Child Victims of Human Trafficking:

Outcomes and Service Adaptation within the
U.S. Unaccompanied Refugee Minor Programs

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Introduction

In the United States, the *Trafficking Victims Protection Act* (TVPA) of 2000 and subsequent reauthorizations in 2003, 2005, 2008, and 2013 define both the crime of trafficking of persons for the purposes of labor or commercial sex and the services and benefits available to victims. Foreign-born victims of human trafficking are eligible for many of the same protections, services, and benefits as refugees.[i] Foreign-born victims of human trafficking also share many affinities with refugees—the need for support while rebuilding their lives in a new culture and assistance with healing from the trauma endured, including loss and/or separation from family.

Child[ii] victims of trafficking have additional needs and vulnerabilities, especially as they begin to rebuild their lives in their new communities. Foreign-born child victims in the United States without the care of a parent or legal guardian are eligible to enter the Unaccompanied Refugee Minor (URM) program, a specialized system of community-based and licensed foster-care programs developed and funded specifically for certain foreign-born children.[iii] The URM programs operate under the principles of safety, permanency, and child well-being, coupled with the principles of integration and cultural competency. The URM network also employs a strengths-based and trauma-informed approach to meet the unique needs of these populations.

For almost thirty-five years, the United States Conference of Catholic Bishops/Migration and Refugee Services (USCCB/MRS) has coordinated a network of URM programs across the United States to provide care and custody for thousands of eligible children. From 2002 to 2013, the USCCB/MRS URM programs cared for 110 child victims of trafficking. This paper presents the features of the URM program model that most effectively meets the specialized needs of foreign-born child victims of human trafficking. Also shared below are key findings from the study related to individual outcomes for child victims of trafficking, the services and resources provided to child victims of trafficking, and the policies and practices of URM programs for the recruitment, training, and support of foster families and program staff.

The URM program, with its specific adaptations and accommodations to meet the specialized needs of foreign-born child victims, can serve as a national and international model for the care and integration of both foreign-born and national/citizen child victims of human trafficking and commercial sexual exploitation.

Why the Study Is Needed

An increasing number of child victims of human trafficking are being identified and need specialized care in the United States due to the following circumstances:

- Broader interpretation of U.S. federal law means that U.S. citizen children exploited in any commercial sex industry or activity are defined as victims of human trafficking.

- State laws are defining human trafficking and the services and resources available to victims. In many states, these laws include special provisions for child victims, resulting in an increased number of identified child victims and the necessity to provide for these children in out-of-home care arrangements.

- Outreach and training of first responders and other intermediaries is helping to improve identification/recognition of child victims.

- All unaccompanied alien children[iv] in federal custody are screened as possible victims of human trafficking. The number of unaccompanied alien children that entered the federal care and custody system nearly doubled from 13,625 in fiscal year (FY) 2012 to 24,468 in FY2013.

- Non-law-enforcement personnel can request eligibility letters[v] that allow child trafficking victims to access federally funded benefits and services, resulting in greater access to the URM program for this population.

While research exists on trafficking victim identification, the extent and impact of trauma, and the concomitant needs of victims, very little research has been completed on successful service provision and long-term outcomes of this population in community-based settings. An emerging body of literature has shown that this population has unique needs and must be served differently than victims of family violence, child abuse and neglect, or other types of criminal victimization such as child sexual abuse.

Why the URM Program Is a Good Data Source

The need for research and evidence-based practice recommendations is clear. The URM program in the United States is one of the longest running programs serving this specific population. It provides one of the largest data sets from which to draw findings and recommendations.

The authors looked at relevant populations, such as children in out-of-home care, those enrolled in independent living programs, and separated or unaccompanied migrating children (including refugees). They studied outcome indicators and measures that focus on multiple domains or categories related generally, but not limited, to safety, permanency, well-being, and educational attainment.[vi,vii,viii,ix,x,xi] Through this study, they were able to identify multiple indicators in each of these broad categories and to relate program policies and practices to individual child outcomes. Further, the study addressed additional measures that are more specific to child victims of human trafficking, such as criminal prosecutions and legal outcomes.

Since 1980, the primary purpose of the URM program has been to assist unaccompanied children with their successful transition to a new life in the United States. The program framework is based on U.S. child welfare principles of safety, permanency, and well-being. The U.S. government has defined two overarching goals for the URM program.[xii]

- Reunify unaccompanied children with their parents or, within the context of child welfare practices in individual states, with nonparental adult relatives.

- Help unaccompanied children develop appropriate skills to enter adulthood and to achieve economic and social self-sufficiency through delivery of child welfare services in a culturally sensitive manner.

The URM programs achieve these goals through an assistance model that combines licensed foster care, wraparound services that include mental health and other individualized services, cultural orientation and integration assistance, mentoring, immigration legal assistance, and independent living assistance.

Expected Outcomes

At the beginning of this study, the authors had certain expectations of what they would find when they looked at child victims of human trafficking who were placed into URM programs. In particular, the authors expected to find that the children experienced positive outcomes in domains such as legal immigration relief, language attainment, and integration.[xiii]

Foreign-born child victims of trafficking are, by the nature of their migration, typically classified as unaccompanied alien children by the U.S. legal definition. Several options are available to provide legal immigration relief for unaccompanied alien children in the United States. The most commonly pursued options are special immigrant juvenile status (SIJS),[xiv] asylum, the T visa, and the U visa. It was expected that most, if not all, of the children in the sample have applied for and have achieved, or are on the path to achieve, one of these immigration statuses.

All children in the URM programs receive educational services that specialize in English language attainment. Throughout its history, the URM program has served children with disrupted educational experiences due to forced migration. The nature of child human trafficking is such that it often ensnares the most vulnerable and economically disadvantaged children. The authors expected that the children in the sample group have received little formal education and have been in need of, and are receiving, both remedial educational services or tutoring as well as targeted English as a second language (ESL) assistance.

Due to the nature of international trafficking, the authors anticipated appropriate yet complex outcomes related to family reunification. While family reunification is typically a top priority for children in out-of-home placements, the authors expected to find, based on professional experience with human trafficking cases, that a significant portion of the children were actually trafficked by family members rather than nonrelated adults, or that the family members failed to prevent the trafficking or protect the children. The authors therefore anticipated that few if any children have been reunited with their family of origin.

The authors also expected to find that the URM programs have adapted traditional services offered to refugees and other children in their program to meet the unique needs of the trafficking victim population. For example, it was assumed that programs for child trafficking victims place increased emphasis on safety planning and counseling techniques based on the need to rebuild trusting relationships.

Finally, the authors expected to find a significant involvement with law enforcement and/or criminal prosecution cases since 100 percent of the sample are children certified by the U.S. government as being victims of a severe form of human trafficking.

Methodology

This study examined three sets of data:

- Individual service provision and outcomes of child victims of trafficking placed in the URM program

- Program policies and practices from the twelve URM programs in the USCCB/MRS network

- Foster parent and key program staff experiences caring for child victims of trafficking placed in their homes/URM programs

Authors collected demographic, case history, and individual service provision and outcome data from several sources: individual client case files; U.S. government reporting forms, including

child placement and progress reports; case management progress notes; individual service plans/quarterly review plans; incident reports; and other case file information. As appropriate, they also performed statistical analysis.

Authors gathered program policies and practices from reviews of URM program written policies and procedures, program forms, and training materials. In particular, they examined how services were adapted for the child victim of trafficking population. They also conducted semistructured interviews with key program staff on site, as well as interviews with the social workers assigned to the child's case, program directors, clinicians, and foster family recruiters and trainers at all agencies. Other program specialists, such as educational or recreational coordinators, were interviewed as available.

Finally, foster parents who had victims of trafficking placed in their homes during the study period completed an anonymous, online survey that included both closed and open-ended questions. The survey collected their experiences and opinions about caring for this unique population.

Information Collected
The study included collection and analysis of empirical data on child victims of trafficking placed in USCCB/MRS's URM program network over the seven-year period between 2004 and 2011. Demographics collected on the children included the following information:

- Age at time of trafficking and time of placement

- Gender

- Country of origin

- Type of trafficking

- Time in trafficking situation

- Relationship to trafficker

Outcomes related to safety, permanency, and well-being collected from standard government reporting forms and case file review included the following information:

- Legal immigration relief

- Family reunification within the United States and internationally

- Placement stability

- Law enforcement involvement

- Emotional connection to adults

Sample

The study was able to document nearly 100 percent of all child victims of human trafficking referred to USCCB/MRS for URM placement from October 2004 through September 2011. A majority of the children were in the federal custody system at some point before entering the URM program. The sample revealed a range of trafficking experiences and included victims of labor trafficking, sex trafficking, and victims of both types. The children ranged from 13 to 17 years of age at the time of their identification and initial placement, with a mean age of 16 at the time of URM program entry.

The sample is significant because it involves approximately 50 percent of all foreign-born unaccompanied child victims of trafficking in the United States identified during this time period. [xv] The U.S. government determined that these children met the federal definition of a severe form of human trafficking per TVPA and subsequently granted them eligibility to enter the URM program. Therefore, although the sample is small in comparison to the total population estimates of U.S.-born child trafficking victims in the United States, it is representative of the foreign-born unaccompanied child victim population referred to the URM program.

The sample group did not include cases before 2004 because the authors wanted to interview URM program staff about information not contained in the case file. Due to staff turnover in the programs, including cases before 2004 would have significantly decreased the opportunity to fill in gaps in the case files with staff interviews.

Limitations

The sample includes only children identified, determined eligible by the federal government as victims of trafficking, and referred for URM placement. This sample is likely not representative of the total foreign-born child trafficking victim population in the United States because the actual population is believed to be much larger. In addition, no published data on these victims are available to compare with the study population placed in the URM program.

Authors conducted this study within a formal assistance program framework. A majority of the children in the sample were granted trafficking eligibility letters while in the custody and care of the federal government as unaccompanied alien children, allowing for an easy transition to the URM program. The formal assistance process for child victims identified in the community requires some sort of Good Samaritan, law enforcement agent, and/or attorney with specialized knowledge of both trafficking law and the federal procedure to request victim assistance on behalf of the child. A few of the children in the sample were deemed victims of a severe form of trafficking by the federal government and subsequently entered the URM

program after a written application was made on their behalf for federally funded assistance. However, child victims who did not have access to formal assistance—either through identification in the federal custody system or by a knowledgeable professional—are missing from this study. Finally, the study does not include information about how the Lutheran Immigrant and Refugee Service (LIRS) network of providers approaches service for victims. Although it is reasonable to believe the approaches are similar, the authors cannot draw this conclusion.

Following the "do no harm" principle, this study does not include the views of the children themselves about the services they have received and their own outcomes, including their perspective about persons with whom they have bonded and whether they achieved their goals.

Findings

Case File Review and Child Placement Reports

Using both case notes and federal program forms, the authors performed quantitative analysis on information about the children served. The data selected were available and documented for most children in the sample, although not all data were available in all cases. Tables below or in Appendix A include case details analyzed in several categories.

Age

The overwhelming majority of the children entered the URM program as adolescents following their rescue or identification as victims of human trafficking. The mean age of the children at the time they entered the URM program was 16.5 years (see Figure 1), ranging between 12 and close to 18. A very small number (12 percent or eight cases) involved children under age 15. One young woman entered the URM with her infant child; he is not included in the analysis. Some of the children spent several months in a federal program for unaccompanied migrant children prior to being placed in URM, while others went straight into the URM program following their rescue/identification. The mean age at the time the children left the trafficking situation and the age at the time the children were initially trafficked could not be reliably calculated for many of the cases; these two dates were often used interchangeably in case files.

Nationality

The children served represented fifteen countries of origin.

