

**Commercial Sexual Exploitation of Children:  
Dane County Needs Assessment**

**2011**

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**With funding from the Wisconsin Office of Justice Assistance**

**In collaboration with the Dane County Coordinated Community Response to  
Commercial Sexual Exploitation of Children**

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## INTRODUCTION

In 2011, due to increasing reports of Dane County girls exploited for sex by adult males, the Dane County Coordinated Community Response to the Commercial Sexual Exploitation of Children (CCR-CSEC) undertook a community needs assessment funded by the Wisconsin Office of Justice Assistance, Violence Against Women Program. This baseline study focused on interviewing agencies that may currently encounter commercially sexually exploited children and youth, and collecting data on the identification, level of frequency, and availability of services, as well as, collecting anonymous case studies that identify victim needs.

Without appropriate screening and services these young victims either never enter or disappear from mainstream services and become vulnerable to some of the most sadistic and brutal violence in our society. When these victims surface, they may be found to be too close to aging out of the child protection service system and too young and inappropriate for adult services.

The goal of this study is to promote early identification of commercially sexually exploited children (CSEC), also referred to as domestic minor sex trafficking (DMST) victims, and effective intervention in order to divert victims away from more years of trauma. A specialized intervention model is required to ensure comprehensive care for each victim. When Dane County victims are identified, there is a need for housing and specialized support services. There is tremendous need for training and education to help social service providers and law enforcement serve victims appropriately and hold perpetrators accountable.

The numbers of commercially sexually exploited children in Dane County are hard to quantify. This study is a first attempt to measure the extent of the problem in our community. The sample size is small and the therefore conclusions are limited. Since none of the agencies surveyed are required to identify and collect data within their system, there is no reliable number to report.

The CCR-CSEC was founded in 2010 by: Project Respect, a City of Madison, Dane County, and Department of Justice Office for Victims of Crimes funded initiative to respond to adult prostitution and victims of human trafficking by promoting access to essential community services; Slave Free Madison, a community action group that promotes awareness about modern day-slavery; and the Wisconsin Coalition Against Sexual Assault (WCASA), a membership agency comprised of organizations and individuals working to end sexual violence. CCR-CSEC members include representatives from youth social service agencies, county child protection services, victim advocates, teachers, law enforcement and concerned community leaders working to strengthen the existing service delivery system for minor victims of commercial sexual exploitation.

### ***What is commercial sexual exploitation of children or domestic minor sex trafficking?***

Domestic minor sex trafficking (DMST) refers to the commercial sexual exploitation of US citizens or lawful permanent residents under the age of 18 within U.S. borders. Under the Trafficking Victims Protection Act (TVPA), DMST is considered a “severe form of trafficking,” which is defined as the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act where the person under the age of 18 years.<sup>1</sup> If a victim is a minor, there is no legal requirement to prove force, fraud, or coercion was used. The law recognizes the effect of psychological manipulation

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<sup>1</sup> 22 USC 7102 § 103(8), (9)

by the trafficker, as well as, the effect of threat of harm which traffickers/pimps use to maintain control over their young victims.<sup>2</sup>

DMST includes but is not limited to the commercial sexual exploitation of children through prostitution, pornography, and/or stripping. DMST is child sex slavery, child sex trafficking, prostitution of children, and rape of a child.<sup>3</sup>

TVPA defines:

- Commercial sex act: any sex act on account of which anything of value is given to or received by any person<sup>4</sup> (e.g. money, shelter, drugs, clothing).

Wisconsin Statute 940.302 defines:

- Commercial sex act: sexual contact for which anything of value is given to, promised, or received, directly or indirectly, by any person.<sup>5</sup>
- Trafficking: recruiting, enticing, harboring, transporting, providing or obtaining, or attempting to recruit, entice, harbor, transport, provide or obtain, an individual without consent of the individual.<sup>6</sup>

Wisconsin Statute 948.051 Trafficking of a Child states:

- Whoever knowingly recruits, entices, provides, obtains, or harbors, or knowingly attempts to recruit, entice, provide, obtain, or harbor and child for the purpose of commercial sex acts, as defined in 940.302(1)(a), or sexually explicit performance is guilty of a class C felony.<sup>7</sup>
- Whoever benefits in any manner from trafficking of a child is guilty of a class C felony if the person knows that the benefits come from an act described in 948.051(1).<sup>8</sup>

### ***What fuels patterns of domestic minor sex trafficking?***

Patterns of CSEC and DMST appear to be fueled by: use of survival sex to meet subsistence needs; presence of pre-existing adult prostitution markets; history of child sexual abuse and assault; poverty; presence of large numbers of transient males in local communities including truckers and conventioners; for some girls, gang membership; promotion by parents, siblings, and boyfriends; and, recruitment of victims by organized crime units.<sup>9</sup>

Other research finds some adolescents are vulnerable to DMST due to situational motivations including physical abuse and neglect, poor relationships with parents, the influence of early traumatic sexual experience and early exposure to prostitution during childhood.<sup>10</sup> Sources cite running away as an important factor in increasing juvenile vulnerability to DMST. Female juvenile offenders are often associated with adult male offenders (81%) suggesting the presence of traffickers/pimps.<sup>11</sup> Runaway or

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<sup>2</sup> 22 USC 7102 §1591(b)(2)

<sup>3</sup> Smith, Linda, Samantha Healy Vardaman, Melissa A. Snow, *National Report on Domestic Minor Sex Trafficking: America's Prostituted Children*, Shared Hope International, 2009

<sup>4</sup> 22 USC 7102 § 103(3)

<sup>5</sup> Wis. Stat. § 940.302(1)(a)

<sup>6</sup> Wis. Stat. § 940.302(1)(d)

<sup>7</sup> Wis. Stat. § 948.051(1)

<sup>8</sup> Wis. Stat. § 948.051(2)

<sup>9</sup> Estes, Richard J., Neil Allan Weiner, *Commercial Sexual Exploitation of Children in the United States, Canada and Mexico*, September 19, 2001.

<sup>10</sup> "Female Juvenile Prostitution: Problems and Response", National Center for Missing and Exploited Children, 2002.

