

The Texas  
Safe House Movement:  
An Examination of  
Restorative Shelter  
Core Components  
and Recommendations

Prepared by  
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with the generous support  
of the Texas Bar Foundation

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SPEAKING OUT AND DRIVING CHANGE FOR CHILDREN

children  
*at Risk*

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## ABOUT CHILDREN AT RISK

CHILDREN AT RISK is a non-partisan research and advocacy organization dedicated to improving the quality of life for Texas' children through strategic research, public policy analysis, innovation, legal action, community education, and collaboration. The organization began in fall of 1989 when a group of child advocates met to discuss the lack of data on the status of children and the absence of strong public policy for support for Houston's children. Through its biennial publication, *Growing Up in Houston: Assessing the Quality of Life of Our Children*, CHILDREN AT RISK tracks over 140 indicators measuring the quality of life of Texas' children.

CHILDREN AT RISK has evolved from an organization researching the multitude of obstacles our children face, to one that also drives macro-level change to better the future of Texas' children. Through its Public Policy & Law Center – established in 2006 as the only center of its kind in Texas – CHILDREN AT RISK uses policy and legal expertise as a powerful tool to drive change and create a better future for our children. In recent years, CHILDREN AT RISK has grown exponentially in its capacity to speak out and drive change for children and has become the premier resource on children's issues among major media outlets, public officials, and the non-profit sector.

## ABOUT THE TEXAS BAR FOUNDATION

The Texas Bar Foundation solicits charitable contributions and provides funding to enhance the rule of law and the system of justice in Texas, especially for programs that relate to the administration of justice; ethics in the legal profession; legal assistance for the needy; the encouragement of legal research, publications and forums; and the education of the public.

The Texas Bar Foundation is the largest charitably funded bar foundation in the nation. Membership is composed of the most elite Texas attorneys. The Foundation's members are nominated because of their dedication to the administration of justice and high professional standing among his or her peers. For more than four decades, the Texas Bar Foundation has helped organizations to: educate the public about their rights and responsibilities under the law; provide legal services to the poor, and assist those who turn to the legal system for protection. Grants are made possible by the generosity of Fellows and charitable gifts from individuals and law firms across the state. The Texas Bar Foundation and its members are committed to our mission... Advancing Justice in Texas...by providing opportunities to support the rule of law in Texas.

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## FOREWORD BY DR. ROBERT SANBORN, ED.D.

*President & CEO, CHILDREN AT RISK*

While shelter and services have long been provided to victims of human trafficking in the United States, largely those resources have been provided through federal agencies for international victims brought to this country. It has not been until recent years that awareness of the large number of domestically trafficked victims has shed light on the overwhelming need for rehabilitative services for our own children, born here and trafficked here. Indeed, the majority of trafficking victims in the United States are domestic rather than international victims, and a large percentage of those victims are children.<sup>1</sup>

Texas is no stranger to this problem and is a central hub for human trafficking in the United States. The United States Department of Justice identified the I-10 corridor as the most heavily traveled route for human trafficking in the country, with as many as 1 in 5 victims in the U.S. passing through Texas.<sup>2</sup> As a center for trafficking activity, Texas has in many ways also been a center in the fight against it. In 2003, the Texas Legislature was one of the first to pass legislation with regard to trafficking and since that time has provided models for the rest of the nation for how best to respond to, investigate, and punish this crime.<sup>3</sup> However, in Texas as with the rest of the nation, the number of domestic minor sex trafficking victims vastly outnumbers the beds and shelters available to provide them with services. And so, while the crime has been a central focus for legislation, serving the victims has not.

Across the United States there are many operational safe houses that provide healing to survivors and to which advocates, law enforcement, child welfare agencies and social service providers can refer children. However, with victims numbering in the hundreds of thousands, and available beds numbering only in the hundreds, there is still tremendous need for more of these restorative shelters. At the same time, because working with domestic minor sex trafficking victims is new to so many, there is yet much to learn about what it takes to create and operate a safe house, or about what constitutes a “best practices” model of rehabilitative services. And while it is too early to establish what such a “best practices” model might be, the purpose of this publication is to gather in one place the knowledge that exists regarding the core components of safe house operation and providing

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1 An estimated 14,500 to 17,500 foreign nationals are trafficked into the United States. U.S. Dep’t of Justice, *Assessment of U.S. Government Activities to Combat Trafficking in Persons* 9 (2004), available at [http://www.justice.gov/archive/ag/annualreports/tr2004/us\\_assessment\\_2004.pdf](http://www.justice.gov/archive/ag/annualreports/tr2004/us_assessment_2004.pdf). In comparison, there are an estimated 100,000 to 300,000 domestic minors being prostituted nationally. Polaris Project, *Human Trafficking*, available at <http://www.polarisproject.org/resources/resources-by-topic/human-trafficking> (scroll to “Human Trafficking Statistics” and click “View” or “Download as PDF”) (last visited Sept. 17, 2012).

2 Office of the Attorney Gen., *The Texas Response to Human Trafficking* 10 (2008), available at [https://www.oag.state.tx.us/AG\\_Publications/pdfs/human\\_trafficking\\_2008.pdf](https://www.oag.state.tx.us/AG_Publications/pdfs/human_trafficking_2008.pdf).

3 Texas was the second state after Washington to pass such legislation. Washington became the first state to enact a human trafficking criminal statute when it passed substitute House Bill 2381 (Veloria) in 2002. Texas followed suit with House Bill 2096 (Pickett).

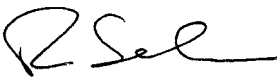
services to domestic minor sex trafficking victims. It is important to note that most states do not have a statutory definition of “safe house,” and viewpoints on what constitutes a safe house differ among the states and even among the organizations within each state. Therefore, in an effort to avoid the myriad of terms currently being used, the term “safe house” will be used in this publication to indicate organizations providing restorative care and shelter to domestic minor sex trafficking victims, and does not necessarily imply statutory language.

CHILDREN AT RISK was uniquely positioned to author, *The Texas Safe House Movement: An Examination of Restorative Shelter Core Components and Recommendations*. In 2010, CHILDREN AT RISK established the Safe House NOW Task Force which brought together key members of the Houston community who are strong advocates for the anti-trafficking movement in the Greater Houston area. The task force members included CHILDREN AT RISK, Harris County Judge Ed Emmett, Harris County Sheriff Adrian Garcia, the US Attorney’s Office, and the Children’s Assessment Center, to name a few. The purpose for the creation of the Safe House NOW Task Force was to bring attention to the great need for rehabilitative shelter and services for domestic minor sex trafficking victims. At the time, a safe house for these child victims did not exist in the State of Texas.

As a result, CHILDREN AT RISK was approached by several different organizations and individuals who wanted to open and operate a safe house for child victims. These organizations and individuals sought guidance to learn more about child trafficking and the steps needed to open and operate a safe house. The need for a source of information about the specific needs of domestic minor sex trafficking victims and the challenges inherent in serving this population became clear.

In service of that effort, CHILDREN AT RISK received funding from the Texas Bar Foundation, and worked in partnership with Shared Hope International to conduct a survey of safe houses operating across the United States. Using the knowledge provided by current safe house operators, and with a close examination of the Texas laws regarding operating and licensing requirements, this publication will present and analyze the core components and considerations necessary to opening and running a safe house, and provide recommendations for consideration. From location, staffing, programming, and services to providing education, transitional care and building community relationships, future operators can use the information here to build upon the successes, experience and recommendations of those currently serving domestic minor sex trafficking victims.

**Dr. Robert Sanborn, Ed.D.**



President & CEO,  
CHILDREN AT RISK



## COMMON TERMS AND ACRONYMS USED IN THIS PUBLICATION

Throughout this book, various terms and acronyms are used which may be unfamiliar to many readers. These terms are defined within the publication, but we hope this short glossary will also serve as a beneficial, quick reference.

### **CPS**

Texas Child Protective Services; a division of the Texas Department of Family and Protective Services that investigates reports of abuse and neglect of children as well as provides services

### **CSEC**

Commercial Sexual Exploitation of Children; the sexual exploitation of minors for economic gain

### **DFPS**

Texas Department of Family and Protective Services; regulates child care and protects children, the elderly, and people with disabilities from abuse, neglect, and exploitation

### **DMST**

Domestic Minor Sex Trafficking; the commercial sexual exploitation of American children within the United States by a trafficker

### **HB**

Texas House Bill; a bill introduced in the Texas House of Representatives (note that a bill must be passed by both the House and Senate before it becomes law)

### **TAC**

Texas Administrative Code; a compilation of all state agency rules in Texas

### **TVPA**

Trafficking Victims Protection Act; federal legislation enacted to prevent trafficking, protect victims, and prosecute perpetrators

### **SB**

Texas Senate Bill; a bill introduced in the Texas State Senate (note that a bill must be passed by both the Senate and the House before it becomes law)

# I. INTRODUCTION

## A. THE ISSUE OF HUMAN TRAFFICKING

### 1. The Domestic Minor Sex Trafficking Epidemic in the National Context

Though regularly thought to be an international problem, human trafficking can and does occur at an alarming rate in the United States. A huge industry, human trafficking generates 32 billion dollars in profits each year.<sup>4</sup> A large component of these profits comes from the sex trafficking of minors within the United States. Domestic minor sex trafficking (DMST) is the “commercial sexual exploitation of American children within U.S. borders.”<sup>5</sup> The average age of entry into prostitution in the United States is between 12 and 14.<sup>6</sup> Young children, particularly runaway youth and children experiencing difficulties at home, make ready targets for traffickers who take advantage of children’s emotional vulnerabilities and need for food, shelter, and money. Determining the actual number of victims of DMST is not possible; however, the National Center for Missing and Exploited Children offers 100,000 as a conservative estimate of the number of children victimized by prostitution and trafficking in the U.S. annually.<sup>7</sup> Additionally, there are even more children who can be classified as being “at risk” of commercial child exploitation.<sup>8</sup> The Polaris Project estimates that over 200,000 American children are at risk of being lured into sex trafficking each year.<sup>9</sup>

Human trafficking is modern-day slavery. The federal government recognized this fact when it passed the Trafficking Victims Protection Act of 2000 (TVPA) and its subsequent reauthorizations in 2003, 2005, and 2008.<sup>10</sup> The TVPA became the first federal legislation enacted to prevent trafficking, protect victims, and prosecute perpetrators. Under the TVPA, sex trafficking is defined as the “recruitment, harboring, transportation,

4 Int’l Labour Office (Geneva), *A Global Alliance Against Forced Labour* 56 (2005).

5 Linda A. Smith, Samantha Healy Vardaman & Melissa A. Snow, Shared Hope Int’l, *The National Report on Domestic Minor Sex Trafficking: America’s Prostituted Children* 4 (2009).

6 *Child Sex Trafficking At-A-Glance*, Polaris Project, <http://www.polarisproject.org/resources/resources-by-topic/sex-trafficking/> (scroll over to “Child Sex Trafficking AAG” and click “View” or “Download as PDF”) (last visited Oct. 11, 2012).

7 Ernie Allen, President and CEO of the Nat’l Ctr. for Missing and Exploited Children, testimony to the Institute of Medicine of the National Academies Committee on Commercial Sexual Exploitation and Sex Trafficking of Minors in the United States (Jan. 4, 2012).

8 Ernie Allen, President and CEO of the Nat’l Ctr. for Missing and Exploited Children, testimony to the Institute of Medicine of the National Academies Committee on Commercial Sexual Exploitation and Sex Trafficking of Minors in the United States (Jan. 4, 2012).

9 *Child Sex Trafficking At-A-Glance*, Polaris Project, <http://www.polarisproject.org/resources/resources-by-topic/sex-trafficking/> (scroll over to “Child Sex Trafficking AAG” and click “View” or “Download as PDF”) (last visited Oct. 11, 2012).

10 See Trafficking Victims Protection Act, 22 U.S.C. §§ 7101-7112 (2000).

provision, or obtaining of a person for the purpose of a commercial sex act... through the use of force, fraud, or coercion.”<sup>11</sup> In recognizing that minors are an exceptionally vulnerable population, the TVPA provides that a child under the age of 18 is automatically considered a victim of “severe forms of trafficking in persons.”<sup>12</sup> As a result, unlike for adult victims, force, fraud, or coercion does not need to be proven to convict a person of trafficking when the victim is a child.

While the TVPA provides assistance to international victims of sex trafficking, neither the TVPA nor its subsequent reauthorizations have provided any monetary assistance to domestic victims of sex trafficking to date. The bill introduced to the United States Senate to reauthorize the TVPA, which expired at the end of 2011, did include elements of the Domestic Minor Sex Trafficking Deterrence and Victim Support Act (S.596 by Wyden and Cornyn). The bill authorized block grants to be provided for victim services and collection of better data on missing and exploited children. It would have been the first federal legislation to provide assistance for both foreign and domestic victims of sex trafficking.<sup>13</sup> However, as of the date of this publication, the legislature has failed to reauthorize the TVPA.

## 2. The Prevalence of Domestic Minor Sex Trafficking in the State of Texas

The state of Texas is a hub for both international and domestic human trafficking. Two major international airports, five major cities with populations over 750,000, its proximity to the Mexican border, and a diverse group of people all contribute to the allure of traffickers bringing their victims to Texas. Texas is also home to the I-10 Corridor, which the United States Department of Justice has identified to be among the most heavily traveled routes for human trafficking in the United States.<sup>14</sup> Authorities estimate that one of every five human trafficking victims in the United States passes through Texas along the I-10 Corridor.<sup>15</sup> Texas accounts for almost 14% of all the calls received by the National Human Trafficking Resource Center, second only to California.<sup>16</sup>

In 2010 the Dallas Women’s Foundation conducted a statewide study

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11 Trafficking Victims Protection Act. 22 U.S.C. §§ 7101-7112 (2000).

12 Trafficking Victims Protection Act. 22 U.S.C. §§ 7102 (2000).

13 See Trafficking Victims Protection Reauthorization Act of 2011, S. 1301, 112<sup>th</sup> Cong. (2011).

14 Office of the Attorney Gen., *The Texas Response to Human Trafficking: Report to the 81st Legislature* 10 (2008), available at [https://www.oag.state.tx.us/AG\\_Publications/pdfs/human\\_trafficking\\_2008.pdf](https://www.oag.state.tx.us/AG_Publications/pdfs/human_trafficking_2008.pdf).

15 Office of the Attorney Gen., *The Texas Response to Human Trafficking: Report to the 81st Legislature* 10 (2008), available at [https://www.oag.state.tx.us/AG\\_Publications/pdfs/human\\_trafficking\\_2008.pdf](https://www.oag.state.tx.us/AG_Publications/pdfs/human_trafficking_2008.pdf).