Table 1: Country of Origin					
Country	Count	Percentage	Country	Count	Percentage
China	2	3.0	Mexico	17	25.8
Dominican Republic	1	1.5	Morocco	1	1.5
El Salvador	8	12.1	Nicaragua	1	1.5
Guatemala	7	10.6	Russia	1	1.5
Guinea	1	1.5	Sierra Leone	2	3.0
Honduras	15	22.7	South Africa	1	1.5
India	1	1.5	Togo	7	10.6
Kenya	1	1.5			
			Total	66	100.0

Trafficking trends

Human trafficking takes many forms, and people can be exploited in nearly every industry. Generally, human trafficking cases are categorized according to the two types of exploitation noted in the federal law—sex and labor. In some cases, elements of both types may be present; for example, when sexual acts are demanded from workers in addition to the labor or commercially related activities or when individuals performing legitimate commercial tasks are also compelled into commercial sex acts. Among the children in this sample whose exploitation details are known, 42 percent were victims of labor exploitation, 36 percent were victims of sexual exploitation, and 22 percent were exploited for their labor and also suffered sexual assault or were sexually exploited. These situations occurred in some domestic servitude cases and agricultural processing settings and among some of the children exploited in brothels who were forced to engage in other labor activities for the traffickers.

The authors observed no correlation between the kind of exploitation and the children's age, although some clear differences exist along gender lines. Few of the male victims were exploited in sex trafficking schemes or reported sexual exploitation/assault occurring as part of their labor exploitation.

Table 2: Trafficking Type and Gender				
Trafficking Type	Female Count	Female Percentage	Male Count	Male Percentage
Sex	18	32.73	2	3.64
Labor	13	23.64	10	18.18
Labor with Sexual Exploitation	10	18.18	2	3.64
Total	41	74.55	14	25.46

The children were exploited in a wide variety of industries and settings, including domestic servitude, retail personal care services (hair braiding), construction and manual labor, restaurant work, and agricultural processing. Some children were relatively isolated in people's

homes while others were in contact with the general public in retail settings. In later years of the study period, children compelled to smuggle drugs by gangs and cartels were recognized as being victims of human trafficking and received the designation. The definition of commercial sexual exploitation also expanded to include cantina- or nightclub-based prostitution, street prostitution, brothels, and Internet-based prostitution (Figure 2).

Some patterns cannot be analyzed statistically due to the small sample size, but they are informative and interesting nonetheless. For example, authors noted correlations between countries of origin and the type of trafficking exploitation (Figure 3). As noted above, sex trafficking cases made up 36 percent of the total cases. All but one of these cases involved children from Mexico, Guatemala, Honduras, and El Salvador. (The other case involved a child from Sierra Leone.) Children from these same four countries also comprised all but two of the cases involving both labor and sexual exploitation. (The other two children were from Nicaragua and Togo.)

> *Sex trafficking cases made up 36 percent of the total cases. All but one of these cases involved children from Mexico, Guatemala, Honduras, and El Salvador.*

Correlations were also observed between the type of trafficking and the prior relationship between the child and the trafficker, creating implications for the way minors are served and the potential for family reunification. Overall, almost half of the children in this study were exploited by someone with whom they or their family had a prior relationship, with authors noting a prior relationship between the child and trafficker in twenty-three of fifty cases (46 percent). But when broken down by type of trafficking, the existence of a prior relationship varied among the types of exploitation.

For example, authors observed few cases in which a prior relationship existed between the child and the trafficker in cases involving both labor and sexual exploitation. In these cases, smugglers were the most prevalent traffickers. Among the labor-only cases, a slim majority of the children were exploited by someone not known to them; roughly 43 percent of the traffickers were family members, community members, or family friends.

A majority of sex trafficking cases involved someone with a prior relationship to the minor. Further examination of the kinds of relationships the traffickers had with these children in particular were troubling because 32 percent were family members, and another 19 percent were intimate partners. When combined with family friends and community members, the total is 63 percent (ten of sixteen children).

Bringing the nationality back into the mix (Figure 4), in 71 percent of the victims from Mexico (ten of fourteen children) for which relationship information was available, the children had a prior relationship with the trafficker. In contrast, among children from Honduras, 86 percent (twelve of fourteen children) had no prior relationship with the traffickers.

Table 3: Prior Relationship to Traffickers							
Relationship		**Count/Percentage**					
		Sex		**Both**		**Labor**	
Prior Relationship	Community Member	1	6%	0	0%	1	4%
	Friend of Family	1	6%	0	0%	1	4%
	Distant Relative	2	13%	0	0%	1	4%
	Immediate Family Member	3	19%	2	18%	7	30%
	Intimate Partner	3	19%	1	9%	0	0%
	Subtotal	**10**	**62%**	**3**	**27%**	**10**	**43%**
No Prior Relationship	Stranger	2	13%	2	18%	4	17%
	Employer	2	13%	2	18%	6	26%
	Smuggler	2	13%	4	36%	3	13%
	Subtotal	**6**	**38%**	**8**	**73%**	**13**	**57%**
	Total	**16**		**11**		**23**	

These relationships have implications for the children's short-term and long-term needs and their future stability and well-being. They limit their family reunification options and affect their ability to form meaningful relationships with others.

Length of time in trafficking situation

The length of time that the children were exploited in the trafficking situation was analyzed among thirty-nine cases where that information was reliably documented (Figure 5). The mean was 414 days. Similarly, when the length of time in the trafficking situation was compared across the kinds of trafficking cases, that is, sex, labor, or both, the sample size proved to be too small and the range of time too great for statistical analysis. The data were then subdivided and reanalyzed.

> *Half the children in the known sample were exploited for more than a year.*

Among those children exploited for less than a year, the distribution was heavily skewed to the right, meaning they spent less time in the trafficked situation (Figure 6). While this is generally a

positive trend, half the children in the known sample were exploited for more than a year. Regression analysis of age at rescue and length of time in the trafficking situation showed very weak correlation, with subtle tendency for younger victims to have been exploited for longer periods of time (Figure 7). Those exploited for longer lengths of time were exploited in all trafficking types and industries. Other than a particular case that involved several children from the same country of origin who were exploited for several years in the same scheme, the length of time in trafficking was not correlated to country of origin.

Table 4: Length of Time		
Time in Trafficking Situation	Count	Percentage
<1 year	20	51%
1-2 Years	13	33%
2-3 Years	4	10%
3-4 Years	1	3%
4-5 Years	1	3%

Among the cases in which seven children were in the trafficking situation for fewer than thirty days, five of the seven were exploited by a smuggler. Three were compelled to smuggle drugs, one was sexually exploited by the smuggler, and one was exploited in an unknown way by the smuggler.

Within the sample, three children were designated victims of trafficking as a result of their imminent risk of being trafficked. For analytical purposes, the length of time in the trafficking situation was recorded as zero days, and these cases were not included in the calculations of average or range of time in trafficked situation so as not to skew the sample results. The TVPA has protective language for cases involving minors, which enables children who are in imminent danger of being trafficked to receive eligibility for services. In these cases, the screening and intervention occurred prior to the children reaching the exploitative situation.

Investigations into the cases and legal outcomes

Both the case file data analysis and the interviews with program staff highlighted a significant shift in the engagement of law enforcement in the children's cases over time (Figure 8). Law enforcement officials, whether federal or local, were involved in many of the early cases. The majority of cases (sixteen of nineteen) were investigated and some were prosecuted prior to 2009, when a dramatic shift occurred. From 2009 through 2011, only seven of twenty-two cases were investigated: five in 2009, two in 2010, and none in 2011.

The *Trafficking Victims Protection Reauthorization Act* (TVPRA) *of 2008* included provisions to ease the process of requesting assistance (eligibility letters) for minor-aged victims of trafficking. TVPRA 2008 made it more explicit that any experienced professional could request assistance on behalf of a child without the cooperation or collaboration of law enforcement or

other state officials.[xvi] Under the TVPA and its subsequent reauthorizations, minor-aged victims have never been required to cooperate with law enforcement to access services like their adult counterparts. However, the de facto practice on the part of the Office of Refugee Resettlement (ORR) was to request law enforcement endorsement of cases as part of the review.

It is very likely that the change in the law and subsequent policy change at ORR[xvii] led to an increase in the designation of children as victims of human trafficking whose cases were not investigated by law enforcement. The MRS URM programs saw an increase in the overall number of referrals of children with eligibility letters entering the program in 2009, with 25 percent (sixteen children) of total enrollments in the sample. However, the enrollment rates for 2010 and 2011 were similar to previous years; 2009 is a spike rather than the beginning of an upward trend (Figure 9).

An unintended consequence of the policy change may have been the decrease in law enforcement engagement in the cases, which in turn seems to have resulted in fewer children seeking or successfully applying for T visas. The data indicate a clear shift over time in the children's legal outcomes, with fewer children pursuing T visas and a greater number of children being granted SIJS in the later years of the study (Figure 10).

Stability and well-being

To measure and analyze the stability and well-being of the children, proxies were used. To measure stability, the number of placement changes were recorded and analyzed. Within the sample of sixty-seven cases, forty-five children experienced at least one placement change during their time in care. The distribution of placement changes was skewed heavily to the left, meaning fewer placement changes (Figure 11). Authors found no statistical differences in the number of placement changes based on the kind of exploitation children suffered and no correlation between the length of time in the trafficking situation and later placement moves. Girls experienced significantly more moves than boys. Although most children had only one or two placement changes, in some notable cases, two children (one male, one female) had eight placement changes, and one child (female) had twelve placement changes. The mean was 2.34, but that likely was increased by the three anomalous cases.

The two children with eight placement changes were victims of both labor and sexual exploitation: one by a family member, the other by a smuggler. From the case file data, both children appear to have suffered severe forms of abuse during their exploitation. The child with twelve placement changes was a victim of labor exploitation by a drug cartel/smuggler.

One URM program, which served nineteen victims of trafficking during the study period, placed all the victims into a therapeutic group home as the initial placement until the subcontracting agency closed the group home in 2009. During the period that the group home was used, the

children placed there were stepped down to traditional foster family placements. As a result, nearly all the residents in the study from that particular program have at least one placement change, often in the first year.

There does not appear to be a correlation between the number of placement changes children experienced and their ability to form a meaningful connection with an adult. Even among the children with high numbers of placement changes, many of these children formed relationships with adults. Twenty children who formed a meaningful connection to an adult experienced a mean 2.10 (2.36 standard deviation) moves, while those fifteen children who did not have a meaningful connection to an adult experienced a mean of 2.40 (2.87 standard deviation) moves, a statistically insignificant difference. The two children with eight placement changes both had documented connections with adults.

Whether or not children in the sample group formed meaningful connections with adults was used as a proxy for well-being. On the annual federal outcome report form, case managers were asked to document whether or not a child had a connection to an adult other than the case worker. More detailed data also were collected through case file reviews to supplement the information gathered from the federal report. In most cases, using case files, the authors were also able to identify the adult who formed a meaningful relationship with the child, that is, case manager, foster parent, family friend, or adult community member. Adult community members often included church members, members of the children's particular ethnic community, mentors, or adults connected to recreational sports. Similarly, family friends were often from the same ethnic and church communities, but the distinction seems to be whether the adult played a formal role in the child's life or not.

Among those with connections, children formed relationships with four categories of adults.

Table 5: Children's Connections	
Foster Parent	59%
Case Manager	27%
Community Member	9%
Family Friend	5%

Forty percent of children had no documented connection to an adult. While it is likely that some of these children did have meaningful relationships, documentation was missing from the case files. Anecdotally, children without connections experienced difficulty adjusting to routines and the restrictions of living in a family, difficulty in school, and difficulties forming relationships with peers. Some struggled with assimilating or acculturating, and some also suffered from serious mental health conditions, including bipolar disorder, major depression, and eating

disorders. In several cases, even for those children with meaningful connections to adults, these relationships did not form until the children had been in their programs for months or even years. In some cases, it took time for the children to build these relationships. In other cases, it appears to be more personality driven, and some children formed relationships with specific adults such as a new foster parent after not bonding with earlier foster parents.

