, the Health Resources and Services Administration and other agencies within the U.S. Department of Health and Human Services have begun collaborating with nursing schools to develop and implement improved curricula on issues related to violence against women (AHRQ, 2003).

In 1982, the President's Task Force on Victims of Crime recommended that all hospitals implement the following: provide training to all hospital personnel sensitizing them to the needs of victims of violent crimes, especially victims who have been sexually assaulted; offer emergency medical assistance to victims of violent crime regardless of their ability to pay; provide emergency room crisis counseling; develop relationships with all victim assistance and social service agencies in their communities; and work with prosecutors to develop a standardized rape kit (Office for Victims of Crime, 1998).



**U.S. Department of Health and Human Services,
Office of the Assistant Secretary for Planning and Evaluation**

The Joint Commission on Accreditation of Healthcare Organizations, a nonprofit organization that evaluates and accredits more than 17,000 hospitals, healthcare networks, and other healthcare organizations in the United States, has adopted guidelines requiring that member hospitals and organizations have objective criteria for identifying victims of physical assault, sexual assault, domestic violence, and abuse of elders and children. Members must train staff on identification and maintain a list of referral organizations that provide assessments and care for victims (AHRQ, 2003). In an attempt to standardize care, the Delphi Instrument for Hospital-based Domestic Violence Programs features 37 performance measures in nine categories and assesses the program's physical structure as well as the provider's process of care (Kass-Bartelmes & Rutherford, 2004). This tool provides a solid foundation for development of a similar tool for human trafficking.

Several professional organizations and accreditation bodies have developed clinical protocols, policies, professional standards, training materials, and courses related to domestic violence and/or sexual assault. These professional organizations include the American College of Obstetricians and Gynecologists, American Medical Association, American College of Emergency Physicians, American Professional Society on the Abuse of Children, and the Centers for Disease Control and Prevention. The National Health Initiative on Domestic Violence, through the Family Violence Prevention Fund, developed a training program that has been used in more than 100 hospitals (Office for Victims of Crime, 1998). In 2003, AHRQ identified 72 unique sexual assault training programs, policy statements, and protocols related to healthcare providers and practices. By incorporating human trafficking into these training programs, healthcare providers can learn about the similarities and differences in identifying, examining, and treating victims of human trafficking when compared to victims of other forms of sexual assault. Additionally, the healthcare providers who attend these trainings are the same healthcare providers who would benefit from training on human trafficking. Providers who see victims of domestic violence and sexual assault are often also serving victims of human trafficking regardless of whether or not they are aware of this; training them to recognize and treat the specific needs of human trafficking victims is a critical step to effective care for this population.

Current Training on Human Trafficking Aimed at Healthcare Professionals

The majority of trainings designed to educate medical professionals on human trafficking provide a broad overview of the issue and its proper identification. The Rescue and Restore Campaign in conjunction with the National Human Trafficking Resource Center offers toolkits, phone consultations, and in-person trainings for healthcare practitioners to improve their understanding and identification of human trafficking. The Christian Medical & Dental Association also offers an online introduction to human trafficking course for which medical professionals can receive continuing education credits. In addition to these nationally recognized training programs, other anti-trafficking organizations provide trainings to healthcare professionals.

As with sexual assault and domestic violence, more targeted training is needed to enhance skills and recognize barriers to identification and treatment. According to service providers working with victims of human trafficking, the shortage of this targeted training may be due, in part, to the limited number of qualified medical professional trainers available (Williamson, Dutch, & Clawson, 2008).



**U.S. Department of Health and Human Services,
Office of the Assistant Secretary for Planning and Evaluation**

VI. CONCLUSION

While further research and evaluation is needed to specifically identify how healthcare procedures and protocols that currently exist for assessing and treating victims of domestic violence and sexual assault can be used to support victims of human trafficking, given the similar trauma experienced by these populations, these procedures and protocols currently serve as the best foundation on which to begin to identify successful ways of working with victims of human trafficking within healthcare settings. Given the serious and often co-morbid medical and mental health consequences of human trafficking, it is imperative that the healthcare industry begin to establish comprehensive protocols and procedures to adequately care for this population. By building on the accomplishments of and lessons learned from the domestic violence field, important advances can be made to improve proper identification and provide appropriate services for victims of human trafficking.



References

- Agency for Healthcare Research and Quality. (2003, September). *Medical examination and treatment for victims of sexual assault: Evidence-based clinical practice and provider training* (Report to Congress: AHRQ Publication No. 03-R210). Rockville, MD: Author.
- Alexander, M. P., Kellogg, N. D., & Thompson, P. (2005). Community and mental health support of juvenile victims of prostitution. In S. W. Cooper, R. J. Estes, A. P. Giardino, N. D. Kellogg, & V. I. Vieth (Eds.), *Medical, legal and social science aspects of child sexual exploitation: Vol. 1* (pp. 397–421). St. Louis, MO: G. W. Medical Publishing, Inc.
- American College of Emergency Physicians. (1999, June). *Evaluation and management of the sexually assaulted or sexually abused patient*. Dallas, TX: Author.
- Asian Pacific Islander Legal Outreach. (2005). *Breaking ground against modern-day slavery*. Retrieved December 24, 2008, from <http://www.apilegaloutreach.org/trafficking.html>
- Clawson, H. J., Dutch, N. M., & Williamson, E. (2008). *National symposium on the health needs of human trafficking: Background document*. Washington, DC: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services.
- Dienemann, J., Glass, N., Hanson, G., & Lunsford, K. (2007, August). The domestic violence survivor assessment (DVSA): A tool for individual counseling with women experiencing intimate partner violence. *Issues in Mental Health Nursing*, 28(8), 913–925.
- Elliott, L., Nerney, M., Jones, T., & Friedmann, P. D. (2002, February). Barriers to screening for domestic violence. *Journal of General Internal Medicine*, 17(2), 112–116.
- Estes, R. & Weiner, N. (2001). *The commercial sexual exploitation of children in the U.S., Canada, and Mexico*. Philadelphia: University of Pennsylvania.
- Family Violence Prevention Fund. (1999, October). *Preventing domestic violence: Clinical guidelines on routine screening*. San Francisco, CA: Author.
- Family Violence Prevention Fund. (2005). *Turning pain into power: Trafficking survivors' perspectives on early intervention strategies*. San Francisco, CA: Author.
- Institute for Clinical Systems Improvement. (2006, September). *Health care guideline: Domestic violence*. Bloomington, MN: Author.
- International Organization for Migration. (2006). *Breaking the cycle of vulnerability: Responding to the health needs of trafficked women in east and southern Africa*. Pretoria, South Africa: Author.
- Isaac, N. E., & Enos, V. P. (2001, September). Documenting domestic violence: How health care providers can help victims (NCJ 188564). *National Institute of Justice Research in Brief*. Washington, DC: National Institute of Justice.