<sup>11</sup> "Female Juvenile Prostitution: Problems and Response", National Center for Missing and Exploited Children, 2002.

unsupervised youth needing money, place to stay, drugs, or attention are vulnerable to the seduction and befriending of traffickers/pimps. Traffickers/pimps trap youth by isolating them, controlling their access to drugs, blackmailing, and threatening with force or violence.<sup>12</sup>

### ***Study Methodology***

The Dane County CSEC needs assessment is based upon a rapid assessment and field assessment tool developed by Shared Hope International (SHI). SHI first actively addressed the sex trafficking of American children through research on the markets that create demand for commercial sex. The DEMAND Project (2005) investigated the buyers and traffickers of children in four countries including the United States and found that sex trafficking is demand driven and the product for sale is commonly local (domestic) children. In 2009, SHI released its National Report on Domestic Minor Sex Trafficking: America's Prostituted Children. This study aligned with the U.S. Department of Justice-funded human trafficking task forces to assess domestic minor sex trafficking and the access to victim services in ten U.S. locations. The assessment process investigated the three areas of prevention, prosecution and protection as the key components necessary to effectively combat trafficking in persons. The assessment involved qualitative interview of professionals likely to come into contact with victims, as well as quantitative data collection when available.<sup>13</sup>

The Dane County CSEC needs assessment completed one of those areas: prevention. The prevention phase focuses on identification of and response to domestic minor sex trafficking victims. Six professional groups were identified as likely to come into contact with DMST victims and targeted for interviews: county child protection/juvenile delinquency services, local law enforcement/prosecutor, school teachers and social workers, juvenile court, juvenile corrections, and non-governmental social services organizations. These service providers made up the first category of interviews, which will be referred to as "interviewees" for the remainder of the report. Most interviewees had previously reported to Project Respect some contact with DMST victims between 2006-2010. A total of 25 interviews were conducted.

Representatives from the following 16 agencies were interviewed for this needs assessment:

- Dane County Circuit Court
- Dane County District Attorney's Deferred Prosecution Unit
- Dane County Human Services
  - Children in Need of Protection and Services
  - Juvenile Delinquency
- Dane County Juvenile Court Administration
- Dane County Juvenile Detention Center
- Dane County Sheriff's Department
- LaFollette High School
- Madison Police Department
- Metro Middle and High School – Dane County Jail
- Rainbow Project, Inc.
- Rape Crisis Center
- Transition Learning Center
- UW Health Pediatrics

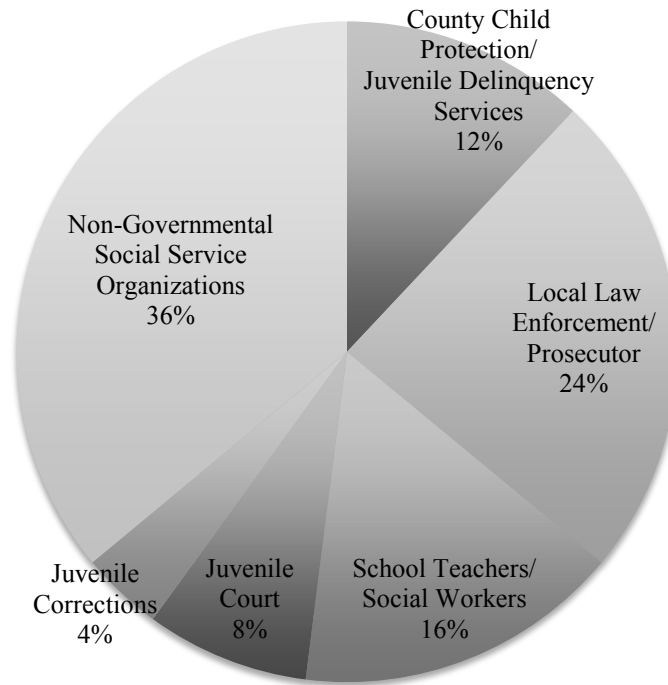
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<sup>12</sup> "Female Juvenile Prostitution: Problems and Response", National Center for Missing and Exploited Children, 2002.

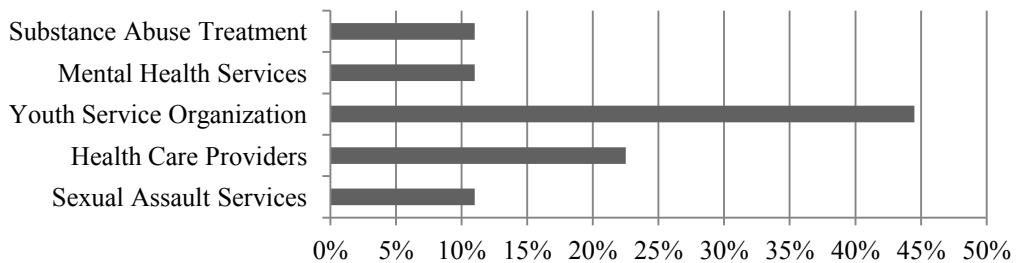
<sup>13</sup> Smith, Vardaman, Snow, 2009

- UW Health Services Adolescent Alcohol/Drug Assessment Intervention Program
- Wisconsin Department of Corrections High Risk Juvenile Sex Offender Reentry Program
- Youth Services of Southern Wisconsin/Briarpatch

### Agencies Interviewed



### Non-Governmental Service Organizations



Interviews were also conducted with five adult survivors of DMST who have histories of adult prostitution activities and who have received services from Project Respect. Of the five, two entered DMST at age 13, two at age 14, and one at age 15. Today they are ages 19, 20, 21, 28 and 30 years. The interviewer collected retrospective self-reports from these adults making interpretation difficult, however, the DMST survivor narratives will be included in the report to illustrate domestic minor sex trafficking in Dane County. The study posed five questions to the survivors: 1) age of introduction of DMST; 2) method of recruitment; 3) did assessment and intervention occur for DMST and services received; 4) response to services received, and 5) how to improve services. These narratives are woven throughout this report.

## ***Challenges***

Interviewees unanimously identified the lack of training and education around domestic minor sex trafficking as the major barrier to identifying the victims in our community. Many asked for a screening tool to help them identify victims. Many were concerned that failure to identify victims resulted in mislabeling them as perpetrators of crimes.

As part of the interview methodology, participants were asked if minors were being identified as child prostitutes versus DMST victims. One respondent, a provider of adolescent substance abuse treatment services explained “that in the larger picture or system, there is an inability to see older teens as minors and therefore victims.” Law enforcement reported that there are many challenges to identifying DMST victims when so much of it goes on “behind closed doors” and many of the victims are not identified as victims by the system.

A lack of resources was another major challenge acknowledged by interviewees. Service providers described the challenges in providing services to DMST victims by the lack of funding, lack of services for minors, and lack of skilled professionals to work with this population. A teacher at Transition Learning Center commented, “I wish we had more to work with...I see that so many students will not get the services they need. More services would give them a sense of hope.”