Other proxies for well-being were absence without leave (AWOL) incidents or instances when caregivers did not know where the child was. Within the sample, very few children went AWOL from their placements. Of the five children who went AWOL from the program and did not return, two children contacted the program staff to report that they were living with family members. Other AWOL incidents were reported, with some children being away from their placements several times during the study period, but these incidents were not documented uniformly across the programs in a way that could be easily used for analysis. Anecdotally, children appeared to leave without notifying their caregiver to meet up with friends and romantic interests—including traffickers—to engage in prohibited activities such as drinking and/or drug use. These incidents appeared to be infrequent, and a relatively small number of children engaged in these activities. The program responses generally resulted in additional safety planning, development of safety contracts, and losses of privileges. Placement changes were not among the consequences.

Permanency

The age and disposition at discharge were used as measures of permanency. In many cases, the children remained in care beyond their eighteenth birthdays, often entering transitional or independent living programs. In other cases, the children were able to remain with their foster families, although they were discharged from the program. Among the sample, 70 percent remained in care throughout the study period, which is notable, since 93 percent of the children in the sample were over 18 at the time of the data collection.

Table 6: Results of Children Who Left the Program		
Status	**Result**	**Count**
Emancipation (over 18)		12
	Voluntarily Emancipated from Program	8
	Emancipated to Live with Bio-Family	3
	Age Out (Age 23)	1
Absence Without Leave (Under 18)		5
	To Family Member	2
	Unknown Destination	3
Family Reunification (Under 18)		2
Terminated by URM Program (Individual was likely over 18 at initial placement)		1

URM Program Staff Interviews

Authors interviewed staff members from all twelve URM programs at their respective site locations about their experiences providing foster care and related services to the sample population. The experiences at individual programs ranged from providing care for one child to caring for up to nineteen children over the study period. The staff interviewed included program directors/managers, case managers, social workers, mental health professionals providing individual and group counseling, and foster-care recruiters, licensors, and trainers. Staff members were interviewed either as a group or separately, depending on the size of the program and staff availability. Staff members were asked a series of questions about how they administered the program and provided services to the specific population of victims of trafficking. They were asked to consider whether they employed different strategies with this population as compared to strategies used with the nontrafficked populations served by the URM programs. The authors found that, in general, programs did adapt some of their services but that the overall URM model of foster care for foreign-born children was not significantly changed when this population entered the program.

The following sections provide a synthesis of the program staff members' answers to the qualitative questions posed to them during the site visits.

Foster family recruitment

Most children in URM programs remain in the program for several years and have long-term foster care as a permanency plan until they transition to independent living or are reunited with family members. Since a majority of children are cared for within foster family home environments, programs must continually recruit, license, and provide preservice and ongoing training to foster families.

Although the term "trafficking" was not employed as a recruitment tool by most programs, some URM program staffers reported that their foster parent recruitment efforts did mention that they serve victims of trafficking. Others said they do not identify this population in their recruitment efforts because they wanted to be cautious, considering the sensitivities surrounding the population and the fact that trafficking is a serious crime in which the perpetrators might not be in custody. It appears that the decision varies among communities and depends on how trafficking is perceived in the area. One program member mentioned that trafficking is a sensationalized issue in their community and, as a result, program members are reluctant to broadcast that they are serving the population in order to protect the clients. Instead of using the term "trafficking," some programs might advertise a need for foster parents to care for children in "international foster care."

Characteristics of foster families who successfully foster child victims of trafficking

Much of what was reported by program staff was relevant to all their populations in care; they need foster parents who are nurturing and understanding, neutral and open minded, and self-actualized. One program representative mentioned that they look for foster parents who understand that foster care is "not about them, but about the [children]." Program staff look for foster parents who are motivated to assist the child rather than feel good about themselves as caretakers.

> *Programs look for foster parents who understand that foster care is "not about them, but about the [children]."*

Some programs appeared to have learned through their experiences what types of families were more suited to caring for the child trafficking victims, and they actively recruited for parents who lived in certain situations or had certain attributes.

- Parents who had biological children in the home often could provide more supervision and devote more time to supporting the child. When placing a child trafficking victim as opposed to a child who has not been trafficked, program staffers looked for parents who were more available, since these children may have more of a need for a healthy mentoring relationship.

- "Flexibility" was one of the attributes most mentioned by staff. This flexibility was demonstrated, for example, by parents who could adapt rules and boundaries to fit an individual child's needs while recognizing a child's difficulties adjusting to structure after a trafficking situation. In addition, parents who were organized and predictable helped the child trafficking victim feel safe in his or her new environment.

- Programs also sought parents who were open to continual learning and who had a "teachable spirit," while also being experienced in parenting. Program staff valued parents who were willing to take direction and advice since children leaving trafficking situations would often need to have safety plans agreed to by the client, foster parents, and program staff.

- Parents were needed who were "savvy and smart" enough to recognize cues and know when children were possibly engaging in inappropriate behaviors. Programs also sought

parents who were knowledgeable about social media and the new ways that children may engage with their peers and others.

- The concern about "judgmental" parents was a recurring theme among program staffers. For example, programs reported that parents with religious backgrounds could be either very helpful or combative if they were not tolerant of a child from a different culture.

Foster parent training and retention

All USCCB/MRS network URM programs are licensed as foster-care providers in their individual states, and most are also accredited by the Council on Accreditation (COA). Both state licensing entities and COA require certain minimum standards of training for foster-care families caring for children in their homes. This training includes topics that are relevant to child trafficking victims, such as trauma-informed care and safety issues. The authors asked programs what additional training specific to victims of trafficking they provided during preservice and ongoing foster parent training.

A few programs incorporated specialty training that addressed the definition of trafficking, the resulting behaviors of child victims of trafficking, trauma-informed care, and other related mental health issues. The authors did not find systematic, specialized trafficking training curriculums for foster parents across the network. In general, information about trafficking was provided through individualized consultations once the family was preparing for the child to arrive. Most of the programs provided ample opportunity for discussion about the child's background so the family knew what to expect. Consultations were based largely on the referral information from USCCB/MRS, thus emphasizing the importance of distributing timely and accurate information to URM programs. Consultation topics included safety planning, community partners, and appropriate and safe contacts for the individual child, and staffers informed the family whether the trafficker was at large or detained. Other topics included "trauma triggers" based on the child's history and how to prevent, identify, and respond. One program also mentioned that staffers prepare the family for trends they have seen among trafficked and similar populations, such as hoarding food as a survival mechanism. Staffers also stressed the need for parents to follow through with what they say they will do in order to build trust. Programs also tended to have more frequent communications with foster parents at the start of the placements to assist with initial adjustment.

Foster family retention is key to the stabilization of placements for any child in foster care and can be particularly important for child victims of trafficking who often have had little stability in their lives. URM program staff members shared their strategies for successful foster family retention among all URM populations, including child victims of trafficking. These strategies

included providing ongoing training, being available and responsive to the families' needs, providing respite care (temporary foster care placements), providing joint counseling for the foster parents and the foster child, offering foster parent

> *Foster family retention can be particularly important for child victims of trafficking who often have had little stability in their lives.*

support groups, including foster parents in case planning with the child (family decision-making processes), providing more financial assistance for higher needs children, offering organized social and recreational opportunities for foster parents to spend time with their foster children, sponsoring foster family appreciation events and holiday celebrations, and giving gifts. One program staffer noted that smaller programs with lower ratios of parents to staff helped foster parents feel appreciated, supported, and included in the program's work.

Initial family placement adjustment

Program staffers were asked if they noted any challenges for the children as they adjusted to life in foster family home environments. Staffers in a majority of programs answered yes. In three programs, the challenges were due to differences related to the level of independence the children were used to in their home countries versus life in the United States where they were more dependent and supervised by their foster family. Children who had lived without much supervision prior to the trafficking experience reportedly had the most difficult time adjusting to the foster homes. One program report noted that the adjustment with the school setting was more of a challenge than the foster home placements. Staffers at two programs reported that they did not typically observe challenges because their children came from the more structured federal custody shelter care system, so these children experienced more independence in the foster family placement. Finally, staffers at two programs emphasized the importance of setting clear expectations with the children upon placement and noted that having routines in the foster family helped the children to adjust.

Staff training on human trafficking

The program administrators (supervisors and director-level staff) were asked what training their agencies provided to staff on issues related to trafficking of children; case management staff and others were also asked about the training they received. The authors found that national training programs appear to focus mainly on introductory topics such as victim identification, the legal implications of immigration, and domestic child trafficking. Staffers from one program stated they have not felt confident serving this population due to lack of training, and many staffers complained about receiving "superficial" training. A few programs offered training from USCCB/MRS on safety planning, reexploitation, and working through the

prosecution of cases. Much of the other training came through webinars. Staffers from a few programs mentioned attending conferences and local meetings on trafficking. However, a few people reported that the emphasis in these meetings and trainings is on domestic trafficking.

Staff assigned to child victims of trafficking cases

Because URM programs serve a range of populations, from resettled refugees to victims of trafficking, the authors studied how they assigned cases involving child victims of trafficking among their case managers or social work staff.

The authors found a variety of approaches to handling these cases. Although a few programs do not distinguish the population when assigning cases, a number of programs do employ special strategies for trafficking cases. Their strategies include providing increased supervisor involvement with trafficking cases, partnering newer staff with those who have experience working with the trafficked population, and choosing staffers based on the individual clinical needs of the child. For example, one program reported that a child who was abused by a father might be assigned a female case manager to oversee the case but a male therapist to assist with building a healthy relationship with an adult male.

Staff experiences with meeting the individual needs of child victims of trafficking

During the interviews, direct care staff members were asked about their experiences meeting the needs of child victims of trafficking. In particular, they were asked if they observed different therapeutic needs among the trafficked population compared with other children in their program. In the URM program context, "direct care staff" refers to case managers, social workers, and counselors.

Half of the program staffers thought that the victims of trafficking had a higher level of therapeutic needs than the other populations served in the URM programs. They noted that, among this population, children were "needier," had "significant trust issues," had problems with "boundaries," and needed "a sense of stability." Staffers reported that cases involving female victims sometimes had added complexity due to the girl's personal relationship with her trafficker. For example, girls who were impregnated by the trafficker and girls who wanted to have ongoing relationships with their traffickers required therapeutic assistance. Staff members also shared that the mental health needs among this population sometimes take longer to resolve due to trust issues, the child's utilization of "survivor skills," and children going into "survivor mode" after their placement within the URM program. One group of direct care staffers noted that the violence against the trafficked population is more personal than the victimization experienced by the typical refugee. The trafficker is often someone they know

personally—a family member or friend. In their observation, the personal nature of the violence affects the victims' self-esteem and may result in self-blaming. Another group of direct care staffers told the authors that members often have problems dealing with peers of the opposite sex, creating the need to assist with the formation of healthy peer relationships.

> *Violence against the trafficked population is more personal than the victimization experienced by the typical refugee.*

Impact on program staff

The URM programs have cared for a number of victims of trafficking during the past decade. To determine how staffers maintain their empathy for these children, the authors asked them the following question: "In some cases, after learning more about the child's trafficking history and/or experiencing the child's behaviors or emotions as a result of their trauma, have you found it challenging to remain empathetic?"

Five staffers responded "yes" and three said "no." Those who found it a challenge also reported frustration when they saw no progress, when children did not follow their safety plans, and with some of the decisions the children made. One staffer reported that substance abuse by the children posed a challenge in remaining empathetic.

Staffers reported that the following strategies help them remain empathetic with their clients: developing their own understanding of trauma, encouraging self-reflection among staff, and reviewing their own biases. Ensuring that everyone is on the same page when dealing with the child was also reported as helpful, as well as appropriate assignment of children to certain case managers and foster parents who might be able to remain empathetic. One respondent reported that maintaining a balanced approach of "structure and predictability" with "flexibility and empathy" was helpful when working with the children.