U.S. Department of Health and Human Services,
Office of the Assistant Secretary for Planning and Evaluation

- Jones, R. F., & Horan, D. L. (1997, July). The American College of Obstetricians and Gynecologists: A decade of responding to violence against women. *International Journal of Gynecology and Obstetrics*, 58(1), 43–50.
- Kass-Bartelmes, B. L., & Rutherford, M. K. (2004, June). Women and domestic violence: Programs and tools that improve care for victims (AHRQ Pub. No. 04-0055). *Research in Action*. Rockville, MD: Agency for Healthcare Research and Quality.
- Ledray, L. E. (2001, August). *Forensic evidence collection and care of the sexual assault survivor: The SANE-SART response*. Washington, DC: Violence Against Women Online Resources.
- Littel, K. (2001, August) Sexual assault nurse examiner (SANE) programs: Improving the community response to sexual assault victims (NCJ No. 186366). *OVC Bulletin*. Washington, DC: Author.
- Miller, T. R., Cohen, M. A., & Weirsema, B. (1996, January). *Victim costs and consequences: A new look*. Washington, DC: National Institute of Justice.
- Office for Victims of Crime. (1998, August). New directions from the field: Victims' rights and services for the 21st century health care community (NCJ No. 172818). *OVC Bulletin*. Washington, DC: Author.
- Pico-Alfonso, M. A. (2005). Psychological intimate partner violence: The major predictor of posttraumatic stress disorder in abused women. *Neuroscience and Biobehavioral Reviews*, 29, 181–193.
- Raymond, J. G., D'Cunha, J., Dzuhayafin, S. R., Hynes, H. P., Rodriguez, Z. R., & Santos, A. (2002). *A comparative study of women trafficked in the migration process: Patterns, profiles, and health consequences of sexual exploitation in five countries (Indonesia, the Philippines, Thailand, Venezuela, and the United States)*. Brussels, Belgium: Coalition Against Trafficking Women International.
- Sheridan, D. J. & VanPelt, D. (2005). Intimate partner violence in the lives of prostituted adolescents. In S. W. Cooper, R. J. Estes, A. P. Giardino, N. D. Kellogg, & V. I. Vieth (Eds.), *Medical, legal and social science aspects of child sexual exploitation: Vol. 1* (pp. 423–435). St. Louis, MO: G. W. Medical Publishing, Inc.
- Sugg, N. K., Thompson, R. S., Thompson, D. C., Maiuro, R., & Rivara, F. P. (1999, July-August). Domestic violence and primary care: Attitudes, practices, and beliefs. *Archives of Family Medicine*, 8(4), 301–306.
- Thompson, R. S., Rivara, F. P., Thompson, D. C., Barlow, W. E., Sugg, N. K., Maiuro, R. D., et al. (2000, November). Identification and management of domestic violence: A randomized trial. *American Journal of Preventative Medicine*, 19(4), 253–263.
- Williamson, E., Dutch, N., & Clawson, H. C. (2008). *National symposium on the health needs of human trafficking victims: Post-symposium brief*. Washington, DC: Office of the



**U.S. Department of Health and Human Services,
Office of the Assistant Secretary for Planning and Evaluation**

Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services.

Zimmerman, C. (2003). *The health risks and consequences of trafficking in women and adolescents: Findings from a European study*. London: London School of Hygiene & Tropical Medicine.

Zimmerman, C., Hossain, M., Yun, K., Roche, B., Morison, L., & Watts, C. (2006). *Stolen smiles: A summary report on the physical and psychological health consequences of women and adolescents trafficked in Europe*. London: London School of Hygiene & Tropical Medicine.

Table 1

Wisconsin Child Sex Trafficking Allegations, by Milwaukee and Balance of State, by Hispanic Ethnicity
June 1, 2017 – August 31, 2018

Hispanic Ethnicity	Milwaukee	Balance of State	Total in Wisconsin	Total Percentage by Ethnicity
Hispanic	5	4	9	2.1%
Not Hispanic or Not Documented	173	240	413	97.9%
Total	178	244	422	100%
Total Percentage by Location	42.2%	57.8%	100%	

Table 2

Wisconsin Child Sex Trafficking Allegations, by Milwaukee and Balance of State, by Primary Race
June 1, 2017 – August 31, 2018

Primary Race	Milwaukee	Balance of State	Total in Wisconsin	Total Percentage by Primary Race
White	40	157	197	46.7%
African American	132	49	181	42.9%
American Indian / Alaskan Native	3	17	20	4.7%
Asian	1	12	13	3.1%
Unable to Determine / Not Documented	2	9	11	2.6%
Total	178	244	422	100%

Across Wisconsin, 46.7 percent of allegations of sex trafficking involved a child identified as White, 42.9 percent involved a child identified as African American, 4.7 percent involved a child identified as American Indian / Alaskan Native, and 3.1 percent involved a child identified as Asian. According to the data available, approximately two percent of allegations statewide involved a child of known Hispanic origin; however, a significant number of cases did not document ethnicity, so this information may not fully represent the population.