Perhaps the most troubling challenge identified by service providers is that for so many DMST victims in our community, exploitation is an expected, common part of life. Factors that were identified as contributing to DMST vulnerability were poverty, history of abuse, family dynamics, underinsured, underserved, and not getting basic needs met.

## ***Key Findings***

- Of all those interviewed, 96% were aware of the issue of DMST and had encountered victims. All expressed a sense of urgency and helplessness about the problem.
- 0% of agencies interviewed specifically tracked DMST data.
- 0% of agencies included DMST identification as part of a formal intake, interview or screening process.
- 100% of those interviewed who had worked with victims reported that they would gather more information about possible sexual exploitation if victimization were suspected.
- There is a need for specialized trauma-based services for DMST victims.
- Teaming with schools to identify victims and prevent victimization should be a priority.
- DMST victims may be arrested in order to keep them safe because all the other systems failed.

The most common patterns of victimization reported were:

- parents prostituting children for drugs
- adolescent girls being prostituted by men in the home (e.g. step-father, mother’s boyfriend)



- situations that start with child sexual abuse and evolve into prostituting the child in exchange for drugs or money
- youth trading sex for a place to stay or to meet basic needs
- exposure to prostitution as a minor by parent

Most often, law enforcement comes into contact with DMST victims/prostituted children 1) if they are involved in some sort of illegal activity which draws attention, and then through that investigation the trafficking issue comes up; 2) if law enforcement is investigating a person who is believed to be involved in perpetrating; 3) within family situation, often a neglect or abuse case, when the investigation uncovers that a family member or boyfriend is prostituting a child; 4) or, through concerned citizens, CPS referrals, at major “hot spots” such as truck stops, or by identifying young people moving across the country.

If a minor is arrested for illegal activity, and subsequently are discovered to be a DMST victim, law enforcement response will likely depend on what the minor was initially picked up for and the discretion of the responding officer. If the officer is not trained to identify the signs of domestic minor sex trafficking or how to respond to a DMST victim, they might not know to treat the minor as a victim. If the criminal activity was connected to the fact the minor had been victimized, the goal of law enforcement would be to pull them out of that situation and get them the services they need.

There are no specific preparedness procedures in place to identify and/or serve DMST victims. According to the Madison Police Department (MPD) and the Dane County Sheriff’s Department, if a DMST victim was identified, a detective would be assigned and CPS would be contacted; however, CPS will only investigate if the perpetrators are family or household members. Depending on the situation, law enforcement would encourage the victim to get a SANE<sup>14</sup> exam. Law enforcement interviewees reported that the number one goal would be to make sure the victim is safe. One Sheriff’s Department detective explains that if a DMST victim is identified, the responding officer or detective would refer victims to Rainbow Project, Safe Harbor, Rape Crisis Center, or Domestic Abuse Intervention Service (DAIS).

There are many variables that play into whether additional questions are asked. The responding officer has discretion whether they pursue any line of questioning, and what information is gathered depends on the training the officer has received. The age of the minor might also affect how the situation is handled. MPD officer explains that “a 12 year old is very different than someone who is 17. How much information the victim is willing to give also plays a part. If we are left at face value, we are left with the prostitution charge. . . There isn’t a cut and dry answer, depends on the officer, depends on the age of the victim, and on the victim’s cooperation.”

Because systematic DMST data collection is not conducted, it is impossible to precisely measure DMST victimization in our community. However, agencies were asked to estimate the number of DMST victims they have worked with. This provides a narrow “snap shot” of the frequency of occurrence and demands wider study.

- The Transition Learning Center serves a maximum of 45 students a semester. They estimate they see 5 DMST victims per semester. Victims have been boys and girls.
- In the last 8 months a rape crisis center advocate and counselor reported working with 2 DMST victims.

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<sup>14</sup> The Sexual Assault Nurse Examiner (SANE) Program at Meriter Hospital in Madison, WI provides medical-forensic examinations to victims of sexual assault.

- Youth Services of Southern Wisconsin/Briarpatch estimates that the Basic Center sees 2 DMST victims a year – but believe there are others. The street outreach program has 65 active clients over the age of 18, at least 23% had been DMST victims. Of the 150 clients served in the street outreach program over the last 5 years they estimate 33% were DMST victims. Most of these victims are female, but all interviewed have served male DMST victims as well.
- Rainbow Project estimates they have worked with 7 DMST victims in the last 10 years.
- The UW Adolescent Alcohol/Drug Assessment and Intervention Program estimates they serve 3 DMST victims each year.
- A social worker at LaFollette High School estimates she encountered 3 suspected DMST victims in 2010 and estimates now seeing 4-5 possible DMST victims per semester.
- The most compelling data collected was obtained from the pediatrician at the Dane County Juvenile Detention Center. All county youth in detention are served at that site. She reports weekly interaction with patients who are trading sex for a place to stay or to meet their basic need. The doctor estimates that 90% of girls in the Juvenile Detention Center have some history of DMST.

## INTERVIEW RESULTS / KEY FINDINGS

### *School Teacher or Social Worker*

*“The kids we serve, the vast majority of them come from lives of chaos and suffering that most people in Madison cannot even imagine.”*

*-Teacher, Transition Learning Center*

Respondents are teachers or social workers from: 1) Transition Learning Center (TLC), a temporary alternative to regular school placement. TLC is designed to provide students with academic assessment, vocational assessment and the ability to earn credit while exploring more appropriate long-term educational and/or vocational setting. Students are referred to TLC by their home school and must be approved by both the home school principal and TLC staff. Admission is ongoing throughout the year. Typically, a student will not be at the TLC for longer than one semester. 2) Metro Middle and High School – Dane County Jail. Students enrolled range from ages 14-21. These students are being held in the Dane County Jail as part of the Adult Justice System. The program begins with an individual intake/assessment and records review of each student when they enter the DCJ. Educational programming is based upon assessment findings. 3) LaFollette High School, Madison, Wisconsin public high school.

### *Key Findings*

- DMST victims are being identified even though no official screening tool was utilized by anyone surveyed, victims were identified by indirect intake questions such as “what are you having to do to stay there?” Others were identified by evaluating their criminal history, age at booking into jail and history as runaway.
- DMST victims are girls and boys.
- It is difficult to get effective child protection services response for youthful offenders in the adult criminal system, or for youth 17 years old and close to aging out of CPS.
- There is a need for safe housing for 16-17 year olds. Without it, trading sex for a place to stay becomes a way of life.
- Youth are at risk of being channeled into the prison system from a lack of services.