Meeting the therapeutic and behavioral needs of child victims of trafficking

Given the traumatic experiences among victims of trafficking, the URM programs were asked about the provision of mental health counseling for the population. Specifically, they were asked if the mental health providers they utilized, whether on staff or within the larger community, had experience working with crime victims. More than half of the programs that addressed this issue reported that their mental health providers did have experience providing services for victims of sexual abuse and other crimes, including trafficking. One program reported it had received funding to train mental health providers to deal with trafficking. One program noted that although mental health providers may have experience working with crime

victims, trafficking might involve more prolonged victimization than what they are used to seeing among their clients.

The authors also presented a list of interventions to the URM program staff and asked which they thought were the most helpful in meeting the therapeutic and behavioral needs of the child victims of trafficking served by their programs. The list of interventions was compiled based on the authors' knowledge of interventions used nationally within the network. They included individual counseling, group counseling, medication, social/recreational activities, safety planning, behavioral contracts, nontraditional therapies (for example, holistic medicine and acupuncture), other interventions (for example, journaling, breathing exercises, and yoga), or none of the above. The staffers were also asked to expand on their answers, and three themes emerged.

- Staffers at several programs believed that recreational activities, including those that had a cultural component and/or were structured, were of most assistance. They pointed to soccer, music, and other types of recreational activities as good examples.

- Staffers at several programs stressed the benefits of what was *not* on the list: the importance of facilitating connections with people who the child felt understood them and to whom the child felt attached. A "sense of belonging" and "family" were articulated as important in meeting the child's therapeutic needs. One respondent stressed the importance of children "knowing they are cared for no matter what" and "placement with the right family."

- Staffers also identified helpful therapeutic practices other than traditional forms of individual counseling, specifically, assistance with biofeedback and breathing exercises, journaling, and sandplay.

Conversely, the program staff were asked what was least helpful from the list of interventions in meeting the needs of the children. One program reported that it found safety planning is sometimes more helpful for use with foster parents than the child. Another respondent mentioned that safety planning only works if the child "buys into" the plan. One staffer stressed that "unless mental health services are culturally and linguistically relevant, they are not really helpful." Regarding medication, one staffer reported that her clients enter the URM program overmedicated. In her experience, once they adjust to their new environment, become involved in social/recreational activities, and learn healthy ways to deal with their trauma, they can be weaned off psychotropic medication.

Trusting in others and feeling safe

Given the trafficking victims' extreme experiences, which can undermine an individual's ability to feel safe and trust others, the programs were asked a number of questions related to these two issues.

Considering the importance of rebuilding trust in the lives of child victims of trafficking, the program staff were asked about how long they thought this population typically needed to begin trusting URM program staff. None of the programs reported cases when the staff established trust immediately with the child. Most programs noted that it took anywhere from three to twelve months for children to trust staff members. Several programs noted a difference among URM populations in the amount of time children established trust. They found that refugee children regained their trust more quickly than the trafficking victims, who were not as trusting. As described in the quantitative findings above, a number of trafficking victims within the sample were never able to build trust with staff or other adults.

The authors asked whether the staff felt it was a challenge to help the children feel safe. If a staff member answered yes, the authors asked the staffers to describe the challenges and explain how the challenges were addressed while assisting the children. Types of assistance included helping the children learn how to relax and learn how to stop behaviors typical of "survivor mode," supporting foster parents as they work to help children feel safe, and being transparent as a program. One respondent remarked on the importance of "never making promises you can't keep" with the child. Based on the collective responses among the programs, it does appear that these children may have more difficulties rebuilding trust than other populations.

Two dominant answers emerged when the staffers were asked to identify the adults in the URM programs with whom the children bonded. The programs reported that the children bonded most often with their foster parents and their case managers, possibly because these are the individuals most involved in the child's daily activities.[xviii] Individual therapists and immigration attorneys[xix] were the least likely to be noted as having the strongest bonds with the child trafficking victim population. One program explained that attorney-client contact is less frequent and a child could go months without speaking to his or her attorney. Programs also stressed the importance of nurturing peer relationships for their clients. Approximately half of the programs were making concerted efforts to connect the children with others who had similar experiences.

Keeping child trafficking victims safe in community-based care

> *The most important element in formal safety planning was for the child to understand his or her own safety concerns.*

When the perpetrators of child trafficking victims are at large, URM programs must incorporate measures to keep children safe within their community-based settings in family foster care or group home care. The programs were asked how their safety measures differed from those they implemented for other populations. A majority of the programs reported using different measures for child trafficking victims, and they noted that they paid increased attention to external contacts and monitored external communications. For example, some programs have mail sent through the URM program office rather than directly to the foster home, restrict access to social media, and/or educate children about the use of social media. In foster family homes and group homes, some programs implement restrictions on phone calls, for example, preparing "safe-to-call lists," screening incoming calls, and blocking certain numbers.

The program staff were asked which elements of safety planning they employed from among the most common interventions used by URM programs and which they found to be most helpful in meeting the safety needs of children: monitoring of phone calls, safe-to-call lists, formal safety planning with child and foster family, safety planning with schools or others in the community, and safety planning with law enforcement. The most common intervention used was formal safety planning with the child and foster family, with all but one program having put safety plans in place with victims of trafficking. Monitoring of phone calls to/made by children and having safe-to-call lists were also used by most programs. A majority have implemented safety planning with schools and others in the community. Surprisingly, only four programs have implemented safety planning with law enforcement. Other interventions mentioned by individual programs included safety risk assessments, bio-psychosocial assessments, and lethality assessments.[xx]

One program reported that the most important element in formal safety planning was for the child to understand his or her own safety concerns. Half of the programs reported that children in their care had wanted to maintain contact with the traffickers, complicating the efforts to keep their clients safe. This situation is especially common among girls who may view the traffickers as their boyfriends and who have formed emotional attachments to them. Two programs had experience with assisting girls who had given birth to the children of their traffickers.

Other complications affecting safety planning for this population involved the children's families. Most programs reported instances when they had to restrict contact with family members, given their involvement in the trafficking of the child. There was no clear pattern among program responses when asked which interventions were least helpful.

Family connections and reunification

Case planning with a child victim of trafficking in the URM program also involves exploring the connection with his or her biological family, including the possibility of reunification. URM staff members consider the implications of open communication or reunification with the family, especially if the child's relatives were complicit in the trafficking or do not have the child's best interest in mind. The URM case manager therefore assists the child with navigating complicated familial relationships, remains informed of dynamics, and manages the child's expectations about reunification.

This study considered three types of family reunification: reunification with relatives already living in the United States, repatriation for the purposes of reunification with relatives back in the home country, and assistance with bringing relatives to the United States for the purposes of reunification.

It is often not safe for a child victim of trafficking to return to his or her country of origin if there is unpaid debt owed to the trafficker, the child's family is receiving threats because the child is no longer in the trafficking situation, or the child's family was complicit in the trafficking. Thus, URM programs usually focus on reunification with safe relatives who are residing in the United States.

The authors asked programs about their experiences searching for and attempting to reunite children with an appropriate family of origin. The authors found that most programs had not been able to reunite children with their family of origin. Of the four programs that had, only two programs reunited children with adult relatives. The other two programs reunited clients with siblings or their own children.

It is worth noting that some of the clients reunited with relatives after they turned 18 and left the URM program. It is possible that the programs did not want to facilitate those reunifications because the relatives did not meet certain requirements to take on the legal responsibility of the child, or the placement was not deemed to be in the best interest of the child. Either way, these outcomes demonstrate that children desire to be with relatives.

Working with community partners

The authors contacted each program to discuss how it worked with local community partners, including law enforcement, schools, community service providers, medical providers, and

others. Only one program reported proactively communicating with the school about a child's experiences being trafficked. Most reported communicating with the schools about the child's trafficking situation only if needed, such as if the trafficker was still at large. Only two programs reported proactively informing medical providers about the trafficking experience of the children. The following question received the widest range of responses: "Which community resources have been most helpful in assisting the child trafficking victim's integration?" The responses were ranked as follows:

- Recreational activities (3)

- Local trafficking coalition providers (2)

- Adult resettlement program (2)

- School (1)

- Independent Living class (for both the curriculum and for the opportunity to make new friends) (1)

- Church (2)

- Therapy (1)

One program also volunteered that its staffers had to handle community perceptions about trafficking and what people know from television. One program noted that its community was very supportive, yet community members might oversimplify the issue of trafficking and not actually understand the complexities of the situations and experiences of the children. Staffers with one program noted that local courts and social service offices might not be aware of the benefits trafficking victims are eligible for.

Law enforcement investigations

One of the most striking findings revealed the lack of involvement of federal law enforcement agencies. Officials rarely investigated trafficking cases once the children were placed in the URM programs, even though most children in the sample were identified as victims during immigration proceedings and while they were in the federal custody system. Authors observed that as children were increasingly not identified in the community by law enforcement, it was more unlikely that law enforcement would ever become involved in the case. These findings were supported by the case file data and legal outcomes noted above on page 12.

In the few cases where there were prosecutions, program staffers accompanied and supported the child throughout the case to accommodate frequent requests for depositions and interviews required by law enforcement or court officials. The program staffers mediated

meetings between the child and prosecutors to ensure the child had emotional support throughout the process. One program reported that law enforcement on a particular case did not recognize the support role of the URM program and thus did not allow the program to assist the child, which proved to be quite difficult for the child.

The URM program service array and the needs of child victims of trafficking

The authors asked staff how they thought the core services provided in the URM program met the needs of the foreign-born survivor of child trafficking. While every program reported that the services of the program model matched the needs of the population, individual staff members recommended the following improvements to the URM program service model:

- Increase the options for small family-based group care.

- Increase treatment or therapeutic foster care placements.

- Assign adult victims of human trafficking to serve as mentors and assist individual children in their recovery.

- Increase community-based connections and resources for Hispanic children and children with substance abuse issues.

- Implement follow-up services with children and their families after reunification to assist with this transition.

- Increase legal immigration service capacity.

- Allow for an extended service period beyond the URM program for older children when needed.

Staff views about the "perfect system of care"

Finally, authors asked staff members the following open-ended question: "If you were to design the perfect system of care for child victims of trafficking, what would it look like?" Several URM staffers described a system with continuum-of-care options, including therapeutic group homes, family foster care, and independent living. Two respondents desired a specialty program for this population in which child trafficking victims would have extensive peer support and a "slow transition to adulthood together." Other responses included a system of care that had effective collaboration with legal service providers who were willing to take on complex cases, foster homes with "stay-at-home" and therapeutically trained parents, quality bilingual clinicians, supportive courts with timely dependency processes, resources within the agency to minimize reliance on community resources, sufficient information about the child's history at time of referral to avoid retraumatization, and extensive staff training on human trafficking.

Foster Parent Survey

Foster parents contribute greatly to a child's sense of safety, permanency, and well-being. In particular, foster parents are vital to helping a child feel safe and protecting the child from further harm. They provide the safe and nurturing environment children

> *Foster parents are vital to helping a child feel safe and protecting the child from further harm.*

need to grow into increasing independence while they heal from the trauma endured. Foster parents also play a critical role in helping the child adjust to an unfamiliar environment and thrive in a new community. For many children, their foster parents are the adults with whom they connect most closely during their time in the URM program, and many maintain a relationship with them after emancipation. This is why the authors surveyed foster parents of child trafficking victims for this study. The questions posed to the foster parents can be found in Appendix B.