16 The National Human Trafficking Resource Center is a toll-free number that accepts tips, directs victims to services, and provides training and resources on human trafficking. They can be reached at 1-888-3737-888. *Hotline Statistics*, Polaris Project, <http://www.polarisproject.org/resources/hotline-statistics> (last visited July 31, 2012).

of adolescent girls in the sex trade. Over a 30-day evaluation, the study documented 740 girls under the age of 18 being marketed for commercial sexual activities through either escort services or online classified ads such as Backpage.com across the state of Texas.<sup>17</sup> Craigslist was not included in the study, as it had closed its ‘adult services’ portion of the website in the United States due to public outrage over the website’s services being used to promote prostitution and DMST.<sup>18</sup> The study estimated that on any given weekend night in Texas, there are 188 girls under the age of 18 being sexually exploited through the internet and escort services.<sup>19</sup>

It is important to note that minors engaged in prostitution are also frequently arrested for offenses other than prostitution itself, such as ‘Failure to Identify’ or other charges, making an accurate assessment of the number of victims difficult. Police often make these arrests knowing that, due to a lack of alternative placement options, there is no safe place for victims to go other than to be detained by law enforcement for a crime. Without other resources, child victims are arrested and detained, since law enforcement knows that they will likely return to their trafficker if released.<sup>20</sup>

### 3. How Texas Has Addressed the Issue

Because of the severity and prevalence of human trafficking within its borders, Texas has been at the forefront of recognizing and addressing the DMST epidemic. In 2003, Texas became one of the first states to pass anti-trafficking legislation with the passage of House Bill (HB) 2096 (Pickett).<sup>21</sup> Passed by the 78<sup>th</sup> Legislature, HB 2096 defined the offense of human trafficking as one who “knowingly traffics another person with the intent or knowledge that the trafficked person will engage in forced labor or services” including prostitution, promotion of prostitution, aggravated promotion of prostitution, and compelling prostitution.<sup>22</sup> Trafficking of an adult in Texas is a second-degree felony; however, the trafficking of minors is a first-degree felony.<sup>23</sup>

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17 The Schapiro Grp., *Adolescent Girls in the Texas Sex Trade: Tracking Study Results for November, 2010* 1 (2010), available at <http://dallaswomensfoundation.org/sites/default/files/TSC%20DWF%20CSEC%20Tracking%20Report%20121310.revised.pdf>.

18 The Schapiro Grp., *Adolescent Girls in the Texas Sex Trade: Tracking Study Results for November, 2010* 2 (2010), available at <http://dallaswomensfoundation.org/sites/default/files/TSC%20DWF%20CSEC%20Tracking%20Report%20121310.revised.pdf>.

19 The Schapiro Grp., *Adolescent Girls in the Texas Sex Trade: Tracking Study Results for November, 2010* 12 (2010), available at <http://dallaswomensfoundation.org/sites/default/files/TSC%20DWF%20CSEC%20Tracking%20Report%20121310.revised.pdf>.

20 Kendra Penry, Houston Rescue and Restore Coal., *Rapid Field Assessment of Domestic Minor Sex Trafficking in Harris and Galveston Counties, Texas* 4 (2011).

21 H.B. 2096, 78<sup>th</sup> Leg., Reg. Sess. (Tex. 2003).

22 H.B. 2096, 78<sup>th</sup> Leg., Reg. Sess. (Tex. 2003).

23 H.B. 2096, 78<sup>th</sup> Leg., Reg. Sess. (Tex. 2003).

## 2007: 80<sup>th</sup> Texas Legislative Session

Since 2003, Texas has had continuing success in passing anti-trafficking legislation. In 2007 during the 80<sup>th</sup> Legislative Session, Senate Bill (SB) 1287 and SB 1288 (Van de Putte) mandated that bars and hotels post signs in English and Spanish providing information regarding forced labor trafficking in addition to the National Human Trafficking Hotline number, a toll-free referral number, for victims to call. HB 1121 (Anchia) expanded the definition of forced labor to include coercive acts such as threatening bodily injury, physically restraining victims, or threatening to destroy a victim's identification documents. HB 1121 went further to allow judges to provide verification that a person has been victimized, allowing more international trafficking victims to apply for T-Visas and be eligible for services under federal law.

## 2009: 81<sup>st</sup> Texas Legislative Session

During the 81<sup>st</sup> Texas Legislature in 2009, an omnibus bill, HB 4009 (Weber) passed, implementing a number of changes to the law. As a result of the bill, all newly licensed police officers and officers advancing in rank are required to receive a four-hour training course on human trafficking.<sup>24</sup> Additionally, it established a voluntary advanced four-hour training course to be included as part of the continuing education curriculum for officers.<sup>25</sup> HB 4009 also created a statewide task force in the Office of the Attorney General.<sup>26</sup> The Texas Human Trafficking Prevention Task Force was created to: increase collaboration between multi-jurisdictional law enforcement agencies and non-governmental entities; collect, organize and periodically publish statistical data; develop and provide comprehensive training for law enforcement, service providers, and the legal community; and develop policies and procedures to help prevent and prosecute human trafficking.<sup>27</sup> Bills targeting sexually oriented businesses operating as illicit fronts for prostitution and human trafficking were also passed during this session.<sup>28</sup>

## 2011: 82<sup>nd</sup> Texas Legislative Session

In 2011, the 82<sup>nd</sup> Texas Legislature continued to strengthen legislation to combat human trafficking. Faced with strict constraints resulting from severe budget shortfalls, funding to focus on providing victims with much needed services were severely limited. However, Texas made strides increasing criminal and civil penalties for traffickers and providing for better enforcement of the crime of trafficking. SB 24 (Van de Putte)

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24 Tex. Gov't Code Ann. § 402.035(b) (West 2005).

25 Tex. Gov't Code Ann. § 402.035(b) (West 2005).

26 Tex. Gov't Code Ann. § 402.035(b) (West 2005).

27 *The Texas Human Trafficking Prevention Task Force Report 2011* 26 (2011), available at [https://www.oag.state.tx.us/ag\\_publications/pdfs/human\\_trafficking.pdf](https://www.oag.state.tx.us/ag_publications/pdfs/human_trafficking.pdf).

28 See Tex. Loc. Gov't Code Ann. § 234(D) (West 2005); Tex. Lab. Code Ann. § 51.016 (West 2006).

expanded Section 20A.01 of the Texas Penal Code to specifically address child trafficking, as well as create stricter penalties when a child victim is involved.<sup>29</sup> Additionally, it enhanced penalties for those convicted of trafficking, requiring life imprisonment for convicted child traffickers and prohibiting eligibility for community supervision for persons convicted of human trafficking or compelling prostitution of adults.<sup>30</sup>

The 82<sup>nd</sup> Legislature also passed HB 3000 (Thompson), which created the first-degree felony offense of “Continuous Trafficking of Persons” for persons who traffic two or more times during a period of thirty days or more.<sup>31</sup> HB 3000 suspended the statute of limitations to bring a felony indictment for trafficking of minors, and the statute of limitations for adult victims was extended to ten years.<sup>32</sup> Additionally, the civil statute of limitations for personal injury was extended from two years to five years for victims of trafficking and compelled prostitution.<sup>33</sup>

And while the state budget had little money for victims, HB 2014 (Thompson) passed that cost in part onto traffickers by requiring defendants, once convicted, to pay mandatory restitution to their child victims for rehabilitative services. As of the 82<sup>nd</sup> Legislature, Texas has shown great strides in providing for greater enforcement and stricter penalties for traffickers. The challenge to come is to provide supports and services for the victims of these crimes.

## B. PROFILE OF A DOMESTIC MINOR SEX TRAFFICKING VICTIM: WHO ARE THE VICTIMS OF DOMESTIC MINOR SEX TRAFFICKING?

Contrary to what most probably imagine, not all child trafficking victims are foreign nationals who are brought into the United States in order to engage in commercial sex. These victims also are not just the children of immigrants who recently arrived. Although both of these scenarios do happen, they do not represent a large portion of the children involved in sex trafficking here in the United States. It is estimated that 100,000 to 300,000 children born and raised here in the United States are the victims of sex trafficking each year.<sup>34</sup> In contrast, 50,000 international children are trafficked into the United States to work in the sex trade each year.<sup>35</sup> So, the majority of children who are the victims of sex trafficking are primarily our own.

29 S.B. 24, 82<sup>nd</sup> Leg., Reg. Sess. (Tex. 2011).

30 S.B. 24, 82<sup>nd</sup> Leg., Reg. Sess. (Tex. 2011).

31 H.B. 3000, 82<sup>nd</sup> Leg., Reg. Sess. (Tex. 2011).

32 *The Texas Human Trafficking Prevention Task Force Report 2011* 26 (2011), available at [https://www.oag.state.tx.us/ag\\_publications/pdfs/human\\_trafficking.pdf](https://www.oag.state.tx.us/ag_publications/pdfs/human_trafficking.pdf).

33 *The Texas Human Trafficking Prevention Task Force Report 2011* 26 (2011), available at [https://www.oag.state.tx.us/ag\\_publications/pdfs/human\\_trafficking.pdf](https://www.oag.state.tx.us/ag_publications/pdfs/human_trafficking.pdf).

34 Joseph Markman, *52 Children Rescued in Nationwide Sex-trafficking Raids*, L.A. Times, Oct. 27, 2009, <http://www.articles.latimes.com/2009/oct/27/nation/na-child-prostitution27> (quoting Ernie Allen, President of National Center for Missing and Exploited Children).

35 Kathleen Richter, *The Demand for Exploitation: Domestic Minor Sex Trafficking in the U.S.*, Prospect J. of Int'l Aff. at U.C. San Diego (2009).

Children who are the victims of DMST come from all socioeconomic classes of society, and represent all genders, races, and nationalities, in fact, “[t]here’s no common thread as far as black, white, Asian, upper, upper-middle class, lower-middle class.”<sup>36</sup> As previously stated, the average age of becoming a victim of human trafficking is very young: victims are normally around 12 or 13 when they are first sexually exploited.<sup>37</sup> Although victims of human trafficking represent all genders, overall victims are 80% female.<sup>38</sup> Throughout this publication, victims may be referred to as “she” or “her”, however it must be understood that males also fall victim to human trafficking.

## 1. Common Characteristics of Domestic Minor Sex Trafficking Victims

Although trafficking victims come from all walks of life, there are several common characteristics, or parallel factors, which make children more vulnerable to becoming a trafficking victim. A factor that seems to have a significant impact is whether a child grows up in a tumultuous, abusive, or neglectful environment: “A history of abuse seems to be the genesis of the problem, why this child versus another child becomes a victim of domestic minor sex trafficking.”<sup>39</sup> Many victims of sex trafficking are often referred to as “throwaway youth.” This term sadly conveys the reality for these young people: they are literally thrown out of their homes by their families or constructively thrown out because of neglect or abuse. As a result, many of these children have extremely low self-esteem and self-worth.<sup>40</sup> Additionally, 85% of domestic child trafficking victims come from single parent homes, and 56% of victims come from homes where one or both parents are incarcerated.<sup>41</sup> However, being sexually abused in the home seems to be the most decisive factor for increasing the likelihood of whether a child will become a trafficker’s victim. According to one law enforcement officer, it is estimated that 93-95% of children who are commercially sexually exploited have been sexually abused previously.<sup>42</sup>

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36 Linda A. Smith, Samantha Healy Vardaman & Melissa A. Snow, Shared Hope Int’l, *The National Report on Domestic Minor Trafficking: America’s Prostituted Children* 31 (2009) (quoting Sergeant Ernest Britton, Child Exploitation Unit, Atlanta Police Department).

37 Linda A. Smith, Samantha Healy Vardaman & Melissa A. Snow, Shared Hope Int’l, *The National Report on Domestic Minor Trafficking: America’s Prostituted Children* 33 (2009) (citing Clark County Public Defender-Juvenile Division, Unpublished Survey of Girls Arrested for Prostitution Related Offenses, 2008).

38 U.S. Dep’t of State, *Trafficking in Persons Report: June 2005* 19 (2005).

39 Linda A. Smith, Samantha Healy Vardaman & Melissa A. Snow, Shared Hope Int’l, *The National Report on Domestic Minor Sex Trafficking: America’s Prostituted Children* 32 (2009).

40 Laurie Leitch & Melissa A. Snow, Shared Hope Int’l, *Intervene: Identifying and Responding to America’s Prostituted Youth* 9 (2010).

41 Linda A. Smith, Samantha Healy Vardaman & Melissa A. Snow, Shared Hope Int’l, *The National Report on Domestic Minor Sex Trafficking: America’s Prostituted Children* 36 (2009).

42 Linda A. Smith, Samantha Healy Vardaman & Melissa A. Snow, Shared Hope Int’l, *The National Report on Domestic Minor Sex Trafficking: America’s Prostituted Children* 31 (2009) (quoting Sergeant Byron Fasset).

These dire circumstances at home lead to many children ending up in Child Protective Services (CPS) custody, and eventually in foster care or group homes. Children in all of these living arrangements are very vulnerable to traffickers' recruitment and often run away from their placements. The Dallas Police Department defines chronic runaways as children who run away from home four or more times in a year.<sup>43</sup> These "chronic runaways" are undoubtedly the most vulnerable subcategory of children.<sup>44</sup>

Domestic minor victims of sex trafficking also frequently abuse drugs (89%).<sup>45</sup> However, it is unclear from data whether these children were addicted to drugs prior to becoming victims of human trafficking, which is an important distinction since many traffickers, commonly known as pimps, purposefully cause children to become addicted to drugs.

It is important to note the distinction between commercial sexual exploitation of children (CSEC) and domestic minor sex trafficking (DMST). CSEC is defined as:

the sexual exploitation of children entirely, or at least primarily for financial or other economic reasons. The economic exchanges involved may or may not be monetary but in every case involve maximum benefits to the exploiter and an abrogation of the basic rights, dignity, autonomy, physical and mental well-being of the children involved.<sup>46</sup>

CSEC is also commonly referred to as "survival sex." Many children on the streets will exchange sex for food or shelter, and do not usually think of themselves as involved in prostitution. So, although DMST is certainly a form of CSEC, sex trafficking always involves the existence of the trafficker. Both of these definitions must be contrasted with popular culture's portrayal of prostitution as a lifestyle of choice.<sup>47</sup>

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43 Nicole Hay, *Dallas Assessment: Identification of Domestic Minor Sex Trafficking Victims and Their Access to Services July 2008* 9 (2008), available at [http://www.sharedhope.org/Portals/0/Documents/Dallas\\_PrinterFriendly.pdf](http://www.sharedhope.org/Portals/0/Documents/Dallas_PrinterFriendly.pdf).

44 Nicole Hay, *Dallas Assessment: Identification of Domestic Minor Sex Trafficking Victims and Their Access to Services July 2008* 9 (2008) available at [http://www.sharedhope.org/Portals/0/Documents/Dallas\\_PrinterFriendly.pdf](http://www.sharedhope.org/Portals/0/Documents/Dallas_PrinterFriendly.pdf).

45 Linda A. Smith, Samantha Healy Vardaman & Melissa A. Snow, Shared Hope Int'l, *The National Report on Domestic Minor Trafficking: America's Prostituted Children* 35 (2009) (citing survey of 104 prostituted juvenile victims in Clark County, Nevada).

46 Richard J. Estes & Neil Alan Weiner, *The Commercial Sexual Exploitation of Children in the U.S., Canada and Mexico* 10 (2002).