### *DMST Survivor Narrative*

*Current age: 30 Age of entry: 13*

*I think it was when after my Mom passed away. My Mom died of cancer. I was close to her. My Mom and Dad were together. My Dad didn't know what was going on and how I was feeling. I needed some money. I started to prostitute with older men. Off the streets – south side, east side for sure, north side, west side – really you could find tricks in any part of town. It happens all over. I did it on my own. I just learned from my experience how to do it.*

*No one knew how I was feeling. I was feeling depressed. I didn't tell anybody because nobody wanted to listen. They were too busy. I wasn't using drugs yet.*

*I didn't get to any services. I knew about them – but I didn't go cuz I didn't feel like going at the time being. I didn't want to quit cuz the money was quick. I was using the money for buying cigarettes and stuff. I never really thought about the men. I felt kinda good because I was angry because I had been raped at 13 by someone I didn't know – and I was getting back at men. But sorta scared – of being killed or kidnapped.*

*I was going to LaFollette High School. I graduated from there. Nobody knew what was going on. No one asked if anything was wrong. I didn't look like I was out there doing it.*

*I don't want other girls to go down this way. I think being 13 and being with men in their 40s and 50s for sex is like having sex with a child – if they have sex with 13 year olds they might be having sex with their daughters – because if they start doing that with younger kids at 13 – then they think its ok to molest 13 year olds. I was somebody's child and they were having sex with me.*

*I didn't ask for help because I didn't want anyone to know.*

*If someone had said – talk to somebody about your problems before it's too late and don't ball it up. You could think better if you talked about what is going on – and avoid sexual exploitation cuz it's too risky and it's dangerous. Live your live as a kid.*

*Looking back at it – I would encourage young girls to stay in school and ask for help.*

*There was lots of years when I was in a violent relationship. I thought were all men were alike. I thought all men were abusive. Every relationship I was in was abusive. They like to play with your mind. That damage is more worse than being raped. What they do your mind – the loss of your mind and you don't know how to find yourself. But – they are not all like that.*

## ***County Child Protection and Juvenile Delinquency Services***

*“CPS cases morph into delinquency cases”*

*“It is almost frightening to think about bringing this issue more out into the open. It will explode. It is important to make sure our community is ready for it.”*

*Social Worker, Dane County Human Services*

Respondents are Dane County Human Services social workers in: child protection services, which provides an array of services to families and children who experience child abuse and/or neglect; juvenile delinquency services for youth to assist in building desirable competencies, and assuring community protection.

### ***Key Findings***

- There are no specific procedures in place for identification of DMST victims or for getting him/her access to services and aid.
- Child protection services will not investigate non-caregiver cases. When a report is screened out, no services are given.
- Training in advanced and specialized interview techniques is needed to elicit disclosure of victimization from DMST victims.
- DMST victims are hard to place. There is a need for specialized trauma-based services for DMST victims.
- When asked what term is more readily used in their department: child prostitute, commercially sexually exploited child, or sex trafficking victim, respondents identified none. Most often these youth are termed uncontrollable teen, promiscuous, sexually active victim of abuse, sexually exploited victim of incest.
- Teaming with schools to identify victims and prevent victimization should be a priority.

### ***DMST Survivor Narrative***

*Current age: 28 Age of entry: 15*

*I was in school at East High School – I was living on the south side with my Aunt – but was going to East because I went there before I moved.*

*My Aunt was trading me for sex for drugs.*

*Nobody knew in school. I was already an abused child taken out of my mother’s home. I didn’t want to tell them – I didn’t want to get my Aunt in trouble. I was a CHIPS kid. I had a social worker.*

*My Aunt was buying crack from a guy and I didn’t want to be there anymore. He was 33 years old. She told this guy if he gave her more crack he could have me. I didn’t know until he took me with him – he told me that he took me away – to protect me. My aunt was in her 30’s and she was so out there – she had legal custody of me. He was slow – but didn’t want me to live like that.*

*When I was a runaway at 16 - I slept on the park bench in a park on East Wash – I just stayed up all night until I feel asleep and then woke up when it was daylight.*

*I ended up at the foster home. The foster home was ok – but I couldn't go see my mom. They wouldn't let me see my mom because she was still contacting her boyfriend who had sexually abused me. I'd runaway back to see my mom and my little brothers and sisters. I was mad at my mom but I wasn't going to take it out my brothers and sisters – because I was their caretaker and I wasn't going to leave them. My mom was a victim of domestic violence and as I got older I understood she was a victim too.*

*Putting kids in foster care doesn't work – my foster mom was wonderful – but I wasn't getting what I needed. I got good grades – I was an excellent student and kid at home – but I wanted to go home and be with my family – some of the other foster kids would pick on me, kids in school bullied me. The other kids in the foster home were using drugs – and I wasn't – I smoked cigarettes but that was it – I was taken from my mom because of her problems but placed with kids who were not listening to their parents – acting out. Sometimes the house was an uproar – I had just come from that and I didn't want to be in same predicament.*

*I hated the system. I had talked to someone who I had trusted. But everybody goes behind your back and tells on you and completely screwed me over.*

*If there was a program to help me I wouldn't have had to run away. The dream place should be a home, residential setting with staff, psychiatrists, and people that helped you get a job, helped you go through school, so you could get on your own, so you don't need to go out and sleep with men and show you a different way. I didn't have anyone to show me a different way – I had to do it myself.*

### ***Non-Governmental Social Service Organizations***

*“A lot of the general public sees trafficking as something that happens in other countries, but not here.”*

*“Can’t ask children to protect themselves.”  
Therapist, Rainbow Project*

*“To them it’s just a question of how long it’s going to be until they get into that situation. Their options suck.”*

*Pediatrician, Juvenile Detention Center*

Respondents are: pediatricians at the Juvenile Detention Center and UW Health; provider of adolescent substance abuse treatment; case manager for a youth street outreach program; youth street outreach workers; case worker for teens in crisis; trauma therapist; youth counselor and advocate at a rape crisis center.

### ***Key Findings***

- 88% of providers surveyed had some training to identify victims of DMST. One provider had extensive training. However, they unanimously agreed that a lack of training and education generally around DMST was a major barrier to identifying victims in our community.
- Lack of resources and services for minors was perceived as a major challenge in responding to DMST.
- DMST victims as young as grade school age have been identified and provided social services in Dane County.
- Need for county child protection services to be as responsive to calls regarding children 14 years and older as they are to younger children.
- Youth outreach workers report that youth tend to not access services because they know there is no help – the kids know there are no options. This leaves them even more vulnerable to exploitation.
- A counselor who facilitates a therapy group with youth sex offenders reports seeing an increasing number of 10-12 year old sex offenders seeking child porn.
- Teens often wait until past age 18 to disclose DMST victimization because of self-blame.
- Teens often do not describe their experience as victimization – they think this is just how it is.
- Pediatrician sees someone every week that is trading sex for a place to stay or for basic needs.
- Estimate 90% of all girls seen at Juvenile Detention Center are DMST victims.
- Some girls at Juvenile Detention Center report 100 to 150 people they have had sex with.