Although URM foster parents typically participate in the training curriculum required by state child welfare regulations for licensure, URM programs supplement the state-mandated training to include the unique needs of the URM population. Because many child victims of trafficking have severe mental, physical, and behavioral health needs as a result of being trafficked, foster parents who care for this population are often trained at a therapeutic level and participate in ongoing education in relevant areas such as trauma, sexual abuse, and behavior intervention strategies. When asked about training, 61 percent of foster parents surveyed reported that they had received specialized training from the URM program on fostering a child trafficking victim, and 67 percent of participants indicated that the training was adequate to respond to the child's needs related to the trafficking.

Because their caseload is smaller than the caseload in domestic foster care, URM program staffers can offer increased attention to their foster parents, including more frequent home visitation. The foster family's engagement with and intensive support from the URM program not only ensure the child is getting the services and care he or she needs, but they also strengthen the partnership and communication between the agency and the foster parents. When surveyed about URM program support, 78 percent of foster parents indicated that they felt supported by the URM program staff while a child victim of trafficking was in their home.

It was apparent from the case file review that most (59 percent) of the children in the sample formed strong bonds with their foster parents. When the foster parents were asked if they believed the child victim of trafficking they fostered had developed a bond with their family, 72 percent felt the child did in fact develop a connection with family members.

Conclusion

This study supports the authors' contention that foreign-born child victims of human trafficking can be served well in community-based care settings. To respond to this population's unique and intense needs, the URM programs often adapted their services to ensure that they provided positive long-term outcomes for the children. Adapted services include placing child victims of trafficking with foster parents who are structured, flexible and savvy; increasing supervisor involvement with trafficking cases; and setting clear expectations with trafficked children upon initial placement in a foster home.

It is also apparent from this study that there are numerous considerations in serving this population. Exploring connections with a child's biological family, including the potential for reunification; meeting the therapeutic and behavioral needs through recreational activities and other nonconventional methods; and helping children *feel* safe in addition to keeping them safe were some of the more notable service considerations the URM program staff discussed with the authors.

As a result of this study, the authors believe advanced training on serving foreign-born child victims of trafficking would be helpful to all potential care providers. Training should cover a range of issues from direct client services such as trauma-informed, culturally sensitive care to specific program administration issues such as how to design a program for this particular population. Training should also include guidance to help programs effectively engage the assistance of law enforcement agencies with trafficking investigations, considering the remarkable finding that very few cases in this study had any sort of law enforcement involvement. Ideally, investigations will lead to prosecutions, trafficking schemes will be shut down, and fewer children will fall victim to the scourge of human trafficking.

Authors' note: We would like to thank the staff members from all the Unaccompanied Refugee Minor programs that participated in this study. More importantly, we thank them for their commitment to and excellence in serving this vulnerable yet resilient population.