47 Laurie Leitch & Melissa A. Snow, Shared Hope Int'l, *Intervene: Identifying and Responding to America's Prostituted Youth* 5 (2010).



## 2. HOW DOES A CHILD BECOME A VICTIM OF DOMESTIC MINOR SEX TRAFFICKING?

*[A]ll of the sudden this black Yukon rides up. He tried to talk to me, at first, but I told him how old I was and then he rolled up around the corner and jumped out the car and just started hitting on me for no reason...[He] started beating me and just for no reason and he told me I was going to be his ho.*

*- Human Trafficking Survivor – Age 14<sup>48</sup>*

Children are “deceived, manipulated, forced, or coerced” into the commercial sex industry.<sup>49</sup> Traffickers recruit the majority of children involved in commercial sexual exploitation. Most pimps are male, but not all; a study in Chicago found that 28% of pimps are female.<sup>50</sup> Also, safe house operators who responded to a survey conducted for this publication pointed out that parents, guardians, family members, and acquaintances also introduce children into the commercial sex industry.

While most child victims are recruited by traffickers, the demand for commercial sex is so high that traffickers also resort to child abductions. Child victims have been abducted by complete strangers while walking home from school or to a friend’s house. Another common method of abduction is for a pimp to begin interacting with a child online, through Facebook, MySpace, or internet-based chat rooms. After the pimp has gained the child’s trust, he or she will suggest meeting up with the child. When the child actually encounters the pimp in person, he or she is trapped and not permitted to leave. The child is then beaten, drugged, raped, or coerced into submission by the pimp.<sup>51</sup>

Perhaps the primary way many children become trafficking victims is by being recruited by a pimp after running away from home. Up to a third of child runaways are believed to enter sex trafficking within 48 hours of leaving home.<sup>52</sup> The tactics used by traffickers in this recruiting stage aim to determine a child’s weakness and needs, and then exploit these needs.<sup>53</sup> For instance, if a child runaway is in need of food and shelter, the trafficker

48 Celia Williamson & Michael Prior, *Domestic Minor Sex Trafficking: A Network of Underground Players in the Midwest*, 2:2 *Journal of Child and Adolescent Trauma* 46, 46 (2009).

49 Francine Sherman & Lisa Goldblatt Grace, *The System Response to the Commercial Sexual Exploitation of Girls*, in *Juvenile Justice: Advancing Research, Policy, and Practice* 331, 331 (Francine T. Sherman & Francine H. Jacobs eds., 2011).

50 Jody Raphael & Brenda Myers-Powell, Schiller DuCanto & Fleck Family Law Ctr. of DePaul Univ. Coll. of Law, *From Victims to Victimizers: Interviews with 25 Ex-Pimps in Chicago* 1 (2010).

51 See e.g. Brian Chasnoff, *Texas Strip Club Sues 14-year-old Exotic Dancer*, *Hous. Chron.*, June 20, 2009, <http://www.chron.com/news/houston-texas/article/Texas-strip-club-sues-14-year-old-exotic-dancer-1727919.php>; See also *Lost Girl*, *Newsweek*, Apr. 3, 2008, <http://www.thedailybeast.com/newsweek/2008/04/03/lost-girl.html>.

52 Domestic Minor Sex Trafficking: Hearing Before the Subcomm. on Crime, Terrorism, and Homeland Security, 111<sup>th</sup> Cong. 137 (2010) (statement of Ernie Allen, President and C.E.O. of National Center for Missing and Exploited Children).

53 Laurie Leitch & Melissa A. Snow, Shared Hope Int’l, *Intervene: Identifying and Responding to America’s Prostituted Youth* 6 (2010).

will pose as a protector who can provide for them.<sup>54</sup> If a child wants love and affection, the trafficker will become the child's boyfriend or girlfriend.<sup>55</sup> Should a child need a parent or more attention from home, the trafficker will pose as a protective parental figure.<sup>56</sup>

Many other factors assist a pimp in recruiting a child. Traffickers quickly learn about their victims' vulnerabilities and use these vulnerabilities as a recruiting tool.<sup>57</sup> Child runaways are oftentimes fleeing difficult home lives filled with chronic abuse or neglect. Traffickers appear to be kind, caring people to children who are unaccustomed to love and affection. Children who run from home also oftentimes do not have adequate support systems or guardians who are likely to be actively looking for them. In addition, minors around ages 12-14 are likely to be highly susceptible to traffickers because of their youth and naïveté. These children are recruited at the exact places one would expect to find troubled youths: bus stations, foster and group homes, and gas stations.<sup>58</sup> Children can also be recruited from places you might not expect, such as their own homes, schools, the mall, or the internet.<sup>59</sup>

Once a trafficker has control of the potential target, he often attempts to lure the child in by forming an intimate relationship with the child. This technique is known as the "Lover boy" or "Older boyfriend."<sup>60</sup> This is where the pimp, normally a significantly older male acts like a boyfriend to a child. In this stage, the pimp compliments the child, buys them gifts, and also has a sexual relationship with the child. However, this "honeymoon" period soon ends and leads to the beginning stages of initiation into commercial sexual activity, also known as "seasoning."<sup>61</sup>

During the initiation stage, a pimp establishes complete control over his victim's identity, and literally erases the vestiges of her former life. A child is given a new name which serves to both endear the child to the trafficker,

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54 Laurie Leitch & Melissa A. Snow, Shared Hope Int'l, *Intervene: Identifying and Responding to America's Prostituted Youth* 6 (2010).

55 Laurie Leitch & Melissa A. Snow, Shared Hope Int'l, *Intervene: Identifying and Responding to America's Prostituted Youth* 6 (2010).

56 Laurie Leitch & Melissa A. Snow, Shared Hope Int'l, *Intervene: Identifying and Responding to America's Prostituted Youth* 6 (2010).

57 Laurie Leitch & Melissa A. Snow, Shared Hope Int'l, *Intervene: Identifying and Responding to America's Prostituted Youth* 6 (2010).

58 *Domestic Sex Trafficking: The Criminal Operations of the American Pimp* 3, Polaris Project, <http://www.polarisproject.org/resources/resources-by-topic/sex-trafficking/> (scroll over to "Domestic Sex Trafficking" and click "View" or "Download as PDF") (last visited Oct. 11, 2012).

59 *Domestic Sex Trafficking: The Criminal Operations of the American Pimp* 3, Polaris Project, <http://www.polarisproject.org/resources/resources-by-topic/sex-trafficking/> (scroll over to "Domestic Sex Trafficking" and click "View" or "Download as PDF") (last visited Oct. 11, 2012).

60 *Domestic Sex Trafficking: The Criminal Operations of the American Pimp* 3, Polaris Project, <http://www.polarisproject.org/resources/resources-by-topic/sex-trafficking/> (scroll over to "Domestic Sex Trafficking" and click "View" or "Download as PDF") (last visited Oct. 11, 2012).

61 *Domestic Sex Trafficking: The Criminal Operations of the American Pimp* 3, Polaris Project, <http://www.polarisproject.org/resources/resources-by-topic/sex-trafficking/> (scroll over to "Domestic Sex Trafficking" and click "View" or "Download as PDF") (last visited Oct. 11, 2012).

and also to establish that the child has a new identity.<sup>62</sup> Pimps frequently give children a false sense of “choice” in engaging in commercial sex acts, especially in these beginning stages. In reality, however, children have two “choices”: prostitute themselves, or face severe beating or even death at the hands of their pimp.<sup>63</sup>

A pimp also creates a very strong dependency between himself or herself and the victim by dictating a child’s appearance and demeanor, and also providing the child’s food and shelter.<sup>64</sup> Perhaps most importantly, a pimp “physically” controls a child through deciding with whom the child interacts, where she resides, and managing her freedom of movement from place to place.<sup>65</sup> This socially isolates a child, as well as assuring that a child cannot reach out to anyone for help. Isolation is further intensified by the fact that children are transported to a new location in order to engage in commercial sexual activities. Transporting a child to an unfamiliar locale removes the child from any support structures in place in her previous community, and makes them completely unfamiliar with the new surroundings.<sup>66</sup> Pimps also confiscate a child’s important documents, such as her birth certificate or identification.<sup>67</sup> Confiscation of documents makes it very difficult for law enforcement to track a child, and also makes it impossible for a child to have any means of legal employment.<sup>68</sup>

Sadly, the initiation process involves more than creating dependencies. Pimps rely on a brutal mix of physical and emotional violence to maintain psychological control over children.<sup>69</sup> Traffickers frequently beat their victims, as well as subject them to rape and gang rape. Traffickers also induce other fellow prostitutes to join in the physical and emotional abuse. Torture techniques such as deprivation of food and water, and confinement

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62 *Domestic Sex Trafficking: The Criminal Operations of the American Pimp* 3, Polaris Project, <http://www.polarisproject.org/resources/resources-by-topic/sex-trafficking/> (scroll over to “Domestic Sex Trafficking” and click “View” or “Download as PDF”) (last visited Oct. 11, 2012).

63 Laurie Leitch & Melissa A. Snow, Shared Hope Int’l, *Intervene: Identifying and Responding to America’s Prostituted Youth* 8 (2010).

64 *Domestic Sex Trafficking: The Criminal Operations of the American Pimp* 3, Polaris Project, <http://www.polarisproject.org/resources/resources-by-topic/sex-trafficking/> (scroll over to “Domestic Sex Trafficking” and click “View” or “Download as PDF”) (last visited Oct. 11, 2012).

65 *Domestic Sex Trafficking: The Criminal Operations of the American Pimp* 3, Polaris Project, <http://www.polarisproject.org/resources/resources-by-topic/sex-trafficking/> (scroll over to “Domestic Sex Trafficking” and click “View” or “Download as PDF”) (last visited Oct. 11, 2012).

66 *Domestic Sex Trafficking: The Criminal Operations of the American Pimp* 3, Polaris Project, <http://www.polarisproject.org/resources/resources-by-topic/sex-trafficking/> (scroll over to “Domestic Sex Trafficking” and click “View” or “Download as PDF”) (last visited Oct. 11, 2012).

67 *Domestic Sex Trafficking: The Criminal Operations of the American Pimp* 3, Polaris Project, <http://www.polarisproject.org/resources/resources-by-topic/sex-trafficking/> (scroll over to “Domestic Sex Trafficking” and click “View” or “Download as PDF”) (last visited Oct. 11, 2012).

68 *Domestic Sex Trafficking: The Criminal Operations of the American Pimp* 3, Polaris Project, <http://www.polarisproject.org/resources/resources-by-topic/sex-trafficking/> (scroll over to “Domestic Sex Trafficking” and click “View” or “Download as PDF”) (last visited Oct. 11, 2012).

69 Laurie Leitch & Melissa A. Snow, Shared Hope Int’l, *Intervene: Identifying and Responding to America’s Prostituted Youth* 6 (2010).

for extended periods of time are also employed. Many physical acts used by pimps prey upon children's emotions as well. Pimps emotionally abuse children by using threats, name-calling, and insults.<sup>70</sup> Another common technique used by pimps is to burn items of emotional significance, such as photographs of the victim's family.<sup>71</sup>

### 3. Case Studies

In order to truly picture what survivors of DMST go through, one needs to read their stories. The following are adapted from stories of survivors of DMST.

#### Amber's Story<sup>72</sup>

Amber was a 15-year-old runaway in New York City. Shortly after running away, Amber was abducted by six men. She was forced to take the drug Ecstasy and was held captive. She was also forced to have sex for money with strangers. All of the money went directly to the leader of the group of men, Gary.

#### Keisha's Story<sup>73</sup>

Keisha was moved around from relative to relative growing up. Eventually she was placed in foster care. While in care, Keisha's foster father sexually harassed her, so she eventually ran away. On the streets she met a man named Devon who promised to care for her and help her find her biological family. Soon, Devon induced Keisha to go on "dates" with strangers, where she had to exchange sex for money. If she did not, she would be severely beaten.

#### Johnna's Story<sup>74</sup>

Johnna was a 16-year-old girl in a middle class family in suburban America. A new friend from high school asked Johnna to spend the night at her house. Johnna's mother insisted on meeting both the girl and her father, and after meeting them and determining they were "safe," Johnna's mother agreed to let her spend the night. Once at her friend's house, Johnna was given a glass of water. The water was laced with drugs, and Johnna blacked out.

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70 *Domestic Sex Trafficking: The Criminal Operations of the American Pimp* 3, Polaris Project, <http://www.polarisproject.org/resources/resources-by-topic/sex-trafficking/> (scroll over to "Domestic Sex Trafficking" and click "View" or "Download as PDF") (last visited Oct. 11, 2012).

71 *Domestic Sex Trafficking: The Criminal Operations of the American Pimp* 3, Polaris Project, <http://www.polarisproject.org/resources/resources-by-topic/sex-trafficking/> (scroll over to "Domestic Sex Trafficking" and click "View" or "Download as PDF") (last visited Oct. 11, 2012).

72 *Six People Indicted on Charges Related to Kidnapping and Sex Trafficking of 15-year-old Girl*, N.Y. Post (Mar. 8, 2012), [http://www.nypost.com/p/news/local/brooklyn/girl\\_people\\_indicted\\_trafficking\\_NioyppUwjegoLJgCGPXYJ](http://www.nypost.com/p/news/local/brooklyn/girl_people_indicted_trafficking_NioyppUwjegoLJgCGPXYJ).

73 *Survivor Stories, Keisha: Domestic Minor Sex Trafficking*, Polaris Project, <http://www.polarisproject.org/what-we-do/client-services/survivor-stories/464-keisha-domestic-minor-sex-trafficking> (last visited Oct. 22, 2012).

74 Mike Celizic, *Teen Recounts Horror of Abduction into Sex Slavery*, TODAY News (Nov. 13, 2008, 2:37 PM), [http://www.today.msnbc.msn.com/id/27098993/ns/today-today\\_news/t/teen-recounts-horror-abduction-sex-slavery/#.UBWp5RxlFoV](http://www.today.msnbc.msn.com/id/27098993/ns/today-today_news/t/teen-recounts-horror-abduction-sex-slavery/#.UBWp5RxlFoV).

When Johnna awoke, several men were raping her. Meanwhile, her mother frantically called police, who told her there was nothing they could do until she had been missing for 72 hours. Once rescued days later, Johnna was bloody and bruised, and had to be resuscitated twice while she was being airlifted to a nearby hospital. She had also contracted a sexually transmitted disease. Johnna was fortunate to have been rescued when she was because her captor had sold her to a man in Texas for \$300,000 and she was to be delivered soon thereafter.

#### 4. Lasting Repercussions of Domestic Minor Sex Trafficking Victimization: Issues safe houses must be prepared to encounter.

Children who have been the victims of commercial sexual exploitation are left severely injured physically, emotionally, and mentally. Survivors experience a wide array of issues in many areas concurrently, so they present a special challenge to service providers.

Physically, children bear the scars of the abuse they have survived: broken bones, wounds, malnutrition, drug addiction, and sexually transmitted diseases are common.