- Pediatrician reports DMST victims may be seen when there are symptoms of trauma or sexually transmitted infections but are not getting routine health care.
- Pediatrician reports that in addition to basic needs and mental health support, there is a need for quality sexuality education.
- Pediatricians report limited time available to spend with patients – often doctors only have about 10 minutes with a patient.

### ***DMST Survivor Narrative***

*Current age: 21 Age of entry: 14*

*By the time I was 13, I had been in a group home where I had gotten into a fight with another girl because I wasn't used to living in a group home. I also had been in a foster home. I didn't like the home. I wasn't used to living like that either. I was accepting whatever they were telling me. It was just me – I didn't have nobody around so I just did what they planned for me. I was sent back home to my mother, but then I was legally taken away from my mother due to her drug problems and I ran away before they could put me back into foster care. Now that I think about it maybe if I had stayed it would have prevented some of the problems that developed.*

*Nobody ever asked me why are you doing this? They need to look a little bit deeper into what's going on with kids rather than sending them from place to place without asking why. Honestly, it's a messed up system –they don't care where we go and how we live our lives. There are so many rebellious teenagers. I would get picked up and taken to the shelter and would just run away from there again. Personally, if someone had asked me what was wrong I would have told them that I was angry at the police, my mom, my city, social services, everybody. I was rebelling. Communication is a big thing. Talking to somebody who had been through what I'd been through who had a street education and made a better life. The staff may have been runaways but they don't tell us.*

*There needs to be places for young girls to go that actually work on specific things like therapy and trauma with people who have experienced the same thing so you know that you are not alone, and where you are not just a troubled teen who is naughty or bad. They can teach how to transition into being an adult – how to handle money, pay bills – the things their parents should have been teaching them. They could teach about love and relationships and education about and awareness that it is very dangerous out there – I wasn't aware. I had gotten some information about sex in school – but I didn't use it because it didn't help my situation.*

*It first happened with a boyfriend of mine who was 21 years old. I met him in the Lake Point area hanging out with friends outside. He acted like he wanted to be my boyfriend. "I care about you. I want to be your man." He acted like that to get me to do what he wanted me to do. He was related to some friends of mine in school but he was older. I didn't know about him at first and then heard that he had a reputation of using girls to solicit for sex with other people. These people were all different ages and races – it didn't matter it was human to human. I had to walk outside on Lake Point. I had to give him all the money. I did it because I thought he cared about me.*

*I would get stopped by police – but would sneak out and run away from them. They took me to shelter and I'd leave right again.*

*I was on the run from foster homes. Nobody was looking for me – I don't think anyone really cared where I was. I was smoking weed not other drugs. When my boyfriend was arrested I ran to another*



*state where I met a 50 year old man and experienced big city exploitation and human trafficking. I escaped back to Madison. I was technically in the other state's system – so in order to get services I had to be returned there – but I wasn't going back.*

*At 16, I was prostituting in the Darbo and Badger Road areas and by then using crack. The tricks were adults. Some of them knew I was underage but I would lie about my age.*

*I don't know what would have helped me. I was so messed up. I was almost dead.*

*I think a safe location - not like jail – but where I would have to stay - with intensive treatment about what's really going on. One-to-one talk with someone about anything I needed to talk about it doesn't matter – with confidentiality, you're not trying to get someone in trouble. Kids don't talk because they don't like how the system works, and they don't want to be thrown into the shelter like a piece of trash.*

*I trusted Briarpatch because I could come off the streets high and they'd let me go and lie down, feed me, give me clothes and let me go. They'd ask me if I'd like to go to a respite home. They worked with me – not against me. They didn't push me. They accepted what was going on – they were sincere about the situation, and they knew it wasn't my fault, and knew it was rough. They let me know that it was ok that I wasn't normal and that they were willing to help me even though I wasn't normal. There was a couple of times when I was in a really bad sticky situation which could have cost me my life – they came through for me – called the cab for me. They never tried to lock me down, make me feel I was bad or wrong and they were really sincere and wanted to help me – they didn't try to push the situation – it was whatever you need. The perfect place would be a live-in Briarpatch.*

*Also, drug treatment for teenagers needs to be provided. Kids are smoking pot at 11. So by the time they hit Briarpatch and shelter they're using other stuff and having sex – and so there needs to be treatment for teenagers.*

### ***Local Law Enforcement/Prosecution***

*“I haven’t seen a case where the kid is the mastermind behind the whole thing without an adult pulling the strings.”*

*Detective, Madison Police Department*

*“I don’t know at this point where we would refer a child we thought was involved. We are in a lot of neighborhoods and homes, and we see and hear things that most other people don’t...if we as a department knew what we could do with these suspicions or concerns, that would be valuable.”*

*Detective, Madison Police Department*

*“I still think that the majority of law enforcement see prostitution as a choice, even when thinking about children or juveniles, but I think that over the past 10 years, with the influx of information on child trafficking, there is a better understanding among law enforcement, but I think there is still a gap that needs to be filled.”*

*Dane County Sheriff*

### ***Key Findings***

- No law enforcement unit solely designated for investigation of DMST.
- Need for training in advanced and specialized interview techniques to elicit disclosure of victimization from DMST victims.
- DMST data is not currently systematically tracked.
- No sheriff’s department or police department-wide training on DMST – but departments are supportive of members seeking out specialized training.
- Patrol officers need access to specialized DMST training as well – they are often the first responders who must be able to identify signs of DMST.
- Invisibility of the victimization poses a special challenge. More adolescent girls being prostituted by men off the streets and in homes.
- Law enforcement is frustrated over the lack of services available and how the system is not equipped to respond to DMST.
- DMST victims may be arrested in order to keep them safe because all the other systems failed.
- Often DMST victims are engaged in a range of criminal activity including drug use, theft, and robbery – it becomes difficult to identify as victims because of these.
- Many assistant district attorneys have specialties – because these cases are often complicated, it would be difficult to isolate DMST victimization in one specific specialty.