Appendix A
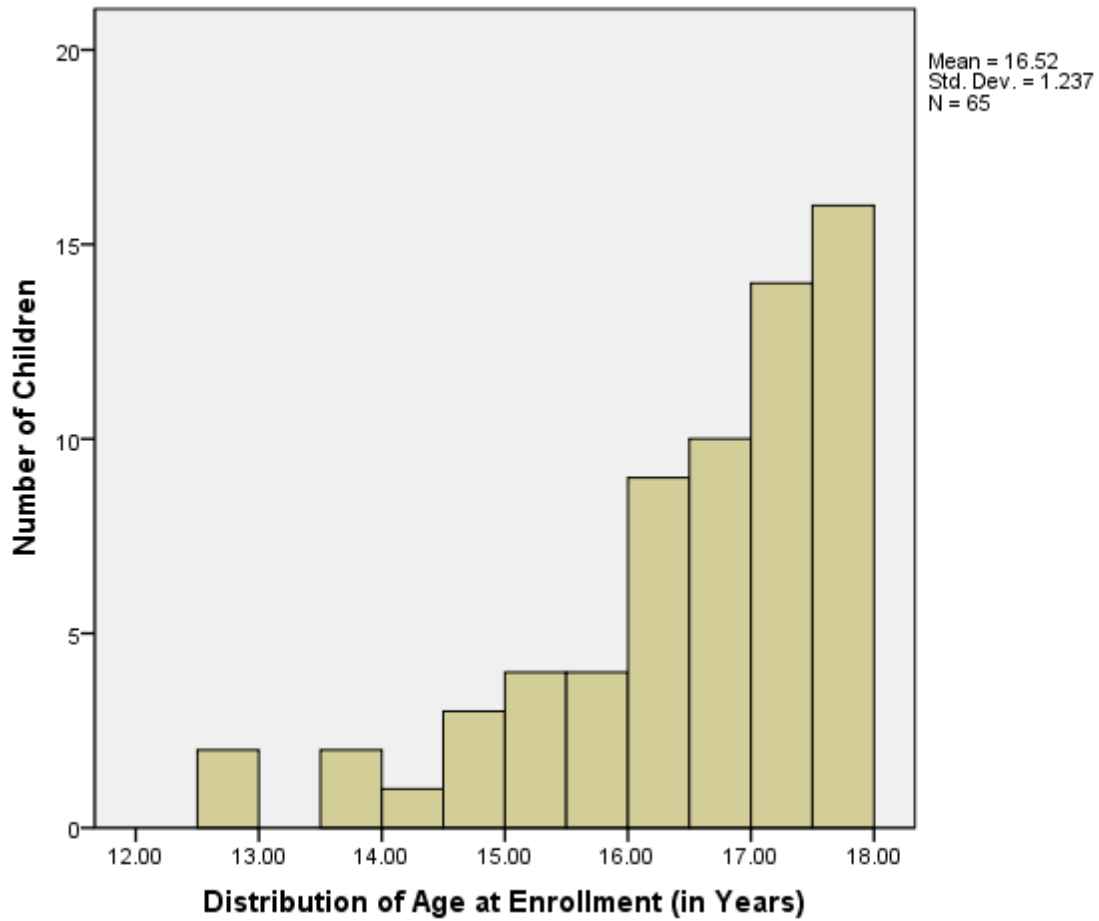
Figure 1. The distribution of youth by age at the time that they were placed in the URM program; note the mean age at time of placement was 16.5 years old.
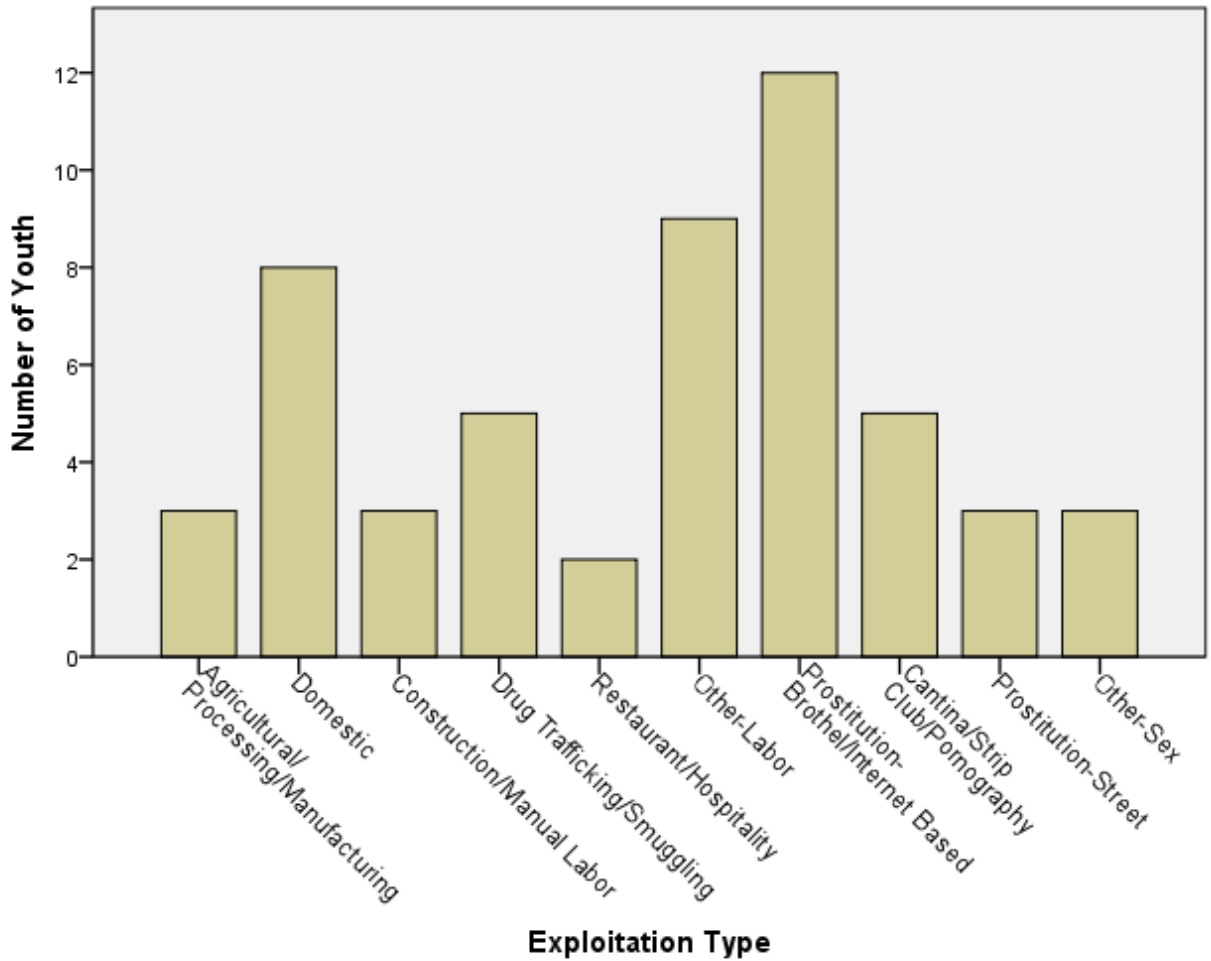
Figure 2. Among the youth whose trafficking history was provided, the distribution of youth by the primary trafficking industry in which they were exploited.
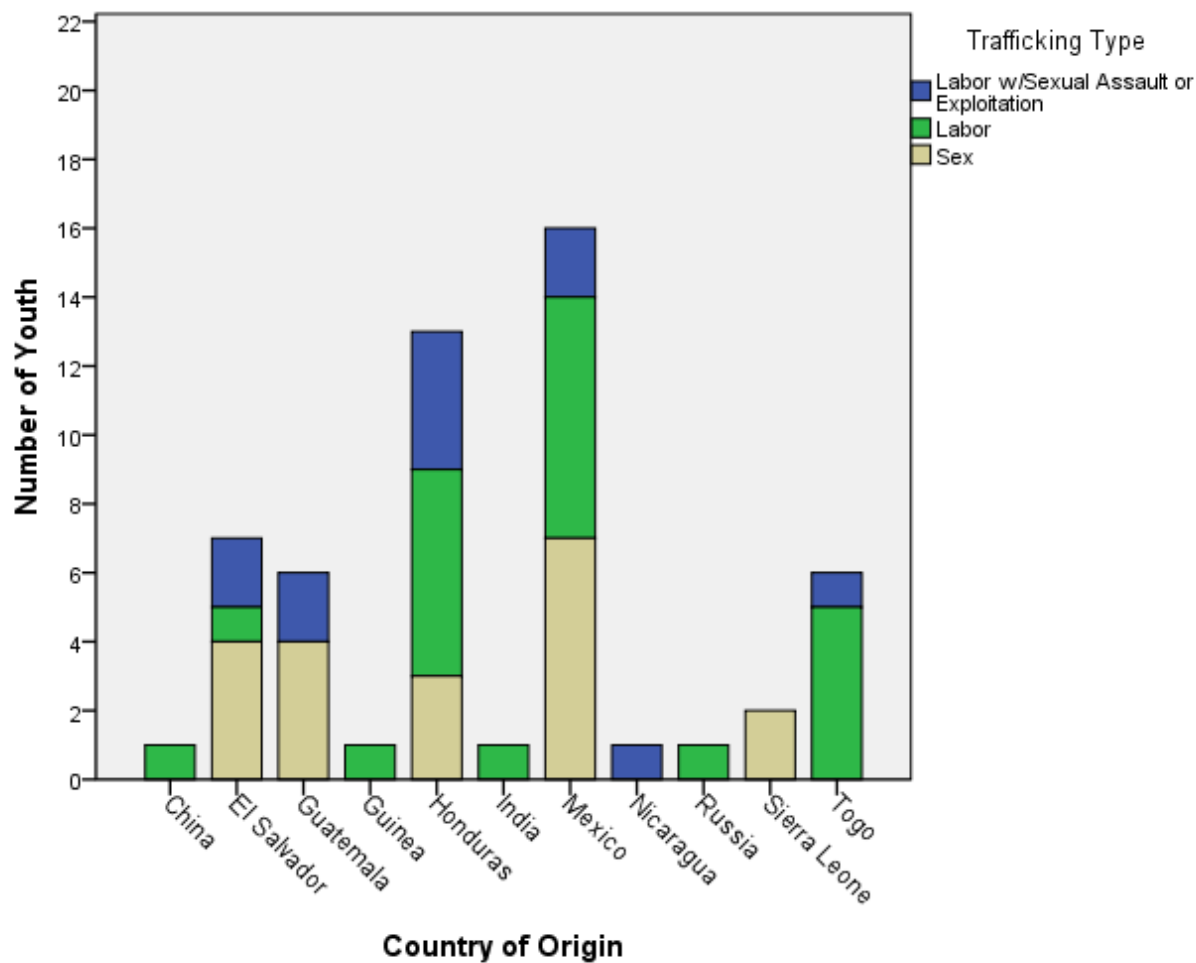
Figure 3. Among the youth whose trafficking history was known, n= 54, distribution of trafficking type: sex, labor or a combination of labor and sexual exploitation, by country of origin.
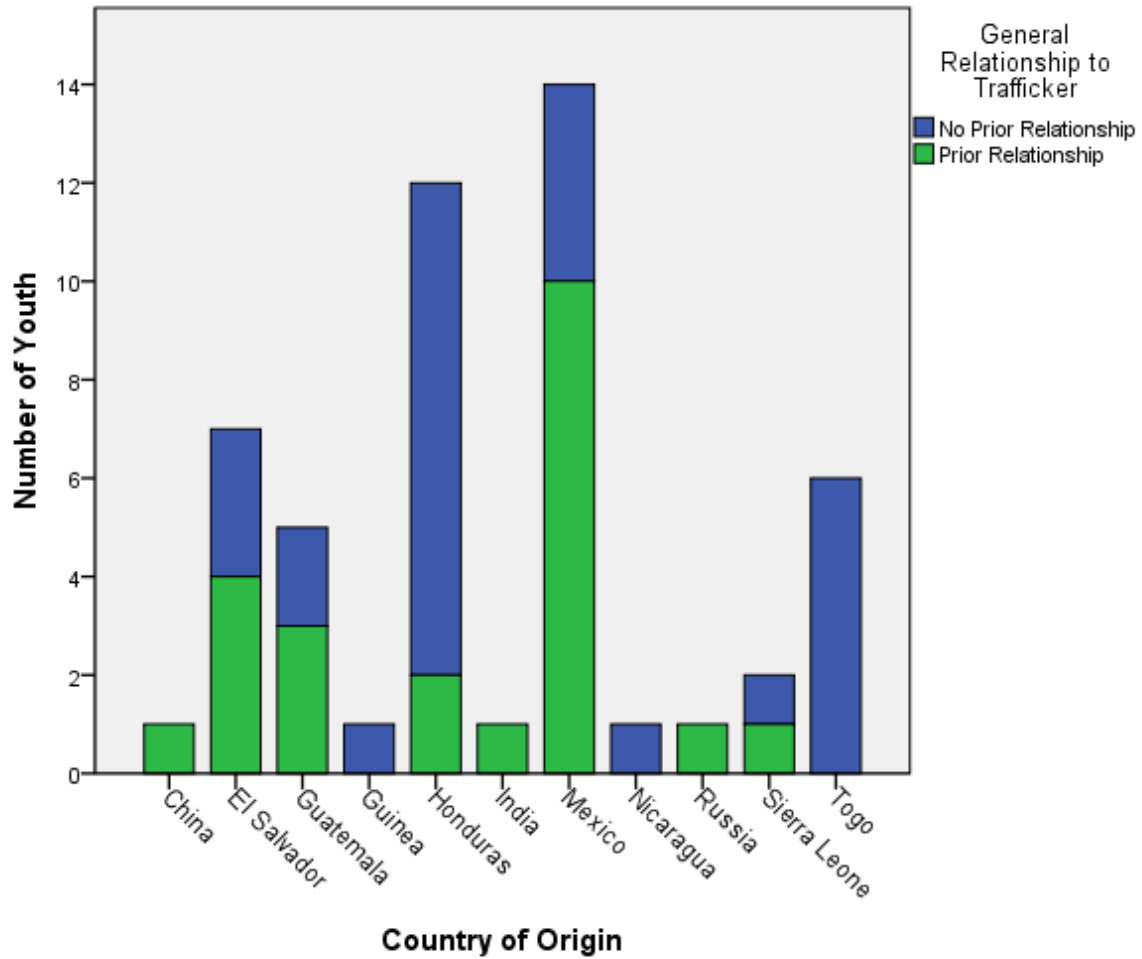
Figure 4. Among the cases in which the minor's relationship to the trafficker was recorded, n=50, the distribution of youth who had a prior relationship with the trafficker and those who did not by country of origin.
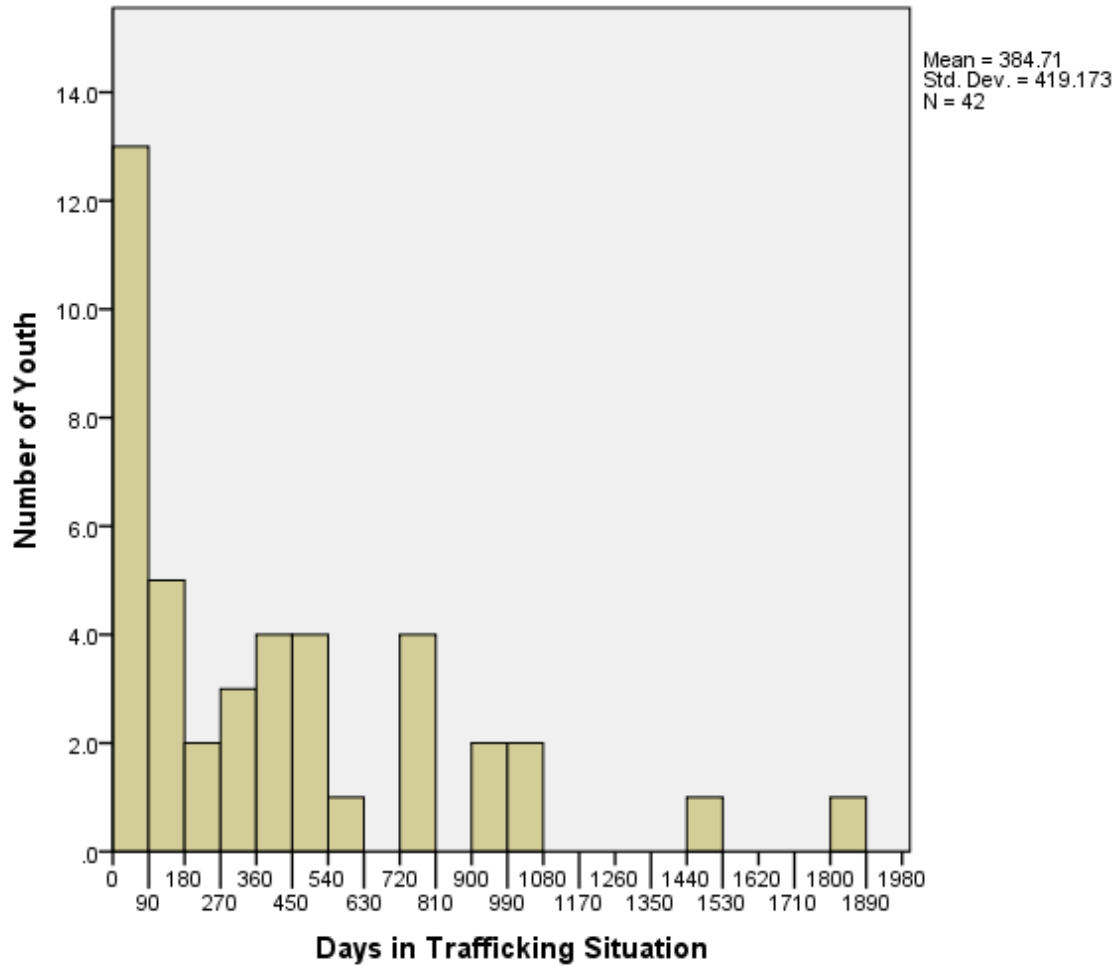
Figure 5. The range and distribution of the length of time that youth were exploited among those youth whose time in the exploitative situation was known, in 90 day increments. The mean number of days that youth were exploited is 385, however the standard deviation is 419.
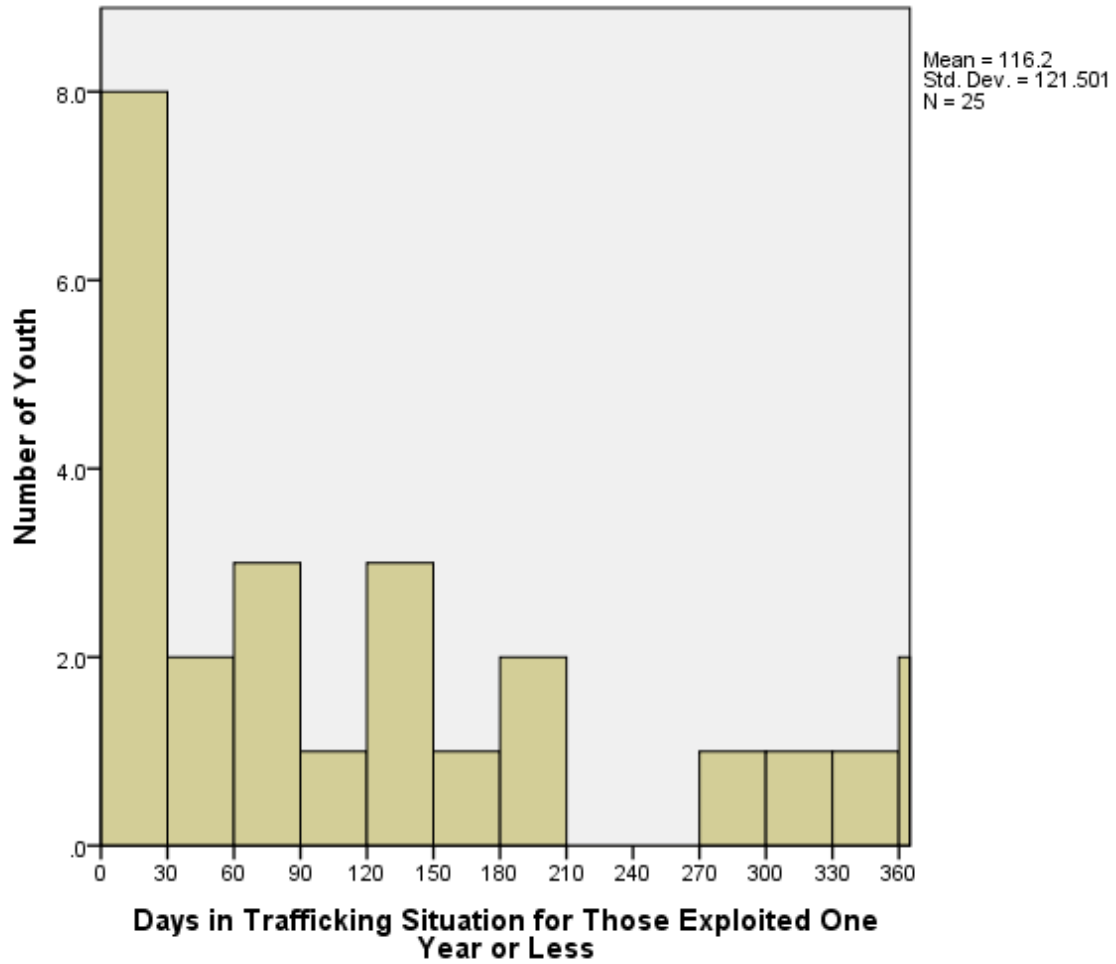
Figure 6.   Among the youth exploited for one year or less, the range and distribution of the length of time that youth were exploited.