Mentally, survivors face many health issues because of their traumatic experiences. Mood disorders, such as bipolar disorder, as well as personality disorders like obsessive-compulsive disorder (OCD) and paranoia are widespread.<sup>75</sup> Also, survivors demonstrate high rates of post-traumatic stress disorder (PTSD), dissociative disorders, self-harming disorders like self-mutilation, eating disorders, and attempted suicide.<sup>76</sup> According to one safe house survey respondent, all of the child victims in the residence suffer from PTSD.<sup>77</sup> Similarly, survivors frequently suffer from DESNOS (Disorders of Extreme Stress Not Otherwise Specified).<sup>78</sup> DESNOS is made up of a range of biological and cognitive impairments that include somatization (recurrent and multiple medical symptoms with no discernible cause), aggression against self and others, and problems with appropriate emotional responses. DESNOS normally occurs in victims who have prolonged trauma experiences of an interpersonal nature that first occur at an early age, which is the case for most DMST survivors.<sup>79</sup>

Many survivors also report simply feeling mentally drained because of

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75 Francine Sherman & Lisa Goldblatt Grace, *The System Response to the Commercial Sexual Exploitation of Girls*, in *Juvenile Justice: Advancing Research, Policy, and Practice* 331, 331 (Francine T. Sherman & Francine H. Jacobs eds., 2011).

76 Francine Sherman & Lisa Goldblatt Grace, *The System Response to the Commercial Sexual Exploitation of Girls*, in *Juvenile Justice: Advancing Research, Policy, and Practice* 331, 339 (Francine T. Sherman & Francine H. Jacobs eds., 2011).

77 Kellie Armstrong, former Exec. Dir., Freedom Place, Address at the Meeting of the Human Trafficking Rescue Alliance for Southern District of Texas (June 21, 2012).

78 Linda A. Smith, Samantha Healy Vardaman & Melissa A. Snow, Shared Hope Int'l, *The National Report on Domestic Minor Sex Trafficking: America's Prostituted Children* 44 (2009).

79 Linda A. Smith, Samantha Healy Vardaman & Melissa A. Snow, Shared Hope Int'l, *The National Report on Domestic Minor Sex Trafficking: America's Prostituted Children* 36 (2009).

the mental tricks pimps play on them. This is often also explained as being “brainwashed” by the pimp. One female survivor who spent twenty-five years as a prostitute under the control of a pimp, summed it up by stating: “[The pimp] had my mind so done. Just fried.”<sup>80</sup>

Addiction to drugs and alcohol are very common amongst survivors of DMST because victims use drugs and alcohol to cope with the violence they experience each day.<sup>81</sup> In addition, many pimps introduce or force victims to take drugs as a means of keeping victims dependent on them.<sup>82</sup>

Some of the most difficult issues DMST survivors face are the trauma bonds that form. Trauma bonds are intense emotional bonds between victims and their abusers. They are a survival mechanism: “Trauma is the biological adaptation in the nervous system that is a person’s survival response – their best attempt to create safety in the present moment.”<sup>83</sup> Although more research on trauma bonds is needed, especially as to how they affect DMST victims, it is known that there are both biological and psychological reasons these bonds exist.<sup>84</sup> Trauma bonds are also frequently referred to as “brainwashing” or “Stockholm Syndrome.”<sup>85</sup>

Biologically speaking, trauma bonds cause victims to identify with, attempt to please, and “root for” their captor as a means of survival.<sup>86</sup> This type of loyalty has been likened to domestic violence victims who fail to leave their abusers.<sup>87</sup> For instance, trauma bonds cause victims to deny the extent of their injuries and express extreme gratitude for very small acts of “kindness” or mercy (i.e., a pimp not beating them).<sup>88</sup> Trauma bonds are very important for advocates to understand because they cause victims to act in a myriad of ways that frustrate service providers’ efforts to assist them.

First, survivors most often fail to self-identify as victims. Survivors

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80 Ronnie Reese, *Games Pimps Play: Mental Manipulation in Prostitution*, Medill Reports Chicago, Mar. 9, 2011, <http://news.medill.northwestern.edu/chicago/news.aspx?id=182445>.

81 Ohio Legal Rights Service, *Trauma-informed Treatment in Behavioral Settings 9* (2007) available at <http://www.disabilityrightsohio.org/sites/default/files/ux/trauma.pdf>.

82 Heather J. Clawson, Amy Salomon & Lisa Goldblatt Grace, *Treating the Hidden Wounds: Trauma Treatment and Mental Health Recovery for Victims of Human Trafficking 3* (2008), available at <http://aspe.hhs.gov/hsp/07/humantrafficking/Treating/ib.pdf>.

83 Linda A. Smith, Samantha Healy Vardaman & Melissa A. Snow, Shared Hope Int’l, *The National Report on Domestic Minor Sex Trafficking: America’s Prostituted Children 43* (2009) (quoting Sophia Deborah Erez, Trauma Resource Institute).

84 Linda A. Smith, Samantha Healy Vardaman & Melissa A. Snow, Shared Hope Int’l, *The National Report on Domestic Minor Sex Trafficking: America’s Prostituted Children 43* (2009).

85 Linda A. Smith, Samantha Healy Vardaman & Melissa A. Snow, Shared Hope Int’l, *The National Report on Domestic Minor Sex Trafficking: America’s Prostituted Children 44* (2009).

86 Linda A. Smith, Samantha Healy Vardaman & Melissa A. Snow, Shared Hope Int’l, *The National Report on Domestic Minor Sex Trafficking: America’s Prostituted Children 43* (2009).

87 Laurie Leitch & Melissa A. Snow, Shared Hope Int’l, *Intervene: Identifying and Responding to America’s Prostituted Youth 11* (2010).

88 Laurie Leitch & Melissa A. Snow, Shared Hope Int’l, *Intervene: Identifying and Responding to America’s Prostituted Youth 11* (2010).

constantly relay to service providers that they “chose” to be a prostitute and “chose to be with” their traffickers.<sup>89</sup> This is once again a coping mechanism: by believing that he or she chose to be a prostitute, a victim is placing herself or himself in control of the situation, a common survival technique.<sup>90</sup> Secondly, victims remain very loyal to their traffickers, which makes them reluctant to share information or open up about their experiences.<sup>91</sup> Moreover, victims will run away and return to their pimp several times during the healing process. Service providers have reiterated the need to maintain an open door policy, and not blame or judge victims because they run away.<sup>92</sup> Lastly, safe house operators and first responders, such as law enforcement and medical care professionals, all stress the paramount importance of gaining a victim’s trust.<sup>93</sup> This takes a significant amount of time and patience as victims have been taught by pimps to distrust all of these groups specifically. Also, because of the extreme abuse victims have suffered at the hands of those closest to them, victims express a lack of trust in humanity in general.<sup>94</sup>

## C. THE NEED FOR SAFE HOUSES

Because victims of DMST often experience mental and sexual abuse, psychological trauma, and have likely sustained physical injury from their pimps and traffickers, they have a very distinctive psychology and a unique set of needs.<sup>95</sup> However, rather than being treated as victims of sexual exploitation, these children are still often charged with crimes. Rather than sentencing these children to juvenile detention or jail, safe houses present an alternative that can help victims overcome the trauma and mental anguish caused by their experiences.

Safe houses are protective shelters that provide services that meet victims’ medical, mental, educational, and emotional needs.<sup>96</sup> As opposed to a drop-in center, safe houses are residences where victims can stay for an

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89 Laurie Leitch & Melissa A. Snow, Shared Hope Int’l, *Intervene: Identifying and Responding to America’s Prostituted Youth* 7 (2010).

90 Laurie Leitch & Melissa A. Snow, Shared Hope Int’l, *Intervene: Identifying and Responding to America’s Prostituted Youth* 7 (2010).

91 Laurie Leitch & Melissa A. Snow, Shared Hope Int’l, *Intervene: Identifying and Responding to America’s Prostituted Youth* 11 (2010).

92 Laurie Leitch & Melissa A. Snow, Shared Hope Int’l, *Intervene: Identifying and Responding to America’s Prostituted Youth* 11 (2010).

93 See responses to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (on file with author).

94 Laurie Leitch & Melissa A. Snow, Shared Hope Int’l, *Intervene: Identifying and Responding to America’s Prostituted Youth* 12 (2010).

95 Heather J. Clawson & Lisa Goldblatt Grace, *Finding a Path to Recovery: Residential Facilities for Minor Victims of Domestic Sex Trafficking* (2007) available at <http://aspe.hhs.gov/hsp/07/humantrafficking/ResFac/ib.pdf>.

96 Heather J. Clawson & Lisa Goldblatt Grace, *Finding a Path to Recovery: Residential Facilities for Minor Victims of Domestic Sex Trafficking* (2007) available at <http://aspe.hhs.gov/hsp/07/humantrafficking/ResFac/ib.pdf>.

extended period of time. Safe houses allow victims to receive much needed services, including, but not limited to: counseling, educational training, substance abuse treatment, and psychiatric and medical care.<sup>97</sup>

Safe houses are an essential part of recovery for victims of DMST. They create distance between the victim and the trafficker and give the victim “a restorative home” through which the victim can “stabilize, heal, and move toward independence.”<sup>98</sup> Ideally, safe houses help DMST victims create new, healthy relationships, build self-esteem, and realize that they are victims of a crime, and not criminals themselves.<sup>99</sup>

Currently, victims of DMST in Texas largely find their way to services through the juvenile justice system. The two residential facilities that have specific programs in place to serve victims of DMST, the Letot Center in Dallas and Freedom Place outside of Houston, both receive victims that have either been charged with a crime or have already been adjudicated.

The Letot Center, a short-term, staff-secure facility, receives a majority of its victims from the Child Exploitation/High Risk Victims and Trafficking Unit (CE/HRVTU) of the Dallas Police Department. Established in 2005, the CE/HRVTU has been successful in recognizing child runaways as “High Risk Victims” rather than labeling them as juvenile delinquents.

Freedom Place, discussed in further detail below, receives many of its residents, post-adjudicated girls, from of the Harris County Juvenile GIRLS Court. The GIRLS Court works with girls who are “actively engaged in or at risk of becoming involved in prostitution/human trafficking.” “GIRLS” stands for “Growing Independence, Restoring Lives” and the special court docket has designed the management of its cases to specifically meet the needs of DMST victims.

The GIRLS court addresses victims’ trauma through employment of a “clinically driven multi-disciplinary team.” By addressing the participant’s trauma, the court works to solve each participant’s at-risk behaviors and delinquent conduct. Components of the court include intensive judicial oversight, intensive supervision and monitoring, regular review hearings, an individualized clinical approach, and wraparound services. The GIRLS Court has been seen as a success by many juvenile advocates, so much so that Dallas County has recently established a similar specialty court located at the Letot Center for high risk victims, known as the Experiencing Success Through Encouragement, Empowerment and Mentoring (ESTEEM) Court. While Dallas and Houston have taken the critical first steps to see that victims of DMST receive services, a majority of victims in Texas continue to

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97 Heather J. Clawson & Lisa Goldblatt Grace, *Finding a Path to Recovery: Residential Facilities for Minor Victims of Domestic Sex Trafficking* (2007) available at <http://aspe.hhs.gov/hsp/07/humantrafficking/ResFac/ib.pdf>.

98 Linda A. Smith, Samantha Healy Vardaman & Melissa A. Snow, Shared Hope Int’l, *The National Report on Domestic Minor Sex Trafficking: America’s Prostituted Children* 67 (2009).

99 See Heather J. Clawson & Lisa Goldblatt Grace, *Finding a Path to Recovery: Residential Facilities for Minor Victims of Domestic Sex Trafficking* (2007) available at <http://aspe.hhs.gov/hsp/07/humantrafficking/ResFac/ib.pdf>.



fall through the cracks, not to mention face further trauma by being treated as criminals, rather than victims of sexual exploitation.

Many states and organizations are beginning to realize the depth of the DMST epidemic in the United States. Over the past few years several safe houses have begun to spring up across the nation. However, the number of DMST victims still far outnumbers the available beds.<sup>100</sup> Opening and operating a safe house can be a long and difficult task. Yet based on the experience of other operational safe houses, there are key components that, if observed, can offer potential service providers insight to minimize problems and maximize successful rehabilitations.

## II. METHODOLOGY & SAFE HOUSE SURVEY

The primary challenge facing DMST victims and those who work to help them is that, currently, there are very few places for victims to go in order to find rehabilitative services designed to meet their needs. In Texas, law enforcement trainings have led to greater recognition of the dynamics of the victimization of children involved in DMST, as well as a more sensitive response to their needs. Fewer children are being charged with prostitution, but they are often charged with other crimes instead. Law enforcement may charge minors in order to remove them from dangerous circumstances and not because they are viewed as serious perpetrators of a crime. However, this kind of response from law enforcement is evidence of the problem that there are far too few alternative placement options for children victimized in this way. Without viable alternatives, children find their way to juvenile detention, which criminalizes victims and lacks sufficient services, or they end up in foster care and often run away.

As awareness of the reality and pervasiveness of DMST has grown, so too has the will to help and the need for good information regarding how DMST victims can be better served. It is encouraging that, from across the community, people have stepped forward. Nonprofit organizations, the public and private sectors, and individual volunteers and donors have inquired about how they can support the creation of more safe houses for DMST victims. While much is still unknown about what a “best practices” model for safe house treatment looks, there is clearly a need for information about the “core components” of creating a residential treatment model for DMST victims.

In response to this need, CHILDREN AT RISK, in partnership with Shared Hope International, created and disseminated the “Restorative Services and Shelter Survey for 2012 Colloquium (RSSS).” The RSSS sought to gather crucial information about how to successfully open and operate a safe house in order to best serve victims of DMST. Safe houses nationwide that were operational at the time of the survey dissemination, or to be opened in the near future were electronically mailed a letter explaining

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100 *State Policy*, Shared Hope Int'l, <http://www.sharedhope.org/WhatWeDo/BringJustice/PolicyRecommendations/State.aspx> (last visited July 31, 2012).

our efforts. Survey recipients were then given three options for submitting their survey answers: 1. Submit the survey via Google Survey, 2. Submit the survey via phone interview, or 3. Submit the survey via a Microsoft Word Document. Service providers were also encouraged to include any additional pertinent information not addressed in the survey about their organization describing their services.

Fourteen topics were featured in the survey:

1. General/Identification questions
2. Licensing
3. Staffing
4. Medical care
5. Psychological care
6. Education
7. Spiritual care
8. Policies
9. Facilities
10. Security
11. Funding
12. Length of services/aftercare
13. Community involvement and relationships
14. Comments and advice

The goal of these questions was to collect information regarding the current practices safe houses are using to serve the DMST population. As survey responses came in, practices that were reiterated by multiple organizations were noted. During the survey response period, it was decided to refer to these often-cited practices as “core components.” This term is meant to convey that these practices are being utilized successfully by safe houses, and the components discussed in this publication may serve as a guide for others. However, the responses to this survey also clearly indicate that there are many different ways in which safe houses are all serving victims successfully. Clearly, as each region and each DMST victim is unique, providing quality services will mean responding individually to each victim’s needs.