**DMST Survivor Narrative**  
Current age: 20 Age of entry: 13

*I ran away from home at thirteen. For two nights I slept in a boiler room of an apartment building on the west side. The third night I ran into an 18 year old on the bus. He had sex with me when I was 12 and he was 17. He let me stay with him for 4 days in at an apartment on the west side in exchange for sex. I left after 4 days because I was hungry and hadn't eaten the whole week.*

*I went to West Towne Mall and was at the bus stop. Two men asked me how old I was. I told them I was 13 and they still wanted to have sex with me and I thought that was messed up. I knew they were older and they followed me on to the bus. We went to a parking ramp down town and they had sex with me and then gave me a bus transfer.*

*I got gonorrhea and the police were called. I only knew their nicknames. I don't know what happened to them. I was referred to the Rape Crisis Center for therapy. I did it – but I just wanted to stop talking about it. The services didn't help – because I was in denial.*

*From there I would just say I was a whore.*

### ***Juvenile Court***

*“Why can’t we figure out a way to stop this early on?”*  
*Administrator, Dane County Juvenile Court*

Respondents included juvenile court administrator and judge.

#### ***Key Findings***

- No specialized training on identification of DMST victims.
- Training in advanced and specialized interview techniques is needed to elicit disclosure of victimization from DMST victims.
- No formal DMST assessment.
- Will intervene in a case where DMST is suspected, even if minor is charged with an unrelated crime.
- Primary challenge in responding once victim is identified is lack of appropriate services for DMST victims.
- If DMST is not identified in police reports – then will not be discovered and will be buried throughout the process.

### ***Juvenile Corrections***

*“So many of our girls come with huge victim issues.”*  
*Agent, Juvenile Corrections*

Respondent is agent in Wisconsin Department of Corrections High Risk Juvenile Sex Offender Reentry Program.

#### ***Key Findings***

- DMST victims are girls and boys.
- Male and female sex offenders are perpetrators as well as victims of DMST.
- No department-wide specialized DMST training.
- Caseworkers will alert supervisor if minor discloses they have a pimp and would take as sexual abuse because she/he is a minor.

**DMST Survivor Narrative**  
Current age: 19 Age of entry: 14

*When I was 14 years old and a freshman at East High School - a 16-year-old East High boy took me to a hotel on the south side and said that I had to have sex with these other guys. I remember four guys - two were I think 16 and the other two were in their 30s or 40s. I did not want to do it. I didn't get any of the money. I wasn't thinking straight. After a while I started to freak out and they let me go. I had to have an abortion after the motel. I didn't tell my Mom what happened. She was really mad at me.*

*I became really sexually active, really confused, I just wanted to feel loved, be in a relationship. People asked me what was wrong but I never told them. They kept sending me to places. I felt embarrassed, felt really nasty about it.*

*So I started running away at 14. I would leave my parents home and stay gone – until they put me away. I was staying at friend's homes.*

*To survive I'd have sex with people I knew and with adults I didn't know. I'd steal from my parents, I'd sell my clothes.*

*Nothing would have worked for me – I just kept wanting to leave, not wanting to look back. I always wanted to hang out with friends. I was feeling trapped. I just felt down all the time. I just wanted to drink all the time or party to forget about it. My self-esteem was down and had been for a while.*

*I'd seen a lot of therapists. I never really told them everything. If I had been honest and told them everything, things would have ended up differently. I didn't really care. I was kinda like, I guess just trying to get out of the place, didn't want to explain. I felt like if I told them – they'd keep me. I'd like someone to feel comfortable with, really trust and sit down with.*

## **CONCLUSION**

Like other communities responding to domestic minor sex trafficking, Dane County's failure to identify DMST victims can cause a chain reaction of negative outcomes – the criminalization of the victim due to misidentification or the criminalization of the victim as a response to limited service options. When properly identified, there is a need for specialized appropriate services.

Dane County must prioritize combating domestic minor sex trafficking and the commercial sexual exploitation of our children and youth by allocating resources for education and advocacy, prosecution, services for victims, and prevention. Greater interagency cooperation is crucial to provide sufficient interdisciplinary response required to meet the complex needs of domestic minor sex trafficking victims in our community.

## APPENDIX A

### FIELD INTERVIEW QUESTIONNAIRES Shared Hope International

#### *Child Protective Services*

##### **Prevention Issue 1: Identification**

1. Does your agency identify domestic minor sex trafficking victims or at-risk youth who are targets for predators?
2. If yes, how do you reach this population group or how do they reach you (e.g., hotline, police officer, parent, court system, referral by local service partner)?
3. Has your agency received training to identify victims of domestic minor sex trafficking (child prostitution)? If yes, by whom?
4. What are the specific procedures in place in your agency for identifying a domestic minor sex trafficking victim? (Example: Do you have to call the police?)
5. During the initial intake interview/evaluation, are certain questions asked to help identify this specific population of victims? If so, what are they?
6. During initial contact with the minor, what type of information is collected to assist in future identification of the minor if they choose to run away (e.g., picture taken, tattoos listed, specific facial features, scars)?
7. Describe the current programs that you know of that are being utilized to identify and provide treatment to domestic minor sex trafficking victims. Are there specific foster families/group homes that have been trained to deal with this population?
8. Do you find that these minors have different characteristics than non-commercially sexually exploited minors? Are these minors particularly hard to place?
9. What is your relationship/contact with the local police and shelters regarding domestic minor sex trafficking victims? Describe the challenges that you encounter?
10. How is information shared between groups regarding the minor?
11. What is the protocol through local law enforcement regarding a minor involved in prostitution? How does this process differ from other child protection investigations?
12. Are more minors being identified as child prostitutes versus domestic minor sex trafficking victims? If yes, why do you think this is?
13. What term is more readily used in your department: child prostitute, commercially sexually exploited child, or sex trafficking victim?
14. How would the identification of a minor as a victim of commercial sexual abuse by a family member or non-family affect the placement and treatment of the minor?
15. In your reporting system are substantiated allegations of children who have been prostituted by a caregiver recorded using a specific “code” or “identifier” for prostitution, or are all sexual abuse allegations recorded under a general “code” or “identifier”?
16. What is the staff allocation, funding, and time allocated to prevention programs in your organization?

##### **Prevention Issue 2: Response**

1. What prevention activities or programs have you done, are you doing, and/or do you plan to do to deter minors from becoming victims of domestic sex trafficking?