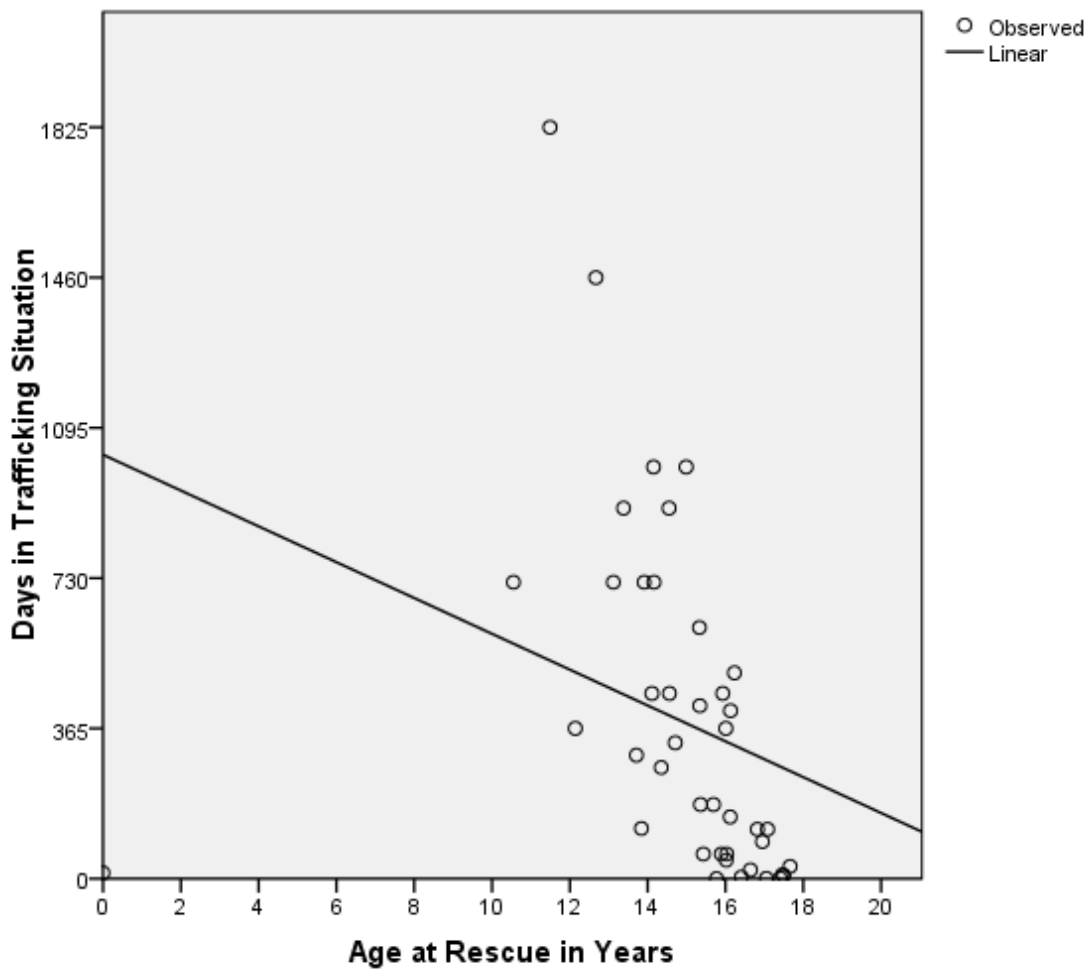
Figure 7. Distribution of the age of the youth at the time they were rescued, relative to the length of time that they were exploited.   The younger children and youth identified in trafficking situations tended to have been exploited for longer periods of time.
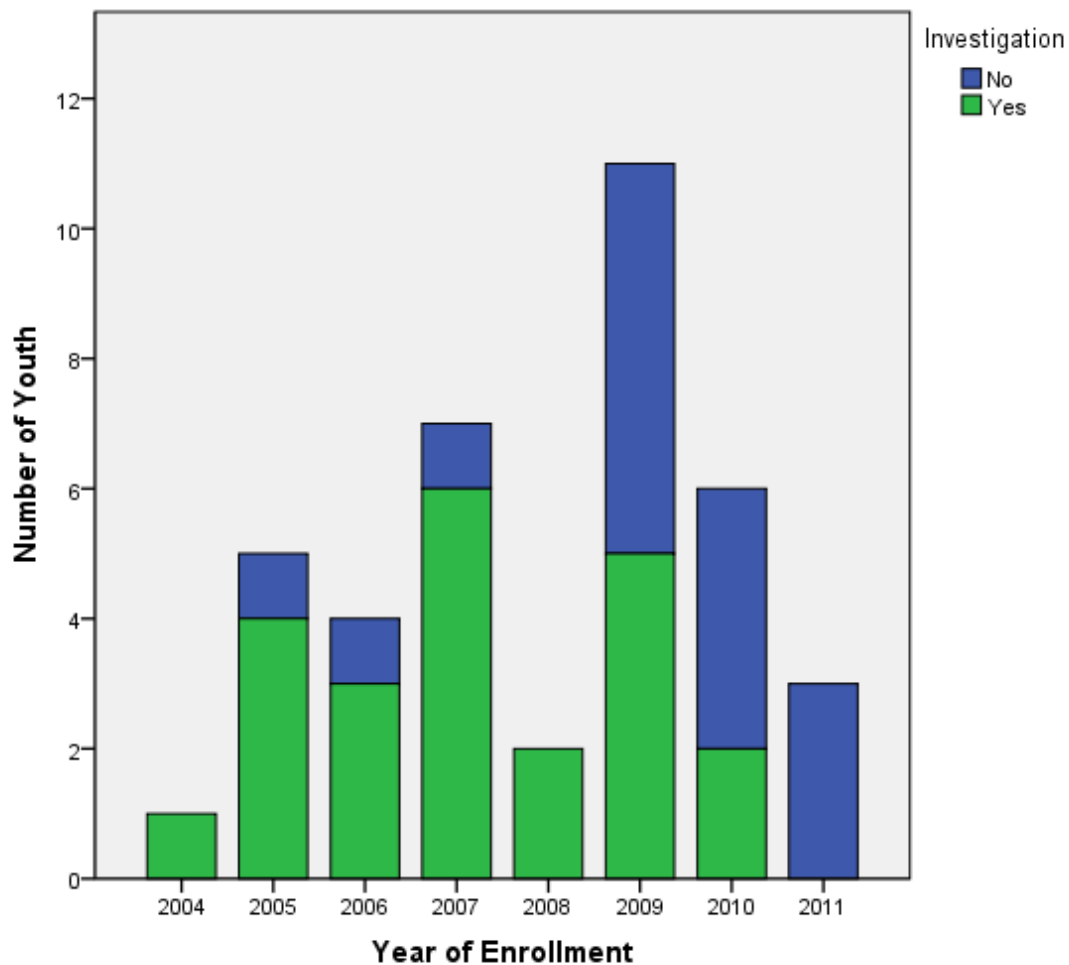
Figure 8. Among the youth with clear documentation of the status of a criminal investigation, n-39: the number of youth placed in URM programs as designated victims of human trafficking per year and whether or not a child's case was investigated by law enouncement. None of the youth placed in 2011 had their cases investigated.
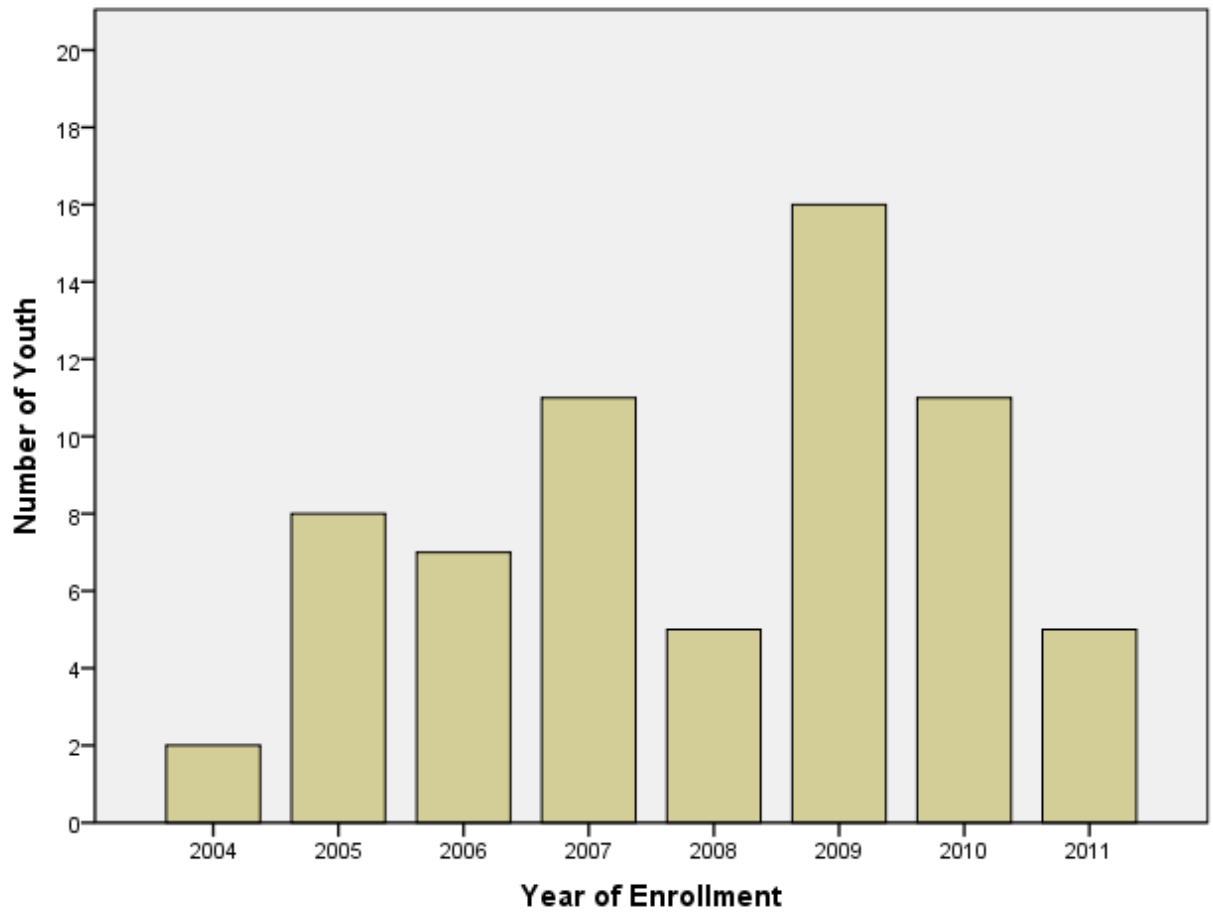
Figure 9. Total number of youth designated child victims of human trafficking placed in URM each year, n=65.
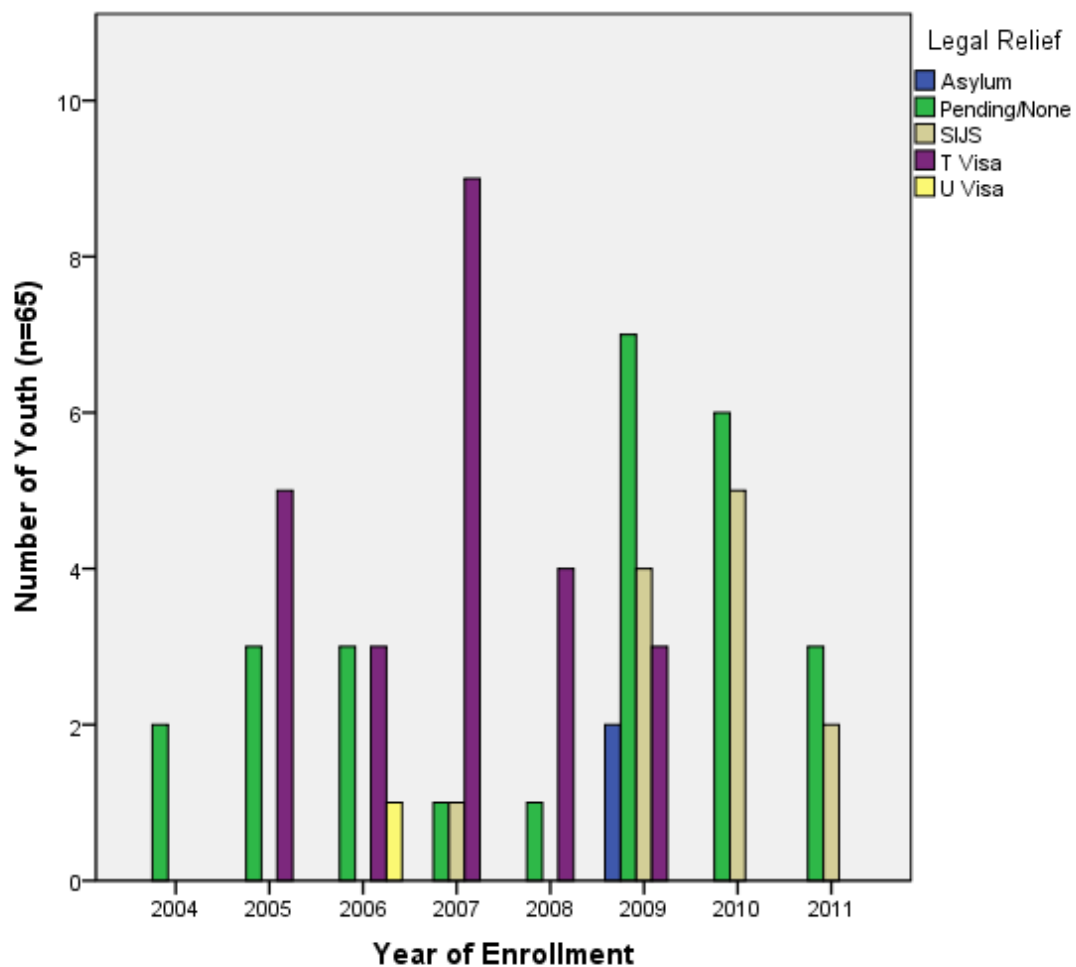
Figure 10. Number of youth designated as child victims of trafficking placed in URM per year, and the final immigration status or legal disposition of their cases.
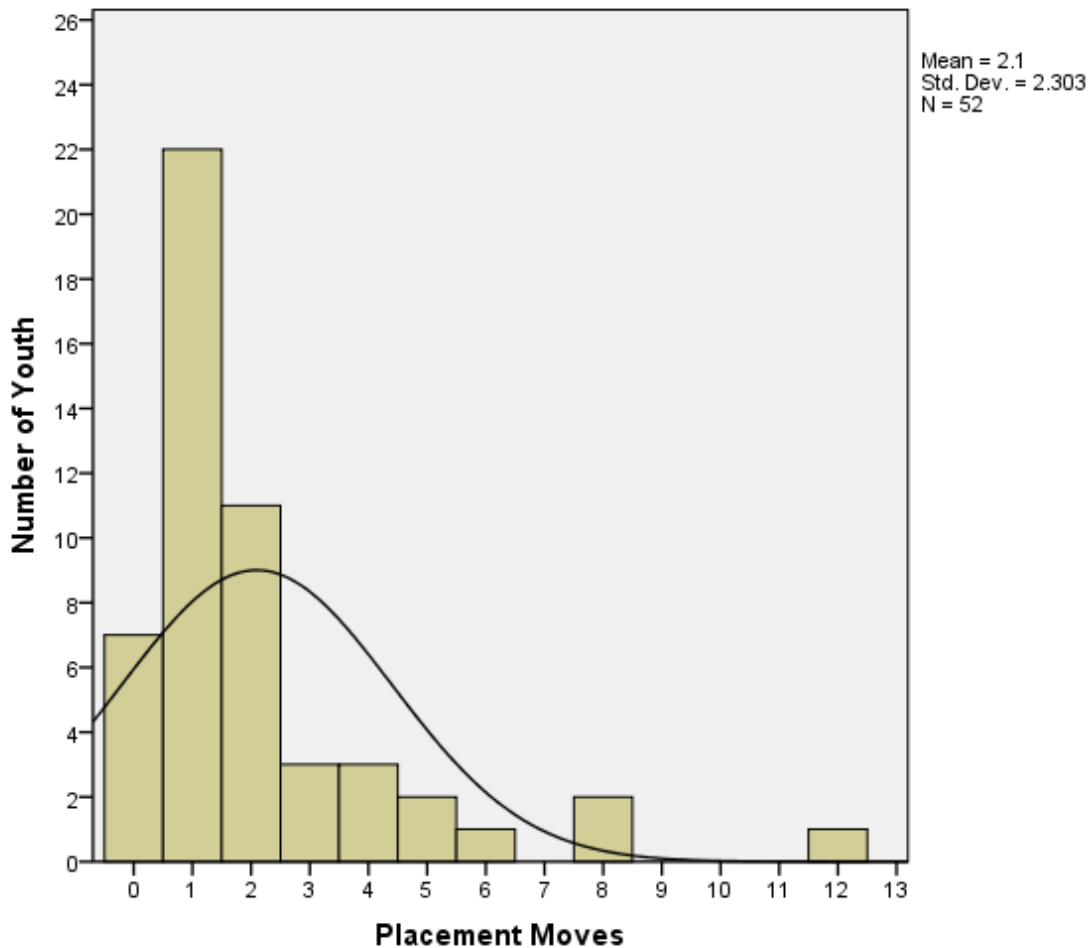
Figure 11. Distribution of the frequency of placement moves each child experienced while in URM care, for those youth whose placement moves were clearly documented, n=52). Zero moves signifies that the youth remained in the same placement during their entire time in URM care or through the time of the study. The mean is 2 moves.