Safe house operators were given an opportunity to provide information about issues unique to operating a safe house with regard to, for example, location, problems in securing licensing, or issues in the human trafficking arena in general. Safe house operators were also given a forum to provide advice and suggestions to other operating, or pre-operational safe houses for victims of DMST. Information on safe houses featured in this publication has been approved by each survey respondent prior to the release of this publication.

### III. OVERVIEW OF SAFE HOUSES NATIONWIDE AND IN TEXAS

In order to obtain an understanding of how to create a quality service model for victims of DMST, it will be important to build on the successes and avoid the missteps experienced by current safe house operators across the nation. It has been estimated that there are fewer than 100 beds nationwide for domestic minor victims of human trafficking.<sup>101</sup> Although more and more organizations are serving victims and opening safe houses, there are still not nearly enough beds to meet the needs of the domestic children who are trafficked each year.<sup>102</sup> The following organizations are currently providing long-term residential services to DMST victims. These organizations are just a few of many service providers across the nation and serve as examples of the variety of safe house services available to victims.<sup>103</sup>

#### A. SAFE HOUSES IN THE NORTHEASTERN UNITED STATES

##### 1. Girls Educational & Mentoring Services (GEMS)

Girls Educational & Mentoring Services (GEMS) is a nationally acclaimed organization out of New York City that works exclusively with females aged 12 to 24 who have been victimized by DMST.<sup>104</sup> The organization was founded in 1998 and has grown into one of the nation's largest providers of services for exploited children.<sup>105</sup> GEMS maintains a philosophy that views trafficked and exploited children more as survivors to be empowered rather than as victims to be rescued, and survivors are involved throughout the organization's programming.<sup>106</sup>

The organization currently provides non-residential programming to about 350 girls and has residential space for up to 16 girls.<sup>107</sup> The Transitional Living Program provides housing for runaway and homeless

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101 *State Policy*, Shared Hope Int'l, <http://www.sharedhope.org/WhatWeDo/BringJustice/PolicyRecommendations/State.aspx> (last visited July 31, 2012).

102 *Child Sex Trafficking At-A-Glance*, Polaris Project, <http://www.polarisproject.org/resources/resources-by-topic/sex-trafficking/> (scroll over to "Child Sex Trafficking AAG" and click "View" or "Download as PDF") (last visited Oct. 11, 2012).

103 The safe houses listed in this publication were all contacted through the Restorative Survey for Shelter and Services for 2012 Colloquium described in the Prologue and Methodology sections respectively. Some organizations completed the survey in full; others declined to participate in the survey but provided us with documents describing their organizations.

104 *Mission & History*, GEMS, <http://www.gems-girls.org/about/mission-history> (last visited Nov. 15, 2012).

105 *Mission & History*, GEMS, <http://www.gems-girls.org/about/mission-history> (last visited Nov. 15, 2012).

106 Rachel Lloyd, CEO, GEMS, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (Nov. 6, 2012) (on file with author).

107 Rachel Lloyd, CEO, GEMS, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (Nov. 6, 2012) (on file with author).

girls between the ages of 16 and 21 for up to 18 months.<sup>108</sup> The program provides a supportive environment and services to help girls become self-sufficient.<sup>109</sup> The Imani House provides rooms for girls between the ages of 18 and 23 as well as young mothers. Services in the Imani House are available but not mandatory.<sup>110</sup>

GEMS provides services and housing in two different locations.<sup>111</sup> The organization believes this separation is important because a girl does not have to be living in the residence in order to receive services.<sup>112</sup> Although a girl may run away from the shelter, she still has access to important programming.<sup>113</sup> While the program location is less secretive, the importance of keeping the residential location confidential is taken very seriously.<sup>114</sup> In an effort to keep the residential location secure, GEMS has fostered relationships with law enforcement, installed cameras, and does not allow girls to be picked up or dropped off at the home by others.<sup>115</sup> Although privacy is important, GEMS has chosen to remain in its urban environment rather than relocating to a rural location.<sup>116</sup> A major goal of GEMS' programming is to empower girls to live and make healthy decisions in the real world and providing services in an urban community is partially a consequence of that goal.<sup>117</sup>

GEMS recognizes the road from exploitation to safety and self-sufficiency is not the same for every girl and thus implements a continuum of care and "Stages of Change" model.<sup>118</sup> This model recognizes that behavioral changes occur gradually through various stages; consequently, circumstances that might otherwise be viewed as setbacks or failures are reframed as steps

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108 *Transitional & Supportive Housing*, GEMS, <http://www.gems-girls.org/what-we-do/our-services/intervention/transitional-supportive-housing> (last visited Nov. 15, 2012).

109 *Transitional & Supportive Housing*, GEMS, <http://www.gems-girls.org/what-we-do/our-services/intervention/transitional-supportive-housing> (last visited Nov. 15, 2012).

110 *Transitional & Supportive Housing*, GEMS, <http://www.gems-girls.org/what-we-do/our-services/intervention/transitional-supportive-housing> (last visited Nov. 15, 2012).

111 Rachel Lloyd, CEO, GEMS, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (Nov. 6, 2012) (on file with author).

112 Rachel Lloyd, CEO, GEMS, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (Nov. 6, 2012) (on file with author).

113 Rachel Lloyd, CEO, GEMS, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (Nov. 6, 2012) (on file with author).

114 Rachel Lloyd, CEO, GEMS, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (Nov. 6, 2012) (on file with author).

115 Rachel Lloyd, CEO, GEMS, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (Nov. 6, 2012) (on file with author).

116 Rachel Lloyd, CEO, GEMS, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (Nov. 6, 2012) (on file with author).

117 Rachel Lloyd, CEO, GEMS, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (Nov. 6, 2012) (on file with author).

118 Rachel Lloyd, CEO, GEMS, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (Nov. 6, 2012) (on file with author).

within the overall process of change.<sup>119</sup> Although a girl may relapse or runaway, she is still on the path toward lifelong change and not necessarily starting over from square one. As the organization's founder put it, "You're in it for the long haul. The pain didn't happen overnight."<sup>120</sup>

## B. SAFE HOUSES IN THE SOUTHEASTERN UNITED STATES

### 1. Wellspring Living

Wellspring Living is an organization in Georgia that provides services to women and girls in the Metro-Atlanta area who have been victims of childhood sexual abuse. Until recently, Wellspring operated a residential recovery home for women only.<sup>121</sup> Wellspring's program for minor girls has in the past been purely a counseling, therapy, and educational programming for minor victims of prostitution and sex trafficking.<sup>122</sup> The organization collaborates with a children's home, a school, and other community programs to further serve victims beyond case management and therapeutic care.<sup>123</sup>

Wellspring is currently in the process of obtaining licensing as a children's home in order to be able to offer residential care in Wellspring's facilities and to provide on-site education to future child victims served.<sup>124</sup> Program participants and residents will also be able to participate in a wide range of activities such as art, dance, gardening, equine and pet therapy, and field trips.<sup>125</sup> The organization utilizes the advice, knowledge, and input of survivors from other organizations to create curricula and educate staff members on how to interact with the young women in Wellspring's programs.<sup>126</sup>

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119 Gretchen L. Zimmerman, Cynthia G. Olsen & Michael F. Bosworth, *A 'Stages of Change' Approach to Helping Patients Change Behavior*, 61:5 Am. Fam. Physician 1409 (2005), available at <http://www.aafp.org/afp/2000/0301/p1409.html>.

120 Rachel Lloyd, CEO, GEMS, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (Nov. 6, 2012) (on file with author).

121 *Our History*, Wellspring Living, <https://wellspringliving.org/learn-about-wellspring/our-history> (last visited Oct. 15, 2012).

122 *Wellspring Living Girls*, Wellspring Living, <https://wellspringliving.org/learn-about-wellspring/programs/residential-programs/wellspring-for-girls> (last visited Oct. 15, 2012).

123 *Wellspring for Girls*, Wellspring Living, <http://www.wellspringliving.org/for-girls.php>.

124 Mary Frances Bowley, President & CEO, Wellspring Living, Inc., Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (July 20, 2012) (on file with author).

125 Mary Frances Bowley, President & CEO, Wellspring Living, Inc., Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (July 20, 2012) (on file with author).

126 Mary Frances Bowley, President & CEO, Wellspring Living, Inc., Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (July 20, 2012) (on file with author).

## 2. Transforming Hope Ministries: Emma's Home

Transforming Hope Ministries is a faith-based organization located in North Carolina that operates a safe house called "Emma's Home."<sup>127</sup> Emma's Home serves girls ages 12 to 17 who have been victimized in the sex trafficking trade. The safe house opened its doors on July 4, 2012. It can provide beds for four girls at a time, and the projected length of the program is twelve to eighteen months. Each resident at Emma's Home will have her own volunteer mentor and her own individual licensed counselor.<sup>128</sup> These mentor relationships will continue even after girls leave Emma's Home and transition into living on their own. Residents will also participate in group counseling sessions and group activities and outings.

Emma's Home is not a locked facility; girls must be there voluntarily, and parental consent is required. Each potential resident goes through an intake process to determine whether she truly wants to be there. Emma's Home does not accept court-ordered residents but receives referrals from the FBI, law enforcement, child protective services, and other organizations.<sup>129</sup> Overall, Emma's Home aims to provide girls who have been victimized by sex trafficking with a restorative, safe home where they can feel secure and receive individualized care.<sup>130</sup> In addition to Emma's Home, Transforming Hope Ministries also operates Esther's Hands, an outreach ministry that serves women in the adult entertainment industry.<sup>131</sup>

## 3. On Eagles Wings: Hope House

Hope House in North Carolina is operated by a faith-based organization called On Eagles Wings. On Eagles Wings started in 2008 and initially conducted strip club outreach.<sup>132</sup> The organization now has one home, Hope House, a long-term facility for minors. On Eagles Wings plans to open another home for minors in 2013.<sup>133</sup> Hope House can house four minor girls at a time, and incoming girls are asked to commit to a year at Hope House,

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127 Abbi Tenaglia, Dir., Transforming Hope Ministries, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (July 17, 2012) (on file with author).

128 Abbi Tenaglia, Dir., Transforming Hope Ministries, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (July 17, 2012) (on file with author).

129 Abbi Tenaglia, Dir., Transforming Hope Ministries, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (July 17, 2012) (on file with author).

130 *Emma's Home*, Transforming Hope Ministries, <http://www.emmashome.org/> (last visited July 21, 2012).

131 *Esther's Hands*, <http://www.estherhands.com/> (last visited July 21, 2012).

132 Emily Fitchpatrick, Founder/President, On Eagles Wings, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (July 6, 2012) (on file with author).

133 Emily Fitchpatrick, Founder/President, On Eagles Wings, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (July 6, 2012) (on file with author).

although they are free to leave at any time. The intake process can take ten to fourteen days and involves the child, her guardian, and anyone else involved in her case.<sup>134</sup> Victims are referred to the organization by law enforcement, the juvenile justice system, and child protective services. Hope House does not take local victims to ensure the safety of residents and staff. However, the safe house is almost always at capacity.<sup>135</sup>

Hope House provides residents with education, counseling, and optional art or equine therapy.<sup>136</sup> Residents can also participate in a life skills program called “Fields of Hope” through which girls can make products and earn money through selling products on Hope House’s website. Fields of Hope teaches leadership and job skills and helps young women obtain a measure of financial independence.<sup>137</sup> Hope House also encourages residents to participate in community activities such as arts, karate, softball, and dance, so that residents can learn to interact with other children their age and with other community members.<sup>138</sup>

## C. SAFE HOUSES IN THE SOUTHWESTERN UNITED STATES

### 1. StreetLight USA

Arizona organization StreetLight USA was founded in 2007 and is dedicated to raising awareness about the issue of child sex trafficking, advocating for laws that prevent children from being sexually exploited, and providing direct services to minor victims of sexual exploitation.<sup>139</sup> The StreetLight USA Academy works specifically with girls ages 11 to 17 and is licensed as a 48 bed facility with girls staying in cottages on campus.<sup>140</sup> StreetLight’s programming focuses on stabilizing victims and providing them with a safe place to heal and be rehabilitated. The organization provides on-campus education and life skills training including budgeting, cooking, and hygiene.<sup>141</sup>

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134 Emily Fitchpatrick, Founder/President, On Eagles Wings, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (July 6, 2012) (on file with author).

135 Emily Fitchpatrick, Founder/President, On Eagles Wings, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (July 6, 2012) (on file with author).

136 Emily Fitchpatrick, Founder/President, On Eagles Wings, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (July 6, 2012) (on file with author).

137 *Fields of Hope*, The Hope House, [http://www.hopehouseenc.com/#!\\_\\_fields-of-hope](http://www.hopehouseenc.com/#!__fields-of-hope) (last visited July 21, 2012).

138 Emily Fitchpatrick, Founder/President, On Eagles Wings, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (July 6, 2012) (on file with author).

139 *About Us*, StreetlightUSA, <http://streetlightusa.org/about-us/> (last visited Oct. 15, 2012).

140 *Program*, StreetlightUSA, <http://streetlightusa.org/program/> (last visited Oct. 15, 2012).

141 *Program*, StreetlightUSA, <http://streetlightusa.org/program/> (last visited Oct. 15, 2012).

Additionally, StreetLight specifically addresses issues that arise from sex trafficking in its programming including “trauma symptom reduction, coping skill development, sex education, body image, and accountability for actions.”<sup>142</sup> Residents also participate in off-campus, teen Alcoholics Anonymous and Narcotics Anonymous groups. In addition to the StreetLight USA Academy, StreetLight operates the StreetLight USA Group Home Program for girls at risk of being sexually trafficked.<sup>143</sup> StreetLight also emphasizes the importance of aftercare planning for these victims and strives to aid each young woman in reintegrating into or establishing a safe community for her continued care.<sup>144</sup>

## D. SAFE HOUSES ON THE WEST COAST

### 1. Courage Worldwide: Courage House

Formerly known as Courage to Be You, Courage Worldwide (CWW) is an international nonprofit organization dedicated to building “Courage Houses,” homes for children rescued out of sex trafficking. The organization currently operates Courage Houses in northern California and Tanzania, Africa and has efforts underway to open a home in Hawaii.<sup>145</sup> The northern California Courage House can currently accommodate six girls, with plans to build a total of ten cottages on the property to be able to accommodate 60 girls in the future. This home provides on-site counseling, therapy, and education, although residents participate in weekly and sometimes daily outings. The northern California Courage House is at a confidential location in a rural environment, which the executive director recommends and calls “absolutely beneficial.”<sup>146</sup> Residents of Courage House are referred from juvenile probation, child protective services, law enforcement, and by individual application from victims and their families.<sup>147</sup> Overall, CWW strives to provide a safe place for victims to heal from physical, mental, and emotional trauma. Each girl at Courage House is provided with a “Unique Life Plan” that outlines how each girl’s holistic needs will be met. Elements of this plan include body image programs, equine assisted therapy, mentoring, and community service.