2. What local efforts have been made by you or others to educate the public on the issue of domestic minor sex trafficking (e.g., local legislation, public service announcements, school programs, news stories or articles)?
3. Once a domestic minor sex trafficking victim has been identified by your agency, what are the procedures in place for getting him/her access to services and aid?
4. How does a minor's involvement in prostitution under the control of a pimp affect placement/treatment response?
5. Are there ever any custodial issues (e.g., between agencies or locations)?
6. Where are most of the victims placed after being identified (e.g., shelters, diversion programs)?
7. Hypothetical Situation: A report comes through the CPS hotline of a situation of abuse/neglect at a residential home. The mother of the house is a drug user and it is suspected that she may be pimping out her daughter (14 years old) to support her habit. As the investigation unfolds it turns out that the mother was indeed prostituting her daughter to the drug dealer, who is also pimping her out to friends. Either drugs or money were exchanged in each situation for sex. There are two other minors in the house, ages 9 and 17. There are no relatives in the area that are willing to take custody of the children. What are your next steps?
8. Is there a specific division or department assigned to respond to identified domestic minor sex trafficking victims? If yes, is specific and specialized training required and/or provided to staff in this department? Describe.
9. Are staff persons, assigned to these cases male, female, or both? Are they general staff or in this specific section? Are domestic minor sex trafficking victims assigned to same-sex staff for services? Why?
10. What is your relationship/contact with the local police and shelters? Describe the challenges that you encounter.
11. What programs are in place currently that address the preventative needs of minors who are at risk of becoming domestic minor sex trafficking victims?
12. How are runaways, homeless minors, and juvenile delinquents assessed as to their vulnerability to becoming domestic minor sex trafficking victims?
13. Is there collaboration between entities in prevention programs? If yes, what and which entities?
14. Why? Successful? Ongoing?
15. Which agencies/groups do you not currently collaborate with but feel you should?

### **Prevention Issue 3: Challenges/Successes**

1. What are the primary challenges in identifying domestic minor sex trafficking victims?
2. What are the primary challenges in responding to domestic minor sex trafficking victims?
3. What are some of the success stories that you have had in identifying and responding to domestic minor sex trafficking victims?

### *Juvenile Court Judges*

### **Prevention Issue 1: Victim Identification**

1. Has your agency (all or part) received specialized training in the identification of domestic minor sex trafficking victims? If yes, who provided the training? Who received the training?
2. How are chronic runaways, homeless minors, and juvenile delinquents identified by the court as at risk to become domestic minor sex trafficking victims?
3. Have you heard cases in your courtroom charging a minor with prostitution? If yes, please collect statistics available from 2000 to present.



4. Have you heard cases in your courtroom charging a minor with a curfew violation and/or trespassing? Do you suspect some of these cases to be situations of juvenile prostitution?
5. Have you heard cases in your courtroom adjudicating a minor to a detention/treatment center for the crime of prostitution?
6. Do you ask the minors that you see charged with prostitution about their pimps? What are their responses? Whom do you share this information with once it is received?
7. Do you work with law enforcement and allow them access to juvenile victims to interview?
8. Do you view these charged minors as delinquent prostitutes or victims of a crime?
9. What risk assessment/behavioral assessment tools are you aware of that are applied to the minor during detainment that provide further information on their state of being? How does the findings of these “tools” factor into the adjudication decision?

### **Prevention Issue 2: Response**

1. Are you able to intervene in a case where you suspect commercial sexual exploitation, even if the minor is charged with an unrelated crime? If so, how?
2. What is the role of CPS in a case of child prostitution?

### **Prevention Issue 3: Challenges/Successes**

1. What are the primary challenges in identifying domestic minor sex trafficking victims?
2. What are the primary challenges in responding to domestic minor sex trafficking victims?
3. What is an example of a success story regarding the identification and response to domestic minor sex trafficking victims?

## *Juvenile Detention Facilities*

### **Prevention Issue 1: Identification**

1. Has your facility staff received training on domestic minor sex trafficking? If yes, by whom?
2. Is there a specific unit or caseworker who oversees minors with charges of prostitution?
3. What risk assessment/behavioral assessment tools are you aware of that are applied to the minor during detainment (pre-adjudication) that provide further information on their state of being? How does the findings of these “tools” factor into the adjudication decision?
4. How long are minors held before adjudication? Is there a law that mandates a timeframe that a minor must be seen by a judge?
5. Are medical STD/HIV tests given/required when minors enter the facility?
6. If yes: Hypothetical Situation: A 13-year-old girl is adjudicated to your facility for assault with a deadly weapon. Upon routine medical testing, her results reveal gonorrhea, chlamydia, HPV, and severe vaginal trauma. What are your next steps? How does this alter her placement and treatment? What are your options in building a case against her abuser(s) while she is in the detention facility?
7. Are caseworkers expected to alert supervisors when minors disclose information about their pimp?
8. Hypothetical Situation: A 14-year-old is committed to your facility for stabbing a 30-year-old man 3 times. After 3 months in the facility during a counseling session, she discloses that the man that she stabbed was her mother’s boyfriend and he had raped her in the past. She indicates that he expected that she would be okay with it because she was also prostituting. How does this change her treatment in the facility? How does it change her sentencing? How does it change her placement after her time in the facility?

9. What programs are in place at the facility to lower the potential of a repeat offence?

### *Law Enforcement*

#### **Prevention Issue 1: Victim Identification**

1. In your agency, has a specific unit or individual been tasked with the identification of domestic minor sex trafficking victims, a.k.a. child prostitutes or runaway or homeless youth who are targets for sexual predators?
2. Has your agency (all or part) received specialized training in the identification of domestic minor sex trafficking victims? If yes, who provides the training? Who received the training?
3. How does law enforcement come into contact with prostituted children, or how do they reach you (e.g. surveillance of hotspots, via a hotline, referral from CPS)?
4. What preparedness procedures are in place within your agency to identify and/or serve the victims (e.g., intake sheets, specialized training, referral lists)?
5. During the initial interview with a minor who was picked up for prostitution, or suspected of involvement in prostitution, are additional questions asked to further identify her as a victim, or are charges given at face value?
6. Is the initial interview/intake executed by a trained child forensic interviewer?
7. Are victim-sensitive questioning and interrogation techniques in place and used?
8. What types of technology or procedures are in place to learn or verify the identity of the minor?
9. What technology/procedure is in place to further identify a juvenile's actual age if she is presenting false documents representing her as an adult?
10. If a minor is arrested/detained on other charges (e.g., curfew violation, chronic runaway), are questions asked to possibly identify her as a domestic minor sex trafficking victim?
11. If the minor is not charged, what methods are used to gain custody of the minor to further the investigation process? Are there ever custodial issues between agencies?
12. How many domestic minor sex trafficking victims did your organization identify in 2009? Or how many juveniles were arrested for prostitution in 2009? How many since 2000?
13. Are more minors being identified as child prostitutes versus domestic minor sex trafficking victims? If so, why do you think that is?