Of the allegations made in Milwaukee County, 74.2 percent of them involved a child identified as African American and 22.5 percent involved a child identified as White. In the Balance of State, 64.3 percent of the allegations involved a child identified as White and 20.1 percent involved a child identified as African American.

As shown in Table 3 below, nearly all child sex trafficking allegations involved females (92.2 percent) across the state. Males represented a higher percentage of allegations in Balance of State (9.8 percent) compared to Milwaukee (5.1 percent).

Table 3

Wisconsin Child Sex Trafficking Allegations, by Milwaukee and Balance of State, by Gender
June 1, 2017 – August 31, 2018

Gender	Milwaukee	Balance of State	Total in Wisconsin	Total percentage by gender
Female	169	220	389	92.2%
Male	9	24	33	7.8%
Total	178	244	422	100%

Table 4 shows child sex trafficking allegations by age group. Nearly 82 percent of allegations statewide involved a child between the ages of 14-17. In Milwaukee, this age group represented 88.8 percent of all allegations. In the Balance of State, this age group represented 76.6 percent of all allegations. It is important to note that while these data represent unique child sex trafficking allegations, they do not reflect whether this was the first allegation of child sex trafficking for a particular individual.

Table 4

Wisconsin Child Sex Trafficking Allegations, by Milwaukee and Balance of State, by Child Age at Report
June 1, 2017 – August 31, 2018

Age	Milwaukee	Balance of State	Total in Wisconsin	Total Percentage by Age
<1 - 5 years old	4	12	16	3.8%
6 - 9 years old	0	7	7	1.7%
10 - 12 years old	9	15	24	5.7%
13 years old	7	21	28	6.6%
14 years old	35	33	68	16.1%
15 years old	40	48	88	20.9%
16 years old	47	61	108	25.6%
17 years old	36	45	81	19.2%
Unknown	0	2	2	0.47%
Total	178	244	422	100% ¹

¹ Does not add exactly to 100% due to rounding.

Table 6

Wisconsin Child Sex Trafficking Substantiated Allegations, by Milwaukee and Balance of State, by Primary Race

June 1, 2017 – August 31, 2018

	Milwaukee	Balance of State	Total in Wisconsin	Total Percentage by Primary Race
White	16	36	52	52.5%
African American	32	10	42	42.4%
American Indian / Alaskan Native	0	2	2	2.0%
Asian	1	1	2	2.0%
Unable to Determine / Not Documented	0	1	1	1.0%
Total	49	50	99	100%²

There were relatively few allegations of child sex trafficking for children of known Hispanic origin. Across Wisconsin, 52.5 percent of substantiated child sex trafficking allegations involved a child identified as White, 42.4 percent involved a child identified as African American, 2 percent involved a child identified as American Indian / Alaskan Native, and 2 percent involved a child identified as Asian. Comparatively, as of 2017, the racial composition of the total population of Wisconsin children is 83 percent White, 11 percent African American, 1.9 percent American Indian / Alaskan Native, and 4.1 percent Asian.

Table 7

Wisconsin Child Sex Trafficking Substantiated Allegations, by Milwaukee and Balance of State, by Gender

June 1, 2017 – August 31, 2018

Gender	Milwaukee	Balance of State	Total	Total Percentage by Gender
Female	49	42	91	91.9%
Male	0	8	8	8.1%
Total	49	50	99	100%

² Does not add exactly to 100% due to rounding.

Table 8

Wisconsin Child Sex Trafficking Substantiated Allegations, by Milwaukee and Balance of State, by Child Age at Report
June 1, 2017 – August 31, 2018

Age	Milwaukee	Balance of State	Total	Total Percentage by Age
<1 – 5 years old	0	4	4	4.0%
6 – 9 years old	0	4	4	4.0%
10 – 12 years old	2	2	4	4.0%
13 years old	0	3	3	3.0%
14 years old	10	3	13	13.1%
15 years old	11	13	24	24.2%
16 years old	20	14	34	34.3%
17 years old	6	7	13	13.1%
Total	49	50	99	100% ³

As noted in Table 7, Milwaukee did not substantiate any allegations of child sex trafficking for males. Male children accounted for 16 percent of all substantiated allegations of child sex trafficking in the Balance of State and 8.1 percent of all substantiated allegations of child sex trafficking statewide.

Table 8 shows information of substantiated allegations by age group. Statewide, 84.8 percent of all child sex trafficking substantiated allegations involved a child between the ages of 14-17. In Milwaukee, this age group represented 95.9 percent of all substantiations, while in the Balance of State, this age group represented 74 percent of all substantiations.

It is important to distinguish the number of substantiated sex trafficking allegations from the number of *unique children* with a substantiated sex trafficking allegation. Tables 9 and 10 below show the number of children who had at least one substantiation of child sex trafficking, by gender and age. Of the 86 unique children with a substantiation, 53.5 percent occurred in the Balance of State. Most of these substantiations involved female youth and youth between the ages of 14-17.

³ Does not add exactly to 100% due to rounding.

Table 9

Wisconsin Child Sex Trafficking Substantiated Unique Children, by Milwaukee and Balance of State, by Child's Gender

June 1, 2017 – August 31, 2018

Gender	Milwaukee	Balance of State	Total	Total Percentage by Gender
Female	40	38	78	90.7%
Male	0	8	8	9.3%
Total	40	46	86	100%
Total Percentage by Location	46.5%	53.5%	100%	

Table 10

Wisconsin Child Sex Trafficking Substantiated Unique Children, by Milwaukee and Balance of State, by Child Age at Report

June 1, 2017 – August 31, 2018

Age	Milwaukee	Balance of State	Total	Total Percentage by Age
<1 – 5 years old	0	4	4	4.7%
6 – 9 years old	0	4	4	4.7%
10 – 12 years old	2	2	4	4.7%
13 years old	0	3	3	3.5%
14 years old	8	3	11	12.8%
15 years old	10	9	19	22.1%
16 years old	14	14	28	32.6%
17 years old	6	7	13	15.1%
Total	40	46	86	100% ⁴