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142 *Program*, StreetlightUSA, <http://streetlightusa.org/program/> (last visited Oct. 15, 2012).

143 Memorandum from Michael Klinkner on StreetlightUSA Group Home Program (July 12, 2012) (on file with author).

144 Memorandum from Michael Klinkner on StreetlightUSA Group Home Program (July 12, 2012) (on file with author).

145 Courage Worldwide, <http://www.couragetobeyou.org/> (last visited Oct. 15, 2012).

146 Melissa Hermann, Exec. Dir., Courage House, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (July 17, 2012) (on file with author).

147 Melissa Hermann, Exec. Dir., Courage House, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (July 17, 2012) (on file with author).



## 2. Generate Hope

GenerateHope is a faith-based organization in California that serves sexually trafficked female adults and minors. At the time of this publication, GenerateHope had been serving adults for over two years and was just beginning a program for minors.<sup>148</sup> The organization provides a “long-term, comprehensive housing and recovery program” to women and girls with the hopes that they will be “able to reintegrate into society and walk powerfully into their future.”<sup>149</sup> GenerateHope’s safe house currently serves nine victims, but the organization’s maximum safe house capacity is twelve individuals. The safe house is located in a rural area in a confidential location.<sup>150</sup> GenerateHope offers on-site education, life and vocational skills training, and group and individual therapy. Residents can also participate in equine therapy, pet therapy, art therapy, and recreational therapy. For recreation, GenerateHope residents are able to participate in dance and physical education.<sup>151</sup>

Each potential resident is individually assessed and must be willing to participate in GenerateHope’s program to be accepted. On average, residents at GenerateHope’s safe house stay for two years, although each resident’s mental state and well-being determine whether she is equipped to leave the safe house.<sup>152</sup> The organization is “committed to caring for each and every young woman in our program for as long as she needs.”<sup>153</sup> The executive director of GenerateHope shared that key components for successful reintegration include residents being crime free, passing the California High School Proficiency Examination, being trained for jobs or in college, and having stable mental health.

The GenerateHope safe house receives referrals from juvenile probation, child protective services, and law enforcement. GenerateHope serves on a local human trafficking task force and maintains positive relationships with law enforcement agencies. The organization also works closely with area churches and receives many volunteers from churches and the community.<sup>154</sup>

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148 Susan Munsey, Exec. Dir., Generate Hope, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (June 23, 2012) (on file with author).

149 *What We Do*, GenerateHope, <http://www.generatehope.org/whatwedo/> (last visited Oct. 15, 2012).

150 Susan Munsey, Exec. Dir., Generate Hope, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (June 23, 2012) (on file with author).

151 Susan Munsey, Exec. Dir., Generate Hope, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (June 23, 2012) (on file with author).

152 Susan Munsey, Exec. Dir., Generate Hope, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (June 23, 2012) (on file with author).

153 *What We Do*, GenerateHope, <http://www.generatehope.org/whatwedo/> (last visited Oct. 15, 2012).

154 Susan Munsey, Exec. Dir., Generate Hope, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (June 23, 2012) (on file with author).

### 3. Children of the Night

Located in California, Children of the Night is a national organization that has been serving DMST victims since 1979.<sup>155</sup> The Children of the Night safe house serves both male and female victims ages 11 to 17 and can provide residential treatment for up to twenty-four children at a time.<sup>156</sup> The organization serves pregnant individuals up until childbirth and then helps those individuals create a plan which may be a maternity home, adoption, or living with a relative. Residents participate in on-site counseling and education.<sup>157</sup> Many Children of the Night residents have obtained high school degrees or equivalents and gone on to college.<sup>158</sup>

Residents of the Children of the Night safe house must participate in mandatory programming on weekdays and weekends. Although staying at the safe house is voluntary, residents must participate in activities and are not permitted to stay in their rooms.<sup>159</sup> Every Friday, the children are taken on outings to locations including the beach, plays, museums, and the circus. These outings are not rewards; they are mandatory elements of the program.<sup>160</sup> Additionally, volunteers come on weeknights to conduct arts and crafts nights, acting workshops and other activities.<sup>161</sup>

Residents have case managers who create a needs assessment and service plan for each resident. These case managers communicate with residents' legal guardians and supervise visits.<sup>162</sup> Consent from parents or legal guardians are required for victims to stay at the Children of the Night safe house. There is no set length of time for children to stay at the safe house. Each child develops his or her life plan at intake and that plan is fulfilled prior to graduation.<sup>163</sup>

155 Children of the Night, <http://www.childrenofthenight.org/> (last visited Oct. 15, 2012).

156 Dr. Lois Lee, Founder & President, Children of the Night, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (July 2, 2012) (on file with author).

157 Dr. Lois Lee, Founder & President, Children of the Night, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (July 2, 2012) (on file with author).

158 Dr. Lois Lee, Founder & President, Children of the Night, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (July 2, 2012) (on file with author).

159 Dr. Lois Lee, Founder & President, Children of the Night, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (July 2, 2012) (on file with author).

160 Dr. Lois Lee, Founder & President, Children of the Night, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (July 2, 2012) (on file with author).

161 Dr. Lois Lee, Founder & President, Children of the Night, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (July 2, 2012) (on file with author).

162 Dr. Lois Lee, Founder & President, Children of the Night, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (July 2, 2012) (on file with author).

163 Dr. Lois Lee, Founder & President, Children of the Night, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (July 2, 2012) (on file with author).

The location of the Children of the Night safe house is not secret and the facility is located in a civic location in proximity to law enforcement.<sup>164</sup> The safe house receives referrals from juvenile probation, child protective services, law enforcement, and application by victims and their families.<sup>165</sup> Children of the Night works with a number of agencies and receives support and donations from the surrounding community. In addition, the organization has over 600 alumni with whom Children of the Night maintains regular contact, continuing to provide school supplies, case management, and support for program graduates.<sup>166</sup>

#### 4. Janus Youth Programs: Athena House

Janus Youth Programs is an organization which serves high-risk youth and their families in a variety of programs in Oregon and Washington. The organization has been serving youth since 1972.<sup>167</sup> Janus provides outreach, short term shelter, and long term housing for homeless youth in downtown Portland. Janus' 24-hour program called Harry's Mother provides crisis services, counseling, a family help line, and short term shelter (up to 30 days) for youth and runaways in Multnomah County who are under the age of 18. The organization currently operates residential programs for youth in state custody, primarily for boys and young men who are sex offenders, victims of abuse, or who have been incarcerated. Janus Youth Programs has been serving victims of commercial sexual exploitation of children (CSEC) within the greater population of homeless and runaway youth for several years.<sup>168</sup> In 2010, Janus began providing CSEC specific short term shelter at the runaway youth shelter operated under Harry's Mother. In 2011, they opened a long-term residence called "Athena House" to serve CSEC victims. This facility is secure but not a locked facility and serves youth for up to 18 months.

Janus Youth Programs recently revised its CSEC residential programming and is now housing both short- and long-term youth at Athena House. This change was made to give youth who enter as short-term residents an opportunity to "try out" what it would feel like to stay at Athena House long-term. The second consideration was that CSEC youth brought to the short-

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164 Dr. Lois Lee, Founder & President, Children of the Night, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (July 2, 2012) (on file with author).

165 Dr. Lois Lee, Founder & President, Children of the Night, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (July 2, 2012) (on file with author).

166 Dr. Lois Lee, Founder & President, Children of the Night, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (July 2, 2012) (on file with author).

167 Patti McRae, CSEC Project Coordinator, Janus Youth Programs, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (July 19, 2012) (on file with author).

168 Patti McRae, CSEC Project Coordinator, Janus Youth Programs, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (July 19, 2012) (on file with author).

term runaway shelter had significant issues that led to house management and safety concerns for the younger youth who normally stay at the shelter.

Athena House residents currently attend school off-site and have access to a network of mental health specialists, advocates, counselors, and other providers.<sup>169</sup> A case manager at Harry's Mother provides case management and coordinates services with these other providers, who are all part of a strong collaboration of public and private nonprofit organizations serving these youth. The CSEC staff has extensive training and is trauma-informed. The CSEC system of care received funding to serve these victims from a Department of Justice grant, the City of Portland, Multnomah County government, State child welfare, and donations from local groups and individuals.<sup>170</sup> Janus Youth participates in a CSEC steering committee led by Multnomah County that is charged with developing a community-wide response to all aspects of the problem of human trafficking. This committee includes representatives from the local police, the FBI, the county's Juvenile Justice Department, district attorneys, county sheriff, city and county elected officials, child welfare, nonprofit organizations, and others. Janus has the additional role of coordinating partners in the system of care for victims, a role that includes leading a workgroup called the Victims Services Implementation team that provides oversight and guidance to service providers.<sup>171</sup> Due to the efforts of these collaborations, the entire community that includes Portland and Multnomah County has become more aware of human trafficking and the need to serve these victims.

## 5. YouthCare: The Bridge Program

YouthCare is an organization based out of Washington that serves runaway and homeless youth, including direct outreach and services to lesbian, gay, bisexual, transgender, and queer (LGBTQ) victims of sexual exploitation. YouthCare ran several programs dedicated to serving sexually exploited youth in the 1980's and 1990's but lost funding to continue these programs. The Bridge Program, YouthCare's current program to serve sexually exploited youth, began in May 2010.<sup>172</sup> It was established through a partnership with the City of Seattle that includes "municipal and county authorities, health professionals and other service providers,

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169 Patti McRae, CSEC Project Coordinator, Janus Youth Programs, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (July 19, 2012) (on file with author).

170 Patti McRae, CSEC Project Coordinator, Janus Youth Programs, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (July 19, 2012) (on file with author).

171 Patti McRae, CSEC Project Coordinator, Janus Youth Programs, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (July 19, 2012) (on file with author).

172 Leslie Briner, CSE Training and Policy Coordinator, YouthCare, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (Aug. 8, 2012) (on file with author).

foundations, and private donors.”<sup>173</sup> Additional members of the community, including the public school system, the county prosecuting attorney’s office, police department, and local juvenile justice systems, support the collaboration.<sup>174</sup> YouthCare is also the lead site in King County, Washington in the implementation of National Safe Place, a national initiative targeted at preventing homelessness and exploitation of runaways.

The Bridge Program operates both an emergency shelter and long-term recovery services for DMST victims. The emergency shelter has two beds and the long term program has six beds. Among other staff members, the Bridge Program employs a full-time case manager, licensed therapist (LICMPH), and a full-time chemical dependency professional (CDP).<sup>175</sup> The program attempts to employ a blend of survivors, non-survivors, and clinical and supervisory staff.<sup>176</sup> Medical care is not provided on-site but both therapy and education are provided to long-term program residents.<sup>177</sup>

The Bridge Program emphasizes life skills, vocational training, and paid community service learning. YouthCare operates four paid employment training programs and there are several others that Bridge Project youth have access to in the community.<sup>178</sup> Residents also participate in regular recreational outings, physical activities including yoga and hiking, and art and empowerment activities such as photography and poetry.<sup>179</sup> YouthCare also operates four transitional living programs for youth over age 18. Residents of the Bridge Program are encouraged to transition to one of these programs upon turning 18. However, these transitional living programs are far less structured than the long-term recovery programs and are not DMST specific, so youth and staff are prepared accordingly.<sup>180</sup>

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173 *The Bridge Program: Shelter and Recovery for Sexually Exploited Youth*, YouthCare, <http://www.youthcare.org/our-programs/services-sexually-exploited-youth> (last visited Aug. 15, 2012).

174 *The Bridge Program: Shelter and Recovery for Sexually Exploited Youth*, YouthCare, <http://www.youthcare.org/our-programs/services-sexually-exploited-youth> (last visited Aug. 15, 2012).

175 Leslie Briner, CSE Training and Policy Coordinator, YouthCare, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (Aug. 8, 2012) (on file with author).

176 Leslie Briner, CSE Training and Policy Coordinator, YouthCare, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (Aug. 8, 2012) (on file with author).

177 Leslie Briner, CSE Training and Policy Coordinator, YouthCare, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (Aug. 8, 2012) (on file with author).

178 Leslie Briner, CSE Training and Policy Coordinator, YouthCare, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (Aug. 8, 2012) (on file with author).

179 Leslie Briner, CSE Training and Policy Coordinator, YouthCare, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (Aug. 8, 2012) (on file with author).

180 Leslie Briner, CSE Training and Policy Coordinator, YouthCare, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (Aug. 8, 2012) (on file with author).

## E. SAFE HOUSES IN TEXAS

Due to the overwhelming number of trafficking victims in Texas,<sup>181</sup> services and treatment for these victims is very much needed. In response, organizations have recently opened or are opening safe houses for DMST victims. Additionally, courts have begun to form specialty dockets designed specifically to address the needs of DMST victims, and set aside time to hear only those cases in which children have been charged with a crime pursuant to their victimization at the hands of traffickers.

### 1. Home of Hope Texas

Home of Hope Texas is a faith-based organization providing long-term residential services to female victims of DMST. As of the time of this publication, Home of Hope Texas plans to begin serving victims by October 2012.<sup>182</sup> The organization currently has two facilities, a long-term care facility and a short-term intake center.<sup>183</sup> The facility for long-term care can accommodate up to thirteen residents.<sup>184</sup> The short-term intake center will serve girls immediately after they are rescued. This intake center is equipped with a medical examination room and hospital style housing for up to fourteen girls.<sup>185</sup> For long-term residents, the organization plans to provide on-site education and when finances allow, will offer on-site counseling and therapy. Residents will also be able to receive vocational skills education and participate in other programming such as gardening.<sup>186</sup>

### 2. For the Sake of One: Isaiah's House

Isaiah's House is operated by faith-based organization For the Sake of One. For the Sake of One is a survivor led organization that provides community-based care and case management.<sup>187</sup> At the time of this publication, Isaiah's House plans to open in late fall 2012 and its maximum capacity will be 24 residents.<sup>188</sup> The safe house will serve both male and female DMST victims.

181 *See supra* Part I. A. 2.

182 Rodney Daniels, President, Home of Hope Texas, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (July 26, 2012) (on file with author).

183 *About Us: Our Mission*, Home of Hope Texas, <http://www.homeofhopetexas.com/index.php/about-us> (last visited July 26, 2012).

184 Rodney Daniels, President, Home of Hope Texas, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (July 26, 2012) (on file with author).

185 *About Us: Our Mission*, Home of Hope Texas, <http://www.homeofhopetexas.com/index.php/about-us> (last visited July 26, 2012).

186 Rodney Daniels, President, Home of Hope Texas, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (July 26, 2012) (on file with author).

187 Melissa Woodward, Exec. Dir., For the Sake of One, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (June 26, 2012) (on file with author).

188 Melissa Woodward, Exec. Dir., For the Sake of One, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (June 26, 2012) (on file with author).