Appendix B

The survey submitted to foster parents included the following questions:

1. How long were you a foster parent with the URM program before a child victim of trafficking was placed in your home?

2. How knowledgeable were you about human trafficking before you knew a child victim of trafficking would be placed in your home?
3. Did you receive specialized training from the URM program on fostering a child victim of trafficking?
4. Did you feel you had adequate training to respond to the child's needs related to the trafficking situation?
5. Did/do you feel supported by the URM program staff while the child was/is in your home?
6. Did you identify additional services the child needed? If yes, did the program provide them in a timely manner?
7. Do you believe the child victim of trafficking you fostered developed a bond or connection with your family?
8. What do potential foster parents need to know about fostering child victims of trafficking?
9. What are the most important services to have in place for child victims of trafficking?
10. How is this population different to care for than other children in foster care?

[i] Office of Refugee Resettlement, State Letter #01-13: The Trafficking Victims Protection Act of 2000, 2001.

[ii] For the purposes of this paper, the term "child" refers to individuals under the age of 18.

[iii] Child populations eligible for the URM program include refugees, asylees, certain children with special immigrant juvenile status, victims of human trafficking, and Cuban/Haitian entrants.

[iv] Per the *Homeland Security Act of 2002*, unaccompanied alien children are defined as children who have no lawful immigration status in the United States; have not attained 18 years of age; have no parent or legal guardian in the United States; or no parent or legal guardian in the United States is available to provide care and physical custody.

[v] To become eligible for federally funded benefits and services, a child victim of trafficking who is neither a U.S. citizen nor a lawful permanent resident (LPR) must have an eligibility letter from the U.S government.

[vi] U.S. Department of Health & Human Services, "About NYTD" (National Youth in Transition Database), *Children's Bureau, www.acf.hhs.gov/programs/cb/systems/nytd/about_nytd.htm* (accessed June 16, 2014).

[vii] U.S. Department of Health & Human Services, "Background Paper: Child and Family Services Reviews National Standards," *Children's Bureau*, *www.acf.hhs.gov/programs/cb/cwmonitoring/legislation/background.htm* (accessed June 16, 2014).

[viii] Save the Children and The Separated Children in Europe Programme, "Returns and Separated Children," position paper, *Separated Children in Europe Programme*, 2004, *http://scep.sitespirit.nl/images/16/164.pdf* (accessed June 16, 2014).

[ix] International Labour Organization, "Child-Friendly Standards and Guidelines for the Recovery and Integration of Trafficked Children," 2006, *www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/documents/publication/wcms_bk_pb_75_en.pdf* (accessed September 13, 2014).

[x] International Catholic Migration Commission, "Paving the Way: A Handbook on the Reception and Integration of Resettled Refugees," *ICMC*, 2011, *www.icmc.net/pubs/paving-way-a-handbook-reception-and-integration-resettled-refugees* (accessed June 16, 2014).

[xi] United Nations High Commissioner for Refugees, "Investing in the Future: Refugee Children and Young People," chap. 3.3, 259-276, in *Refugee Resettlement: An International Handbook to Guide Reception and Integration*, October 2002, *UNHCR Victorian Foundation for Survivors of Torture (VFST), www.unhcr.org/3d9862c74.html* (accessed June 16, 2014).

[xii] Office of Refugee Resettlement, "Statement of Goals, Priorities, Standards, and Guidelines for the Unaccompanied Minor Refugee and Cuban/Haitian Entrant Programs," *Federal Register* 52, no. 198 (October 14, 1987): 3814, *www.acf.hhs.gov/programs/orr/resource/statement-of-goals-priorities-standards-and-guidelines#statement* (accessed February 6, 2013).

[xiii] The URM program is a component of the broader U.S. refugee resettlement context that, by its nature, is focused on the integration of individuals such as refugees, asylees, and victims of human trafficking who have experienced forced migration. The term "integration" does not have an agreed-upon definition and is measured by different policy thinkers and practitioners in a variety of ways. The authors view integration as a complex process that includes legal, economic, social, and cultural connections for both the individual and the receiving society.

[xiv] Special immigrant juvenile status, or SIJS, is a form of immigration relief for children who have experienced abuse, abandonment, and/or neglect by at least one parent. Once a child receives SIJS, he or she is never able to petition for a green card for a parent.

[xv] The other 50 percent were served by the Lutheran Immigrant and Refugee Service (LIRS) URM network.

[xvi] TVPRA of 2008, section 107(b)(1)(G), or 22 U.S.C. 7105 (b)(1)(G).

[xvii] Office of Refugee Resettlement, State Letter #10-05: Requesting Assistance for Child Victims of Human Trafficking, March 19, 2010.

[xviii] The caseload ratio in the URM programs in lower than in the U.S. domestic foster care system, so URM case managers are more involved in the daily activities of the children in the program.

[xix] A guardian *ad litem* is not routinely assigned by a local court to URM cases because the permanency plan is usually long-term foster care and independent living.

[xx] Lethality assessments allow mental health professionals to assess the severity of suicide or homicide ideation.