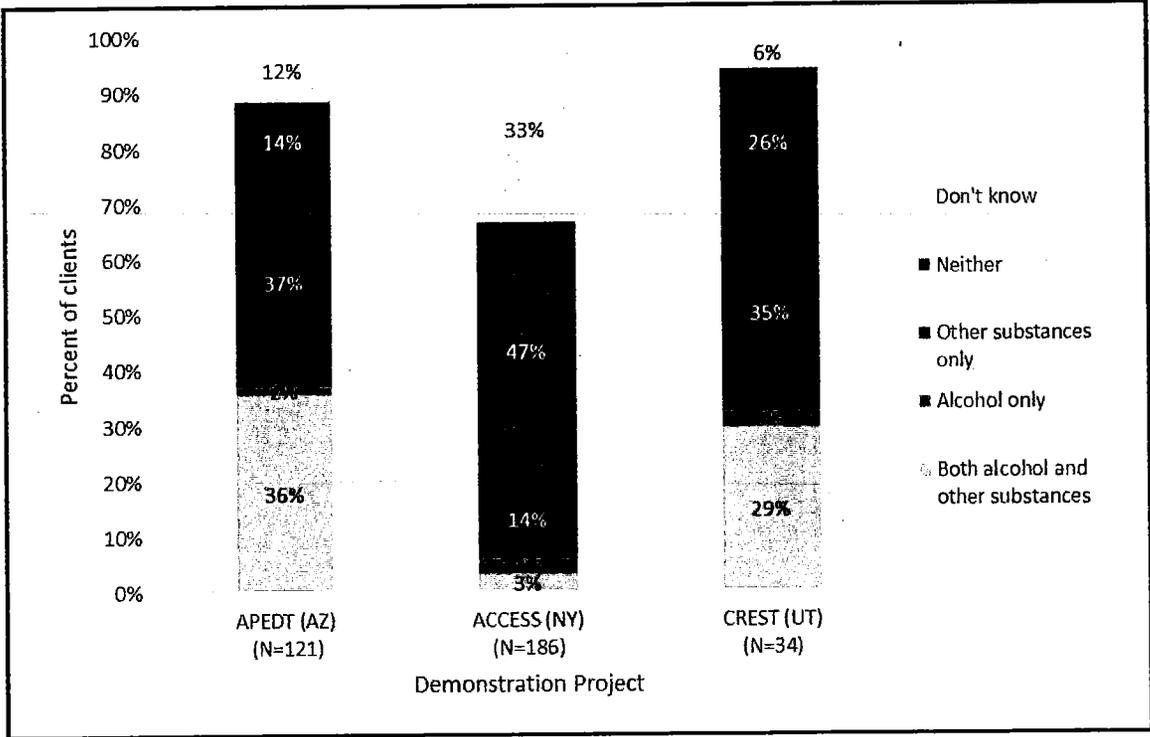
DCF Efforts to Reduce Child Sex Trafficking

The findings presented in this report offer an opportunity to understand better the scope of child sex trafficking referred to Child Protective Services in Wisconsin, based on ethnic, racial, gender, and age demographics. They are the result of training provided to the child welfare workforce on how to recognize and screen reports of child sex trafficking. Online training modules became available through the Wisconsin Child Welfare Professional Development System (WCWPDS) in May 2017. These modules cover important information on the dynamics of child sex trafficking, factors that increase a child's vulnerability, indicators that trafficking

⁴ Does not add exactly to 100% due to rounding.

Over two-thirds of APEDT (AZ) (75%) and CREST (UT) (67%) clients were using alcohol and/or other substances (Exhibit 12). Information on substance use was unknown for a third (33%) of ACCESS (NY) clients and almost half (47%) indicated no substance use.

Exhibit 12. Substance Use Status at Intake



Client involvement with other service delivery systems varied greatly among projects (**Exhibit 13**). Most APEDT (AZ) clients (60%) and CREST (UT) clients (82%) were involved with at least one service system; homeless programs/shelters had the highest indicated involvement. While only 12% of clients at ACCESS (NY) were reported to be involved with at least one system, 94% were court mandated to participate in services.

Exhibit 13. Social Service Systems Involvement at Intake

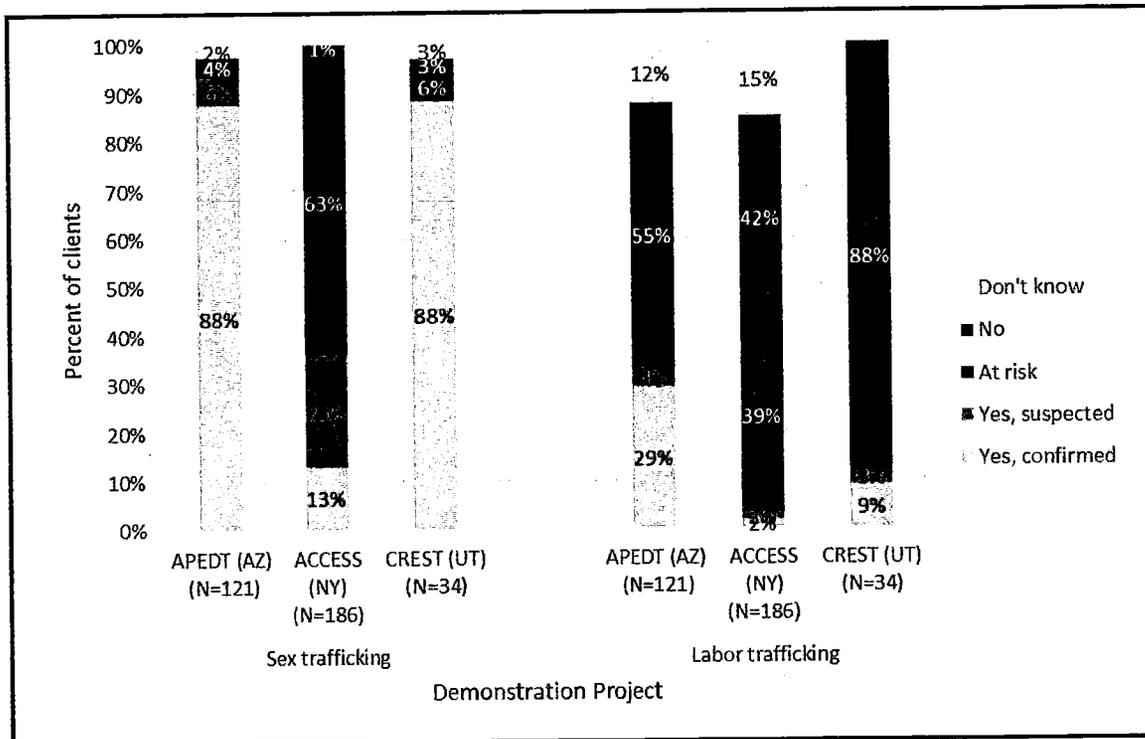
System	Percentage of Clients Involved in System		
	APEDT (AZ) (N=121)	ACCESS (NY) (N=186)	CREST (UT) (N=34)
Child welfare	14	3	3
Mental health	19	4	35
Domestic violence	2	2	21
Homeless program/shelter	42	5	59
Other human service agency	8	6	53
Court/probation*	5	3	26
Community health clinic/hospital*	0	1	15
No systems	40	88	18
One system	39	7	38
More than one system	21	5	44
Court mandated to participate in services	3	94	6