Staff at Isaiah’s House will be survivor advised and will consist of case workers, full-time and part-time teachers, house parents and three shifts of workers on the floor with residents. Staff will go through DMST training prior to working with residents and will participate in ongoing training each year.<sup>189</sup> Security measures at the safe house will include frequent room checks, staff training on internal recruitment, and a security system with cameras.<sup>190</sup>

Isaiah’s House will be able to serve pregnant individuals until their second trimester upon which the girls will be moved to a maternity home for the remainder of their pregnancy. Isaiah’s House has not yet settled on a particular therapy model, but the executive director emphasized the importance of restorative services and therapeutic care to DMST victims.<sup>191</sup> The safe house will provide education on-site and also teach life skills to prepare victims to enter a trade or college. Planned programming for residents includes equine therapy, snow-skiing, mountain-climbing, canoeing, music lessons, and trips to restaurants and movies.<sup>192</sup> Residents may have visitors only if those visitors have had counseling prior to the visit. The executive director’s hope for Isaiah’s House is that child victims would be able to get out of juvenile detention and be treated as survivors, not criminals.<sup>193</sup>

### 3. Arrow Child & Family Ministries: Freedom Place

Freedom Place is operated by faith-based organization Arrow Child & Family Ministries outside Houston, Texas. Freedom Place houses female DMST victims. The facility is located on 110 acres in a rural environment and holds the highest level of residential licensing.<sup>194</sup> At the time of this publication, Freedom Place is providing shelter and services for eleven girls. With adequate funding, it has a capacity of thirty girls in the main house and fifty girls on the entire campus. The organization brought in an interior designer to decide how each bedroom should look to best facilitate rehabilitation.<sup>195</sup>

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189 Melissa Woodward, Exec. Dir., For the Sake of One, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (June 26, 2012) (on file with author).

190 Melissa Woodward, Exec. Dir., For the Sake of One, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (June 26, 2012) (on file with author).

191 Melissa Woodward, Exec. Dir., For the Sake of One, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (June 26, 2012) (on file with author).

192 Melissa Woodward, Exec. Dir., For the Sake of One, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (June 26, 2012) (on file with author).

193 Melissa Woodward, Exec. Dir., For the Sake of One, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (June 26, 2012) (on file with author).

194 Kellie Armstrong, former Exec. Dir., Freedom Place, Address at the Meeting of the Human Trafficking Rescue Alliance for the Southern District of Texas (June 21, 2012).

195 Kellie Armstrong, former Exec. Dir., Freedom Place, Address at the Meeting of the Human Trafficking Rescue Alliance for the Southern District of Texas (June 21, 2012).

The campus has an extensive security system and natural barriers to aid in preventing residents from running away. In addition to these measures, Freedom Place has specific policies in place to discourage running, such as not allowing shoes in the house and a policy of staff walking with girls if they decide to run away.<sup>196</sup>

Residents at Freedom Place receive education and trauma-focused therapy on-site. While education and therapy are provided in English, the online education curriculum can be translated into Spanish. Freedom Place also offers vocational skills education on campus in a mock-boutique and a commercial kitchen.<sup>197</sup> Equine therapy, pet-assisted therapy and various other activities are available to residents. Television, cell phone, and computer use are not permitted, with the exception of limited computer use for web-based education.<sup>198</sup> Residents are not permitted to leave the campus for at least six months after they first arrive. The total length of care at Freedom Place is planned to be nine to eighteen months. However, Freedom Place also has transitional living accommodations available on-site in the form of apartments.<sup>199</sup>

#### IV. CORE COMPONENTS AND ESSENTIAL CONSIDERATIONS

Safe house operators who responded to the survey made clear that opening and operating a safe house is a continuous learning experience. However, a list of central themes emerged from the survey responses, and is gathered in this publication into what can be considered “core components” or “essential considerations.” These elements are reoccurring factors based on the collective experiences of the safe houses surveyed nationwide. It is worth reiterating that because the provision of services to DMST victims in the safe house model is still new, it is impossible to establish a “best practices” model, as the practices themselves are still being developed.

Within each of the core components emerging from the survey, each safe house presented its own unique experiences based on interactions with the victims and the community. An organization should carefully consider how it would approach each one of these components in opening and operating a safe house for DMST victims. Bear in mind that the following considerations are by no means a rigid list of qualifications for properly operating a successful safe house. Rather these are the basic components that should be kept in mind and adapted to what works best given the individual circumstances for each organization.

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196 Kellie Armstrong, former Exec. Dir., Freedom Place, Address at the Meeting of the Human Trafficking Rescue Alliance for the Southern District of Texas (June 21, 2012).

197 Kellie Armstrong, former Exec. Dir., Freedom Place, Address at the Meeting of the Human Trafficking Rescue Alliance for the Southern District of Texas (June 21, 2012).

198 Kellie Armstrong, former Exec. Dir., Freedom Place, Address at the Meeting of the Human Trafficking Rescue Alliance for the Southern District of Texas (June 21, 2012).

199 Kellie Armstrong, former Exec. Dir., Freedom Place, Address at the Meeting of the Human Trafficking Rescue Alliance for the Southern District of Texas (June 21, 2012).



## A. LOCATION

A major component in creating a safe house is the choice of location and facilities that will serve as the physical space for the safe house and its services. Although it might seem that any available shelter and property would be suitable for housing DMST victims, the actual location of the safe house and the traits of the building are significant factors that affect the rehabilitation and recovery of these children.

The location and surrounding environment of a safe house involve a great deal more than merely a shelter on available property. Because of the unique trauma experienced by these victims, the safe house must be a place of both physical and mental security for those who live there. Though successful safe houses operate in both rural and urban environments, a few intrinsic components should be utilized and understood by all those who operate a safe house.

In terms of physical security, the location of the facility needs to keep the victims who will be staying there safe from traffickers as well as safe from themselves (i.e., self-mutilation, suicide attempts). The safe house should be located away from “the track” or known areas of street prostitution.<sup>200</sup> This distance aids in preventing recruitment of residents by pimps or other individuals still involved in prostitution. It also ensures that pimps will not be able to find the location of the safe house and attempt to kidnap or lure their victims away. While it should be a sufficient distance from areas where residents may be preyed upon, the safe house facility and property should be appropriately close to services that residents will need. Finances and staffing may not allow for on-site medical care, education, and general programming elements, so some organizations will need to choose a location in proximity to these services.

In regards to the environment of the safe house location, organizations should carefully consider whether they intend to operate the safe house in a rural or an urban location. There are positives and negatives to either environment. Each service provider will likely have a unique reasoning for choosing a particular location. Urban locations will likely be close to victims in need and may be more familiar surroundings for arriving victims. Victims can continue to lean on healthy emotional support that they have already developed such as family members, teachers from school, and current therapists and social workers.<sup>201</sup> Urban and suburban locations are also closer to local hospitals, counselors, and activities for residents.

Hope House is located in a suburban location in order to allow residents to participate in community activities such as dance classes, soccer, and

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200 Heather J. Clawson & Lisa Goldblatt Grace, *Finding a Path to Recovery: Residential Facilities for Minor Victims of Domestic Sex Trafficking* (2007) available at <http://aspe.hhs.gov/hsp/07/humantrafficking/ResFac/ib.pdf>.

201 Heather J. Clawson & Lisa Goldblatt Grace, *Finding a Path to Recovery: Residential Facilities for Minor Victims of Domestic Sex Trafficking* (2007) available at <http://aspe.hhs.gov/hsp/07/humantrafficking/ResFac/ib.pdf>.

softball.<sup>202</sup> Participating in sports and events in the community can allow residents to feel less isolated and less like outcasts. The director of Emma’s Home related that her safe house actually started at a rural location but the house had since moved to a suburban location in a neighborhood.<sup>203</sup> She explained that the employees felt exposed and less safe in the rural location. This director described the suburban safe house as “hiding in plain sight.”<sup>204</sup>

Finally, some service providers also believe that a victim will at some point likely be back in an urban environment that contains triggers related to his or her prior trauma. Thus, the victims must find recovery in the context of these triggers in order to truly overcome the trauma and function on their own.<sup>205</sup> However, proximity to urban areas can also bring more dangers to safe house residents and staff. Urban locations are potentially closer to “the track” and to areas of recruitment by pimps. Urban locations can also be more familiar to residents and may therefore contribute to the temptation to running away.

Rural locations have their own advantages and disadvantages. Safe houses in rural areas will likely be located well away from hotspots for human trafficking and “the track.” Rural locations are potentially harder for pimps to locate in order to abduct or recruit residents. Residents may also be able to better recover from PTSD if they are away from daily triggers and the areas where their exploitation took place that can reawaken trauma.<sup>206</sup> Additionally, organizations that choose more secluded locations are more likely to be able to obtain large acreages which allow for on-site activities like equine therapy and sports.

Texas safe house Freedom Place sits on 110 acres in a more rural location.<sup>207</sup> The facility is still close to a town and not totally isolated. Having so much land allows Freedom Place to offer residents many activities and different forms of therapy on-site. Additionally, the rural location and acreage of Freedom Place provides natural security barriers that

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202 Emily Fitchpatrick, Founder/President, On Eagles Wings, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (July 6, 2012) (on file with author).

203 Abbi Tenaglia, Dir., Transforming Hope Ministries, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (July 17, 2012) (on file with author).

204 Abbi Tenaglia, Dir., Transforming Hope Ministries, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (July 17, 2012) (on file with author).

205 Heather J. Clawson & Lisa Goldblatt Grace, *Finding a Path to Recovery: Residential Facilities for Minor Victims of Domestic Sex Trafficking* (2007) available at <http://aspe.hhs.gov/hsp/07/humantrafficking/ResFac/ib.pdf>.

206 Heather J. Clawson & Lisa Goldblatt Grace, *Finding a Path to Recovery: Residential Facilities for Minor Victims of Domestic Sex Trafficking* (2007) available at <http://aspe.hhs.gov/hsp/07/humantrafficking/ResFac/ib.pdf>.

207 Kellie Armstrong, former Exec. Dir., Freedom Place, Address at the Meeting of the Human Trafficking Rescue Alliance for the Southern District of Texas (June 21, 2012).

discourage running away.<sup>208</sup> Examples of other potential natural barriers are topographical elements, heavily wooded areas, and general distance from areas of familiarity and from the operating areas of a resident's trafficker.

Despite the great potential for extensive programming and the possible natural safety features that a rural location can provide, rural locations may also have negative aspects. Organizations should carefully consider the distance from local police and medical assistance before committing to a rural location. Response times to emergency calls may be longer which may be a concern to service providers. Additionally, the executive director of GenerateHope stated that rural locations may make it harder for safe houses to connect with referral services.<sup>209</sup>

In addition to carefully choosing the location of the safe house, operators should create some sort of security system to monitor the property and further maintain physical security for residents. Most safe houses are not locked facilities; the intent is not to force residents to be there.<sup>210</sup> Thus, additional security measures are necessary to protect residents and staff members. Again, most safe houses currently in operation use some combination of security cameras, alarm systems, and gates.<sup>211</sup> These measures are intended to protect residents and staff from outsiders rather than to hold residents on the property. In addition to electronic systems and gates, each safe house should consider having a security plan in place so that staff can maintain order in the house and keep a calm attitude when interacting with residents in potentially hectic situations. A system and a plan for security situations provide structure for these victims whose lives have revolved around insecurity and confusion. These safety plans can also be a tool for victims as they eventually leave the safe house and must "navigate day-to-day life after exit."<sup>212</sup>

Although security systems and cameras are valuable elements of protecting safe houses, the primary way in which this security can be maintained is through secrecy and privacy of the location of the safe house. Most safe houses maintain absolute secrecy as to the actual location of the physical house.<sup>213</sup> This secrecy provides both physical and mental security to safe

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208 Kellie Armstrong, former Exec. Dir., Freedom Place, Address at the Meeting of the Human Trafficking Rescue Alliance for the Southern District of Texas (June 21, 2012).

209 Susan Munsey, Exec. Dir., Generate Hope, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (June 23, 2012) (on file with author).

210 See responses to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (on file with author).

211 See responses to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (on file with author).

212 Heather J. Clawson & Lisa Goldblatt Grace, *Finding a Path to Recovery: Residential Facilities for Minor Victims of Domestic Sex Trafficking* (2007) available at <http://aspe.hhs.gov/hsp/07/humantrafficking/ResFac/ib.pdf>.

213 See responses to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (on file with author).

house residents and staff. Only allowing a select set of people to know the location of the safe house prevents traffickers from having access to residents and from potentially harming residents and staff. In contrast, Children of the Night purposefully does not keep the location of its safe house a secret. The organization feels secure in the strength of its own security system and does not feel that secrecy is a necessary precaution.<sup>214</sup> Each organization must carefully consider whether secrecy of location is necessary or unnecessary and how residents could possibly be affected by operating out of a publicly known location. Again, most but not all safe houses maintain secrecy of location as a precautionary measure to protect residents and staff from harm.

Secrecy of location and a definite safety plan are two examples of measures that provide mental security for both residents and staff. Additional consideration should be given to the structure and design of the safe house's physical building. Where the residents live should be a place of stability and peace. Freedom Place hired a designer to make each of its bedrooms optimally healing for each individual staying in the house. This designer chose appropriate colors and designed the rooms to accommodate healing from trauma.<sup>215</sup> The executive director of Freedom Place provided one example of interior issues that might need addressing to assure that residents feel safe: access to the attic.<sup>216</sup> One of Freedom Place's bedrooms had a trapdoor to the attic in the ceiling. This door could have potentially frightened a resident and added stress to that resident's stay. Freedom Place moved the entrance to the attic out of that bedroom so that the resident sleeping there could feel safe.<sup>217</sup> Service providers should carefully consider how victims might be affected by interior design, space planning, and house layout.

In addition to considering the facility and layout of the safe house from a therapeutic perspective, organizations must meet specific qualifications for physical characteristics of safe houses as an element of proper licensing. The Texas Administrative Code (TAC) includes basic qualifications such as buildings being structurally sound, clean and in good repair;<sup>218</sup> adherence to local and state building, plumbing, electrical and fire codes;<sup>219</sup> and buildings being free of rodents and insects.<sup>220</sup> Other required elements of state codes may be very helpful in facilitating safety throughout the safe house. For example, the TAC requires the facility to have an "adequate communication

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214 Dr. Lois Lee, Founder & President, Children of the Night, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (July 2, 2012) (on file with author).

215 Kellie Armstrong, former Exec. Dir., Freedom Place, Address at the Meeting of the Human Trafficking Rescue Alliance for the Southern District of Texas (June 21, 2012).

216 Kellie Armstrong, former Exec. Dir., Freedom Place, Address at the Meeting of the Human Trafficking Rescue Alliance for the Southern District of Texas (June 21, 2012).

217 Kellie Armstrong, Exec. former Dir., Freedom Place, Address at the Meeting of the Human Trafficking Rescue Alliance for the Southern District of Texas (June 21, 2012).

218 40 Tex. Admin. Code §745.8601-03 (2012).

219 40 Tex. Admin. Code §745.8601-03 (2012).