#### **Prevention Issue 2: Response**

1. What prevention activities or programs have you/unit/agency done, are you doing, and/or do you plan to do to train professionals who may come into contact with this population?
2. What is the staff, funding, and time allocated to training or crime prevention programs in your agency? What portion of that is specific to domestic minor sex trafficking victims?
3. Once a victim of domestic minor sex trafficking has been identified, what are the procedures in place to access services for the victim?
4. Hypothetical Situation: You identify a minor on the street after midnight and take her into custody on a curfew violation. She has no ID on her but does have \$100 cash and a condom. She is acting stubborn, refuses to give you any contact information for parental pick-up, and says her boyfriend is the only one that can come get her. You suspect that she may be "working." What is your process for identification of this minor as a victim of domestic minor sex trafficking and the response of your agency and partner agencies?
5. How many different units within your agency may come into contact with a suspected domestic minor sex trafficking victim? How is information shared between units to assist with streamlining of juveniles suspected of being involved in prostitution?

6. What procedure is in place that follows the determination of arrest/no arrest? Is this a written procedure?
7. If a suspected child prostitute is arrested, what are they usually charged with? If the minor cannot be arrested/charged, to whose custody is the minor released?
8. While detained (pre-adjudication), what programs are in place to lower the potential of repeat offenders among minors charged with prostitution?
9. What is your agency's interaction with CPR? What is the response time from CPS? What is the procedure for call and referral? Please be very specific in outlining any successes and challenges. Remember, this information will be confidential in the report. Provide specific case examples.
10. Is there collaboration between internal units and/or external agencies (e.g. CPS, local service providers, shelters) to respond to the identification of a domestic minor sex trafficking victim? Describe current collaborative protocols.
11. What agencies or organizations do you not currently work with but think you should work with?
12. What local efforts have been made by you or others to educate the public on the issue of domestic minor sex trafficking victims (e.g., public awareness campaigns, public service announcements, school programs, news stories or articles)?
13. Are any prevention activities directed towards victims of child pornography? Are there specific methods of prevention that can be utilized for child pornography cases that are not as effective for other domestic minor sex trafficking cases?
14. Should victims of child pornography be handled differently than other domestic minor sex trafficking cases? If yes, how? Why?

### **Prevention Issue 3: Challenges/Successes**

1. What are the primary challenges in identifying a domestic minor sex trafficking victim?
2. What are the primary challenges in responding to a domestic minor sex trafficking victim?
3. What is a success regarding domestic minor sex trafficking victims' identification and response within your law enforcement agency?

### *Social Service Providers*

### **Prevention Issue 1: Identification**

1. Do you or your organization identify domestic minor sex trafficking victims or runaway and at-risk youth who are targets for predators?
2. What is the age range of the minors that you treat?
3. How do you access this population group of juveniles involved or suspected of involvement in prostitution, or how do they reach you (e.g., outreach, hotlines, advertising, referrals, police, child protective services)?
4. Describe the current programs that are being utilized to identify domestic minor sex trafficking victims (e.g., outreach programs, information sharing with local police, and identification of "hot spots").
5. Has your organization received training to identify victims of domestic minor sex trafficking (e.g., child prostitution, exotic dancing)?
6. During the initial intake interview/evaluation, are certain questions asked of the minor to help identify them as victims of domestic minor sex trafficking? If so, what are they?
7. How many domestic minor sex trafficking victims has your organization identified since 2000, or minors involved (suspected) in prostitution?
8. Are more minors being identified as child prostitutes versus domestic minor sex trafficking victims? If so, why do you think this is?

9. In cases of a minor being arrested for prostitution and sent to your facility/shelter, how much effort is put into identifying and arresting the clients who purchased their services?

### **Prevention Issue 2: Response**

1. What prevention activities or programs have you done, are you doing and/or do you plan to do?
2. What local efforts have been made by you or others to educate the public on the issue of domestic minor sex trafficking victims (e.g., local legislation, public service announcements, school programs, news stories, or articles)?
3. Once a domestic minor sex trafficking victim has been identified by your agency, what are the procedures in place for getting him/her access to services and aid?
4. What methods are used for gaining custody of the minor? Are there ever any custodial issues (e.g., between agencies or locations)?
5. What are the state laws that allow the shelter to provide services to minors without notifying the parent/ guardian?
6. If a runaway minor receiving care in your facility discloses being in prostitution on the streets, where would the victim go after this information is disclosed to the police and CPS (e.g., shelters, diversion programs, juvenile detention)?
7. What is your organization/agency's interaction with CPS? What is the response time? What is the procedure?
8. Does your organization have a response protocol to report suspected offenses of sex trafficking to police or CPS?
9. When you call CPS to report the alleged forced prostitution of a minor in your care, from your experience, what is their response?
10. After reporting, what is your organization's responsibility to protect the minor in the event that police or CPS is not able to respond before the minor attempts to flee the shelter/facility?
11. What are your options in providing services to the domestic minor sex trafficking victim in addition to or beyond those offered by CPS?
12. Hypothetical Situation: A police officer brings in a runaway youth to your facility. This is the fourth time that she has been found out on the streets after midnight. You suspect that she is involved in prostitution, but CPS has not identified that there is a situation of neglect or abuse. What are you able to do to assist in the identification of this minor as a victim of sex trafficking and what would the response be of your facility, as well as the police and CPS?
13. What is the staff allocation, funding, and time allocated to prevention programs in your organization?
14. What programs are in place currently that address the preventative needs of minors who are at risk of becoming domestic minor sex trafficking victims?
15. How are runaways, homeless minors, and juvenile delinquents assessed as to their vulnerability to becoming a domestic minor sex trafficking victim?
16. Is there collaboration/partnerships between entities in prevention programs? If yes, what partnerships and which entities? Why? Successful? Ongoing?
17. Is there collaboration between other social service providers/law enforcement to respond to the identification of a domestic minor sex trafficking victim? Describe current collaborative protocols.
18. Are prevention activities directed toward victims of child pornography? Are there specific methods of prevention that can be utilized for child pornography cases that are not as effective for other domestic minor sex trafficking cases?
19. What agencies or organizations do you think you should work with?

### **Prevention Issue 3: Challenges/Successes**

1. What are the primary challenges in identifying domestic minor sex trafficking victims?
2. What are the primary challenges in responding to domestic minor sex trafficking victims?
3. What are the primary challenges in responding to a minor who you believe is at risk of being lured into the commercial sex industry?
4. Provide a success story in rescuing and responding to domestic minor sex trafficking victims.