*Not asked of everyone, answers written in as "other."

Trafficking

Across all programs, 47% of clients served were confirmed as having ever been sex trafficked, with both APEDT (AZ) and CREST (UT) having 88% of clients confirmed as ever having been sex trafficked (**Exhibit 14**). Fewer clients (12%) were confirmed as having been labor trafficked, with percentages ranging from 2% (ACCESS [NY]) to 29% (APEDT [AZ]). Most (86%) of the ACCESS (NY) clients were not reported as either being confirmed sex and/or labor trafficked, but were reported as being at risk of sex trafficking (63%) or labor trafficking (39%). Most ACCESS (NY) clients (94%) entered the program via a court mandate from the Human Trafficking Intervention Court (HTIC)¹⁶ at Midtown Community Court. Note that additional data in this section are based on confirmed cases only.

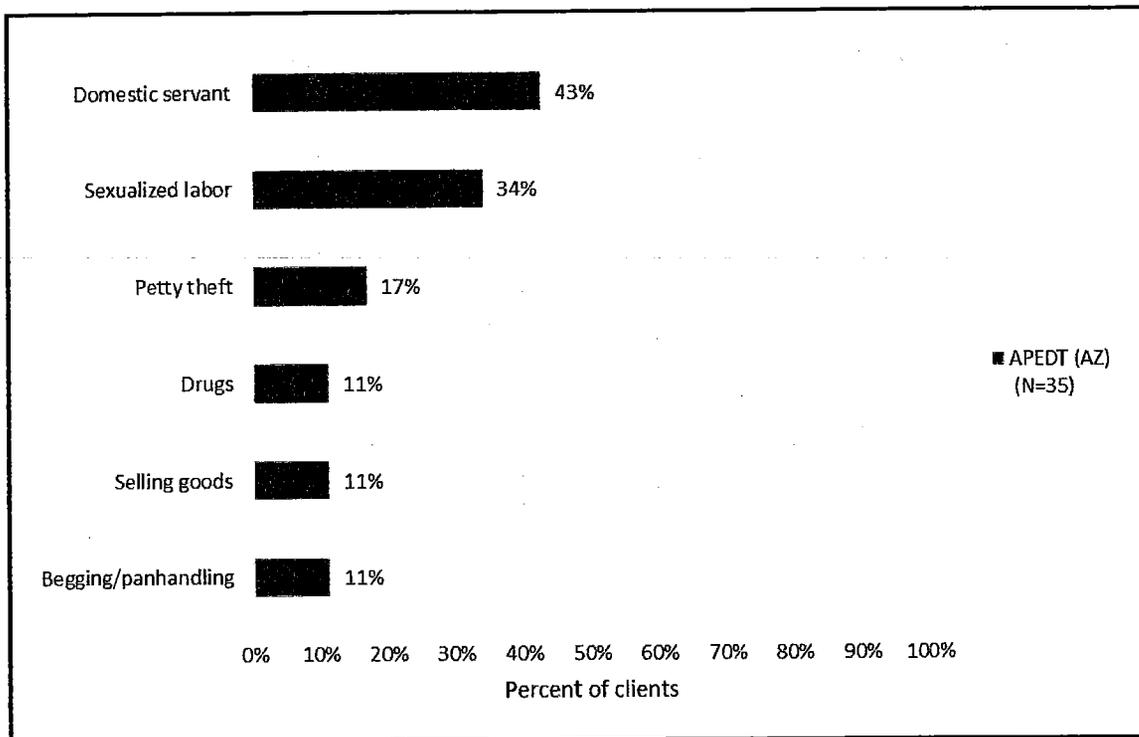
Exhibit 14. Trafficking Status at Intake



¹⁶ Individuals charged with prostitution or related offenses in New York may be served by the HTIC. The HTIC is a specialized court designed to link defendants to supportive services so they may escape their trafficking. Participants who comply with mandated services may receive non-criminal dispositions, dismissal of their case, and/or their record vacated.

The two most commonly cited types of labor trafficking were domestic servant (43%) and sexualized labor¹⁹ (34%) (Exhibit 21).

Exhibit 21. Labor Trafficking Industry



Service Needs at Intake

Projects documented clients' needs at intake. These needs could have been identified by the client, case manager, or both. Some of these needs were similar across sites, while others were very different, as shown in Exhibit 22. At each of the three demonstration project sites, a majority of clients needed emotional support, life skills training, mental/behavioral health services, and safety planning. Sizeable numbers of clients at each program also needed transportation and crisis intervention. In addition, at least 95% of APEDT (AZ) clients needed housing advocacy and personal items, while more than half needed medical services, social services advocacy, housing financial assistance, substance abuse services, education, and reproductive/sexual health services. ACCESS (NY) clients also had a higher need for legal advocacy and victim advocacy but reported needing fewer other services than clients at the two other sites. In addition to these needs, most CREST (UT) clients also needed housing

¹⁹ Sexualized labor includes work such as escort services and stripping.

advocacy, personal items, social service advocacy, medical services, housing financial assistance, substance abuse services, and reproductive/sexual health services.

Exhibit 22. Client Service Needs at Intake

Area of Need	Percentage of Clients with This Need at Intake (identified by client, program, or both)			Total (N=341)
	APEDT (AZ) (N=121)	ACCESS (NY) (N=186)	CREST (UT) (N=34)	
Emotional Support	98	89	88	92
Life Skills Training	91	81	59	82
Mental/ Behavioral Health	82	82	79	82
Safety Planning	71	81	79	77
Transportation	93	46	82	66
Legal Advocacy	50	85	21	66
Crisis Intervention	45	79	59	65
Housing Advocacy	96	26	91	57
Victim Advocacy	37	72	24	55
Medical Health	78	23	68	47
Personal Items	95	7	65	44
Social Service Advocacy	69	24	65	44
Housing Financial Assistance	66	22	59	41
Employment Services	30	45	50	40
Education	61	26	26	39
Substance Abuse Services	72	9	76	38
Reproductive/Sexual Health	55	18	59	35
Financial Assistance	41	18	50	30
Dental Health	41	11	29	23
Family reunification	35	6	21	18
Child Care	15	6	12	10
Interpreter/ Translator	7	3	6	5

Linjer, Storm

From: Rep.Snyder
Sent: Wednesday, March 27, 2019 8:51 AM
To: Linjer, Storm
Subject: FW: Committee on Children ad Families Public Hearing

From: Tim Baack <tbaack@pathfindersmke.org>
Sent: Tuesday, March 26, 2019 8:48 PM
To: Rep.Snyder <Rep.Snyder@legis.wisconsin.gov>
Cc: Renee Kirnberger <rkirnberger@pathfindersmke.org>
Subject: Committee on Children ad Families Public Hearing

Dear Representative Snyder - Committee Chair,

I regret that I am unable to attend the Committee's public hearing tomorrow but want to communicate to you and your Committee colleagues our organization's position on two important bills under consideration.

Regarding AB 52, Pathfinders fully supports the bill's intent to increase and improve access to emergency shelter and transitional living program services to minors 17 years of age who are considered unaccompanied youth under the federal McKinney-Vento Homeless Assistance Act. These youth who are in crisis as a result of their homelessness and housing instability will benefit greatly from the removal of existing barriers to these critical housing resources which can address immediate safety needs and work towards family stability and often successful reunification.

As it relates to AB 41, Pathfinders again supports the intent of this legislation which if enacted will reduce the likelihood of sexually exploited and trafficked youth being further victimized and marginalized when charged with the crime of prostitution, which is currently allowed under Wisconsin's existing laws. We are unfortunately one of only a few states across our country that still charge, prosecute, and fine youth being exploited and trafficking, treating them as criminals and not the victims of crime they truly are. Providing these youth with "safe harbor" helps protect and defend them from traffickers and improves the likelihood that resources like our New Paths program can provide them the support, resources, and advocacy necessary for ending their continued exploitation. Charging and convicting them of a crime is contrary to current laws that recognize youth involved in sex work are by definition being sex trafficked and exploited, and the criminal record that results makes any effort to secure safe housing, employment, and education all the more difficult. While we support the intent of AB 41, recent efforts by the Glendale police department are an important reminder of both the stigma that comes with identifying trafficked youth as "prostitutes" or "escorts" as well as the reality that the bill's limited focus on prohibiting charges of prostitution do not address the related charges often given to youth that would remain legal but are still as damaging and counterproductive. The Glendale police department "sting" that occurred over the last couple of weeks resulting in 17 year olds being charged with "escorting without a license" and being fined \$1,000. We urge the Committee to consider including in AB 41 the prohibiting of any charges and convictions that serve to further stigmatize youth who are the victims of sex trafficking and exploitation as defined by current law. Doing so will dramatically increase the likelihood of these youth being able to successfully exit these harmful situations and receive the care and support they need.

As Committee Chair, I thank you for your consideration of these important bills and our support and input as noted above. We are happy to provide additional assistance and feedback if you or your fellow Committee Members would like.

Make it a *~*)
.....*~*) ..*~*)
(.. (..* a great day! *

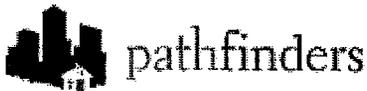
Tim Baack MS, LPC
President & CEO

tbaack@pathfindersmke.org

Pathfinders
4200 North Holton Street, Suite 400
Milwaukee, WI 53212-1064

Office: (414) 988-6813
Cell: (414) 840-1611
Fax: (414) 964-0102

www.pathfindersmke.org
www.facebook.com/pathfindersmke



Empowering Youth. Changing Lives.
Housing & Shelter * Education * Family Engagement * Youth Empowerment

This transmission may contain information that is privileged, confidential, and/or exempt from disclosure under applicable law. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or use of the information contained herein (including any reliance thereon) is strictly prohibited. If you receive this transmission in error, please immediately contact the sender and destroy the material in its entirety, whether in electronic or hard copy format. Thank you.

Hello,

I am sorry to have missed yesterday's hearing, but even so I want to weigh in, in support the decriminalization of youth prostitution. I am an active member of a faith community, and am very concerned about this issue.

Thank you,
Nancy Lund

Good Morning, Representatives Billings and Snyder,

I am writing to let you know that I support the AB 41 Safe Harbor for Trafficked Youth bill. I am a mother of two grown daughters, a wife, a public school teacher and a Christ-follower. I believe in the dignity of all human life, and I am appalled, not only that human trafficking exists, but also that victimized youth may be charged as criminals, prosecuted for being assaulted. Please pass this bill to prevent youth under 18 from being prosecuted for prostitution and help these victims get the support they need.

With heartfelt sincerity and gratitude,

Catherine Hayes Ames, M.A. Ed.
2225 Dollar Road
De Pere, WI 54115

Representative Snyder,

I am a member of the Women of the Evangelical Lutheran Church in America (ELCA). I am in favor of AB 41 Safe Harbor for Trafficked Youth. Stopping human trafficking has been a focus of the Women of the ELCA for many years. I think it is important that trafficked youth not be prosecuted for prostitution. They are caught in a terrible situation and need help to escape it rather than prosecution and punishment. Thank you for sponsoring this important bill.

Helen Sheahan
1106 Valley Stream Drive
Madison, WI 53711

I am writing in support of AB41 SAFE HARBOR.

I am a member of the Women of the Evangelical Lutheran Church of America, which has done work on this issue for several years. I attended our national WELCA convention in 2017 which again emphasized this issue. Our local spring event last year had an excellent presentation by a Wausau police officer working in this area. I have also attended informational meetings presented by local agencies in Wausau. It is very clear that this is a very serious issue.

Our young people caught up in these terrible situations need our help and protection, not prosecution.

Please support AB41 SAFE HARBOR.

Thank you,
Charlene Buttner
620 Ruder St.
Wausau, Wisconsin 54403

I am in complete support of this bill. They are children my goodness!! Like this is what they want to be doing when they grow up and if it is because that's all they know ! They need help not punishment.

Thank you
TERESA GRETZINGER

Please support the bill AB 41 Safe Harbor for Trafficked Youth. These underage youth are normally victims and not criminals. As a pastor of a small rural congregation in northern Wisconsin I hear and read very often about the many underage victims that are forced into prostitution. Please don't make it a crime when they are caught, ...please get them help. I know it may take a number of times for them to finally begin a new life. Please give them a chance.
Thank you very much.

Pastor Jon Becker
Sabylund Lutheran Church
W11137 County Hwy J
Stockholm, WI 54769

Dear Rep. Snyder,

I am writing this afternoon in support of AB 41 Safe Harbor for Trafficked Youth. As a retired elementary school principal in Prescott, WI, and also as a Mother, Grandmother, life-long Lutheran, and active member and past president of the NW WI Synod Women's Organization of the Evangelical Lutheran Church, I think it is unconscionable that youth, under the age of 18, are being prosecuted for prostitution when they are victims of trafficking. These "children" need support, not prosecution. They are victims, not criminals. I stand in support of your efforts and your bill which would decriminalize youth under 18 who are caught in an act of prostitution. I also believe that our state of WI should get in alignment with federal law on this matter. We need these youth to receive human services rather than be re-victimized by being treated as criminals.

Marcia L. Lindseth
135 Hillridge Court
Prescott, WI 54021

Dear Rep. Snyder,

I support AB 41. I have learned about this bill through the work of the Women of the ELCA (Evangelical Lutheran Church of America) and appreciate all they that has been done to heighten public awareness. As a person of faith we are called to care for those in need. This bill would prevent youth under 18 from being prosecuted for prostitution and would help these victims get the support they need.

Thank you.

Nancy Schanke
N1409 County Rd W
Fremont WI 54940

920-359-1820

Dear Representative Snyder and Representative Billings,

I ask for your support for the AB-41 Bill to help give safe harbor to trafficked youth.

Thanks,

Fr. Bob Kabat
St. Matthew Parish
Green Bay, WI

Dear Rep. Snyder and Rep. Billings,

I am a concerned grandmother, a member of the Evangelical Lutheran Church Women of the ELCA, and a woman of faith, I am writing to ask you to support the upcoming legislation dealing with the Safe Harbor bill (Assembly Bill 41) which is being endorsed by hundreds of women in the Lutheran church of the state of WI. We have been hearing about this bill through our organization. We are terribly concerned about the young girls and women who become victims of prostitution through traffickin, and we feel strongly that they should not be criminalized.

Please hear the pleas of our Lutheran sisters who want these young women to grow up to be strong and productive women in our society, not another imprisoned woman.

Thank you for helping to end human trafficking in Wisconsin.

Dawn M. Olson
W8712 Fox Rd
Spooner, WI 54801

Dear Rep. Snyder,

I want you to know that I support AB 41 Safe Harbor for Trafficked Youth.

It is important to let you know that our WELCA believes this bill is important. I am also a Mom, Grandma, Great Grandma, and community leader.

I have Grandchildren that are in the age bracket that are often targeted and this is an important issue to me. We need to protect and care for our young people.

Sandra Simonson Thums
P.O. Box 399
Rib Lake, WI 54470

Hello Rep. Snyder,

I am not able to attend the Wednesday hearing but want to state my support for AB 41 Safe Harbor for Trafficked Youth. It is important that we do all we can to support these young people as they face the challenge of putting their life back together. Our faith community has been very active in building awareness of this issue in our community. Thank you for your work on this.

My work address is listed below. My home address is 1429 South Clay Street,
Green Bay, 54301

Blessings,
Michael

Michael F. Westenberg
Director of Religious Education and Social Outreach
St. Matthew Parish
130 St. Matthew Street
Green Bay, WI 54301
920-435-6811

Representative Snyder,

I am writing in support of AB 41 – Safe Harbor for Trafficked Youth.

As a bishop in the Evangelical Lutheran Church in America I have worked on issues related to human trafficking for many years. I have learned the network behind human trafficking is vast and that organized crime profits greatly from preying upon young people.

As a grandfather of four I have a deep desire to see the children and youth from all walks of life protected from predators who profit and inflict great harm upon their victims.

AB 41 would give support to youth under the age of 18 who get caught up in human trafficking. It would prevent youth under 18 from being prosecuted for prostitution and would these victims get the support they need. I urge support for AB 41 – Safe Harbor for Trafficked Youth.

Sincerely,

Bishop Gerald L Mansholt
East Central Synod of Wisconsin
16 Tri-Park Way
Appleton, Wisconsin 54914
office phone: 920-734-5381
cell: 920-809-9231
www.ecsw.org

I am a Catholic sister working in Wisconsin and the Upper Peninsula of Michigan giving awareness talks against human sex trafficking. I ask you to please vote for the Safe Harbor Act (AB41).

Thank you.

Sr. Kathy Lange
825 East River Drive, #16
De Pere, WI 54115

Hello,

I support the bill AB 41 Safe Harbor for Trafficked Youth. I am a pastor in the ELCA and live in northern Wisconsin. I have attended several meetings in our communities where this horrendous crime has been addressed. It is appalling in this State that the victims are neither heard nor helped. I ask you please to represent our State in good faith so that all may be heard and afforded the life we all deserve.

Mary Meierotto
90555 Old Cty Hwy K
Bayfield, WI. 54814
Bethesda/Immanuel Lutheran Churches
Bayfield/Cornucopia, Wisconsin

As a mother of 3, a grandmother of 4, a teacher and a woman of the Evangelical Lutheran Church of America, I fully support this bill. Please vote in favor of it. Our youth need this kind of protection and love.

Jayne Zuleger
Black Creek, WI.

Dear Rep Snyder:

I am writing to support the assembly bill that will prevent youth under 18 from being prosecuted for prostitution and would help these victims get the support they need.

As a state we need to shut down human trafficking across our state lines and deal with the illegal use of children being sold into prostitution.

Marianna Gilbertson
S-8890 Betz Road
Eau Claire, WI 54701
Faith Community in Eau Claire

Good morning!

I am a member of WELCA and support AB41 the Safe Harbor Bill. It will protect our youngsters under 18 that find themselves being trafficked or having made poor decisions. I urge you to support this bill. Thank you for your commitment to the welfare of Wisconsin's citizens.

Sincerely,
Nancy Danneker
N478-244th Street
Maiden Rock, WI. 54750

Dear Representative(s)

I am a mother, grandmother, member of a faith community, and a member of WELCA being a conference representative. Having learned more about human trafficking through WELCA, as well as through our local news, I am writing to let you know I support AB 41 Safe Harbor for Trafficked Youth.

Preventing youth under the age of 18 from being prosecuted for prostitution, would help these victims get the support and help they need.

Wanda L. Fischer
N341 Breezewood Dr.
Appleton WI 54915

I want to express my strong support for assembly bill 41 which I believe will help to combat human trafficking.

-Steve Moline

To All That This Concerns,

Please vote yes to AB 41 for the Safe Harbor Law for Trafficked Youth. I am a member of the Women of the Evangelical Lutheran Church of America, and I first learned about the need for this law at our Tri-Annual Convention in Mpls, MN two years ago.

My second introduction to the need for this law in Wisconsin was when a local undercover police woman from Wausau spoke to a group of women at a Women to Women meeting. This officer told of bringing a thirteen year old run-away girl into custody and turning her over to social services because neither of her divorced parents wanted her, and she was already tattooed by her potential trafficker with a crown on her neck that signified his control over her. The local women's community could not give her shelter or counseling because she was underage and not accompanied by a parent. She needed the Safe Harbor treatment facility asap before she was completely in the grips of the sex traffickers.

Helping youth before their lives become so damaged can only benefit the individuals, and also our communities. Please vote yes for a Safe Harbor Law for Trafficked Youth in Wisconsin.

Thank you,

Bonnie Anderson, 1215 Sunset Drive, Wausau, WI 54401

I am a great grandmother and I have attended several seminars on human trafficking, I support this amendment.

My name is Joann Schmidt, 300 Prosser Pl. #56, Antigo WI 54409

I support the AB 41 Safe Harbor for Trafficked Youth. More and more it is coming to my attention by media, lectures, christian meetings, etc. about the horrific problem trafficking has become. One person being forced to be a slave for someone else, is one person too many. This must be stopped.

I am a mom, a grandmother and a christian. I am appalled by what some people do to other people to make a profit.

Jeanette Derenne
1644 MacArthur St.
Green Bay, Wi. 54301

Dear Representative Synder,

As a Lutheran and a member of Women of the Evangelical Lutheran Church of America (ELCA), as a mom and grandmother and as a US and Wisconsin resident, I support AB 41 Safe Harbor for Trafficked

Youth. I support this because I believe youth under age 18 should not be prosecuted for prostitution, but instead should get the services they need to heal and become productive members of society.

Let's do that right thing here. What young girl/boy seriously wishes to prostitute themselves, other than in a position of desperation. Let's alter how these young & vulnerable people move forward in our communities. Let's be part of a solution of restoring the dignity and integrity back to these individuals.

Thank you for your consideration on this serious issue!

**Only By Grace,
Laurie Olson
2608 Oakridge Road
Neenah, WI 54956**

I support this bill. I am a member of WELCA and a grandmother of 4 -ages nine to sixteen. The atrocities of this crime make me sick. Please pass this bill and give our abused young people a chance for a new start!!

Karen J Tschurwald
PO Box 83, N2641 Bambi Ct.
Wautoma, WI 64982

Rep. Snyder- I support AB 41 Safe Harbor. I recently attended a presentation on sex trafficking. The data was frightening. Sex trafficking can be found in all 72 counties in Wisconsin. There is a Pimp school in Milwaukee that teaches how to become a trafficker. Green Bay, where I live, has become a hub of high intensity. The average age a child coerced into sex trade is 8 - 14 years old. We need to protect these vulnerable children. We need to recognize human trafficking victims as victims instead of criminals.

I am a mom, grandma, great-grandma and a member of St. Matthew Catholic Parish Justice & Human Concerns Committee.

Thank you,

Jackie Thiry
1600 Rustic Oaks Ct. #8
Green Bay, Wi. 54301