220 40 Tex. Admin. Code §748.3301 (2012).

system,” which should include not only a telephone with an operable outside line but also an internal communication system to allow safe house employees to contact one another in case of emergency.<sup>221</sup>

State codes will also have specific qualifications for living spaces, bedrooms, and bathrooms. Texas law has several provisions of this kind. The TAC requires that there be at least forty square feet of indoor space for each child, excluding bedrooms, halls, kitchens and bathrooms.<sup>222</sup> In regards to bedrooms, a room for one child must have at least eighty square feet of floor space and bedrooms for multiple children should have sixty square feet of space for each child.<sup>223</sup> Additionally, each bedroom should have at least one window and adequate storage space for each child’s personal belongings.<sup>224</sup> The TAC requires that rooms commonly used for other purposes, such as dining rooms and living rooms, may not be used as bedrooms.<sup>225</sup> Bathrooms should be located on the same floor as bedrooms and should be accessible from the bedrooms without children needing to cross an activity room, dining room, or living room. This provision is one of many to provide privacy for children living in safe houses.<sup>226</sup>

In order to meet various licensing requirements for safe house facilities, organizations have utilized a variety of building types to serve DMST victims. Many of the smaller service providers lease houses in rural or suburban locations and are able to serve smaller numbers of victims in intimate settings.<sup>227</sup> However, one service provider, Hope House, has been required by the state to make changes to the physical house to maintain proper licensing for safe house operation.<sup>228</sup> The required changes included an exterior stairwell among others, but the safe house has been allowed to continue operation while such changes are made.<sup>229</sup>

Other organizations utilize larger structures on more campus-style properties to serve larger numbers of residents. The property and facility utilized by Freedom Place was originally intended to be used as a summer camp and retreat center. However, the two large houses, four-bedroom modular hall, and four cabins are now used to serve DMST victims and to provide transitional housing to victims.<sup>230</sup> Due to the spacious nature of

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221 40 Tex. Admin. Code §748.3309 (2012).

222 40 Tex. Admin. Code §748.3351 (2012).

223 40 Tex. Admin. Code §748.3357(b) (2012).

224 40 Tex. Admin. Code §748.3351 (2012).

225 40 Tex. Admin. Code §748.3359 (2012).

226 40 Tex. Admin. Code §748.3391 (2012).

227 See responses to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (on file with author).

228 Emily Fitchpatrick, Founder/President, On Eagles Wings, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (July 6, 2012) (on file with author).

229 Emily Fitchpatrick, Founder/President, On Eagles Wings, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (July 6, 2012) (on file with author).

230 *Freedom Place Safe House*, Freedom Place: A Program of Arrow Child & Family Ministries,

Freedom Place’s facilities, the organization can accommodate a greater number of victims. Similarly, StreetlightUSA has a large campus with multiple cottages to accommodate victims and thus, the organization can accommodate forty-eight victims.<sup>231</sup>

As apparent from the variety of safe houses in operation, different locations and facilities can have both positives and negatives and can accommodate a host of different programs and activities. Although the locations and facilities of the safe houses vary from organization to organization, all safe house respondents have acknowledged the need for safety in the safe house location and facility for both residents and staff.<sup>232</sup> Thus, organizations choosing to open safe houses should carefully consider aspects of location and facility and how each choice can accommodate programming, safety, and residence space.

### **Core Components Recommendations:**

- Organizations should give careful consideration to the location and the facility for the safe house. Security, proximity to services, and space within the facility are just a few elements to consider when choosing a location for a safe house.
- Organizations must ensure that the safe house facility meets state licensing requirements.
- Organizations should develop specific security policies which may include secrecy of the safe house location, an internal security plan, cameras, gates or security staff.

## **B. PROGRAMMING AND SERVICES**

Upon arriving at a safe house, victims are completely dependent on the service provider. Up to this point, the victim’s entire day-to-day life has been dictated by the trafficker. The trafficker determines how the victim spends his or her time, what the victim is allowed to eat, when the victim is allowed to sleep, and essentially what the victim owns or does not own.<sup>233</sup> Thus, services and programming can be crucial in helping victims make the transition from trauma and dependence on traffickers to independence and a sense of self-worth. These services and programs can include medical services, recreational programs, life skills training, vocational skills training, and spiritual care.

In regards to basic services, safe houses provide residents with appropriately fitting clothes, food, and shelter with places to sleep and

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<http://www.freedomplace.us/site/freedom/freedom-place/safe-house.html> (last visited Aug. 8, 2012).

231 *About Us*, StreetlightUSA: Stop Child Rape, <http://streetlightusa.org/about-us/> (last visited Oct. 15, 2012).

232 See responses to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (on file with author).

233 See *supra* Part I. B. 2.

shower.<sup>234</sup> Additionally, victims will likely need some form of medical treatment or screening for various health-related issues. Victims may have broken bones and physical injuries from rapes and/or beatings.<sup>235</sup> They may have been exposed to HIV and other STDs and may even be pregnant. Victims may also be addicted to alcohol and/or drugs and could be malnourished.<sup>236</sup> Regardless of whether an incoming resident has an apparent injury, state law will likely have requirements for safe houses with regard to the provision of medical services and an initial medical screening.

For Texas organizations, the TAC requires that service providers ensure that each child has a medical examination by a health-care professional within thirty days of admission.<sup>237</sup> However if a child has had a medical examination in the past year, another exam is not necessary.<sup>238</sup> If an admitted child shows symptoms of abuse or illness, a health-care professional must examine the child immediately.<sup>239</sup> DMST victims may be in need of immediate medical attention. Service providers need to have a way for victims to either receive these services on-site at the safe house or have a relationship with a safe, secure medical service provider in the area. About half of survey respondents provide on-site medical care and the other half have relationships with off-site service providers for residents' medical needs. Both approaches have served functioning safe houses well.<sup>240</sup>

In addition to basic services, most safe houses also provide a variety of types of programming to victims. This programming “keep[s]... [victims]... engaged and busy.”<sup>241</sup> It should be “youth development-oriented” and help the children living in safe houses develop their gifts and find their identity outside of trafficking.<sup>242</sup> These programs must keep residents engaged and provide a “meaningful alternative [to ‘The Life’].”<sup>243</sup> Programming and daily

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234 Heather J. Clawson & Lisa Goldblatt Grace, *Finding a Path to Recovery: Residential Facilities for Minor Victims of Domestic Sex Trafficking* (2007) available at <http://aspe.hhs.gov/hsp/07/humantrafficking/ResFac/ib.pdf>.

235 Heather J. Clawson & Lisa Goldblatt Grace, *Finding a Path to Recovery: Residential Facilities for Minor Victims of Domestic Sex Trafficking* (2007) available at <http://aspe.hhs.gov/hsp/07/humantrafficking/ResFac/ib.pdf>.

236 Heather J. Clawson & Lisa Goldblatt Grace, *Finding a Path to Recovery: Residential Facilities for Minor Victims of Domestic Sex Trafficking* (2007) available at <http://aspe.hhs.gov/hsp/07/humantrafficking/ResFac/ib.pdf>.

237 40 Tex. Admin. Code § 748.1223 (a) (2012).

238 40 Tex. Admin. Code § 748.1223 (a) (2012).

239 40 Tex. Admin. Code § 748.1223 (b) (2012).

240 See responses to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (on file with author).

241 Heather J. Clawson & Lisa Goldblatt Grace, *Finding a Path to Recovery: Residential Facilities for Minor Victims of Domestic Sex Trafficking* (2007) available at <http://aspe.hhs.gov/hsp/07/humantrafficking/ResFac/ib.pdf>.

242 Heather J. Clawson & Lisa Goldblatt Grace, *Finding a Path to Recovery: Residential Facilities for Minor Victims of Domestic Sex Trafficking* (2007) available at <http://aspe.hhs.gov/hsp/07/humantrafficking/ResFac/ib.pdf>.

243 Heather J. Clawson & Lisa Goldblatt Grace, *Finding a Path to Recovery: Residential Facilities for Minor Victims of Domestic Sex Trafficking* (2007) available at <http://aspe.hhs.gov/hsp/07/humantrafficking/ResFac/ib.pdf>.

activities fill a resident's time and provide opportunities for a resident to learn more about himself or herself. The executive director of Freedom Place states that victims need activities to "replace thrill seeking behavior."<sup>244</sup> Through effective programming, safe house activities can give residents a way to express themselves, build self-worth, and find new activities to enjoy.

Organizations that are currently operating safe houses offer a wide variety of programs for residents. Many safe houses offer equine therapy or activities with other pet animals. Working with horses specifically is how organizations like Freedom Place seek to "replace thrill seeking behavior" in residents and provide an experience that they may not have had previously.<sup>245</sup> Residents and staff at Freedom Place also go running together every day. This allows girls to get more physically fit and find a productive way to expel energy. Staff members and residents who do not run with the others observe the runners and cheer them on. This activity builds community and self-esteem among the girls.<sup>246</sup>

Safe houses across the country are providing many other types of programming to residents such as gardening, art, sports, and dance. Many safe houses also utilize off-campus activities and field trips. One safe house in particular involves residents in community activities such as art, karate, and softball. Girls are enrolled in these activities through home school groups.<sup>247</sup> Therefore, the girls are only known to peers and community members as home school students and are able to interact in an environment where they are not judged. All of these creative activities and outlets can allow residents of safe houses to stay engaged and to grow relationally and personally from victims to survivors.

In addition to recreational programming, most safe houses also offer vocational and life skills training to residents. As a part of becoming financially independent and self-sufficient, it is important for children to have vocational and life skills training. An organization should strive with its vocational program to empower an individual as well as broaden his or her worldview.<sup>248</sup> Having the ability to lead a self-sustaining life will lead to a lower risk of re-victimization.<sup>249</sup> Also, learning skills will help children

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244 Kellie Armstrong, former Exec. Dir., Freedom Place, Address at the Meeting of the Human Trafficking Rescue Alliance for the Southern District of Texas (June 21, 2012).

245 Kellie Armstrong, former Exec. Dir., Freedom Place, Address at the Meeting of the Human Trafficking Rescue Alliance for the Southern District of Texas (June 21, 2012).

246 Kellie Armstrong, former Exec. Dir., Freedom Place, Address at the Meeting of the Human Trafficking Rescue Alliance for the Southern District of Texas (June 21, 2012).

247 Emily Fitchpatrick, Founder/President, On Eagles Wings, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (July 6, 2012) (on file with author).

248 Rachel Sumner, Aftercare Coordinator, Operation Broken Silence, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (June 24, 2012) (on file with author).

249 Rachel Sumner, Aftercare Coordinator, Operation Broken Silence, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (June 24, 2012) (on file with author).



learn how to live as a responsible adult and be reintegrated into mainstream society.<sup>250</sup>

There are a variety of ways an organization can approach vocational skills training. For example, Freedom Place has a professional kitchen where residents can learn to cook, as well as a boutique where they can learn general retail skills.<sup>251</sup> Having these skills on a resume may increase the chances that residents will be hired upon departure from the safe house and ease their transition to self-sufficiency. Courage House, located in California, states that many of its girls choose to continue their education in beauty school or college upon leaving the program.<sup>252</sup> Residents of Hope House can participate in “Fields of Hope,” a program through which residents can learn leadership skills, job skills, and financial independence.<sup>253</sup> Experts and mentors help residents create hand-made products, which are then sold online.<sup>254</sup> The program is intended to help survivors “learn to address real-world issues and develop management/problem solving skills while in a safe and nurturing environment.”<sup>255</sup> In essence, the most important and optimal result of living skills and vocational training should be that a child leaves the safe house with restored confidence and the knowledge and tools needed for a better life.

Although programming varies and will vary between safe houses, currently operational safe houses consistently do not allow residents to have unlimited and/or unmonitored access to the internet, the telephone, and visitors. This measure is primarily a safety precaution. Residents should not be able to contact traffickers or other individuals who may present risks to safe house residents and staff. Continued contact with individuals related to a resident’s past experiences with being trafficked can also interfere with a resident’s therapeutic treatment and course of recovery. When residents are given access to these forms of communication, monitoring is necessary to prevent the location of the safe house from being revealed as oftentimes, not even family members are allowed to know the location. Freedom Place does not allow residents access to television, cell phones, or computers.<sup>256</sup> Other

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250 Melissa Woodward, Exec. Dir., For the Sake of One, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (June 26, 2012) (on file with author).

251 Kellie Armstrong, former Exec. Dir., Freedom Place, Address at the Meeting of the Human Trafficking Rescue Alliance for Southern District of Texas (June 21, 2012).

252 Melissa Hermann, Exec. Dir., Courage House, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (July 17, 2012) (on file with author).

253 *Fields of Hope*, The Hope House, [http://www.hopehousenc.com/#!\\_\\_fields-of-hope](http://www.hopehousenc.com/#!__fields-of-hope) (last visited Aug. 9, 2012).

254 *Fields of Hope*, The Hope House, [http://www.hopehousenc.com/#!\\_\\_fields-of-hope](http://www.hopehousenc.com/#!__fields-of-hope) (last visited Aug. 9, 2012).

255 *Fields of Hope*, The Hope House, [http://www.hopehousenc.com/#!\\_\\_fields-of-hope](http://www.hopehousenc.com/#!__fields-of-hope) (last visited Aug. 9, 2012).

256 Kellie Armstrong, former Exec. Dir., Freedom Place, Address at the Meeting of the Human Trafficking Rescue Alliance for the Southern District of Texas (June 21, 2012).

safe houses, such as Hope House in North Carolina, Isaiah's House in Texas, and Courage House in California, allow limited, monitored phone access to approved numbers.<sup>257</sup> Computers and the internet are often necessary to safe houses as they are needed for residents' education. However, again, access to the internet must be closely monitored even in the school setting to ensure staff and resident safety.

Another service that all safe houses should make available to residents is spiritual care. Safe houses are operated by faith-based and non-faith-based organizations alike, but all make spiritual care available to residents.<sup>258</sup> Most faith-based organizations operating safe houses do not enforce any type of required Bible study or religious activity. Texas faith-based organization For the Sake of One allows each child living at Isaiah's House to make the choice whether to attend religious services, but Sunday is observed in the house as a day of rest and relaxation.<sup>259</sup> State law will also likely mandate that safe house organizations make spiritual services available to residents. The TAC states that children in residential operations have the right to have their religious needs met.<sup>260</sup> Thus, Texas service providers must meet the religious needs of each resident of a safe house. Moreover, spiritual care may be helpful in the healing process for victims and service providers should be mindful of how to make these services available to safe house residents.

Finally, safe houses should consider whether to offer services or therapy to family members of residents. Most of the surveyed safe houses did not provide family services or training, but many involve families in the therapy element of rehabilitation.<sup>261</sup> Several survey respondents expressed interest in offering training and support to parents or guardians of victims in the future.<sup>262</sup> Two safe houses cited family therapy as a required element for reintegration.<sup>263</sup> Thus, if a victim is to eventually return home, family therapy is necessary, although reunification may not be possible if the parent is the trafficker. Both Isaiah's House and Children of the Night have a specific number of required therapy sessions for families before parents or families may reunite with a victim.<sup>264</sup> Safe houses should give careful thought to whether they will choose to offer services to families of victims or whether family therapy will be required for visitation or reunification.

257 See responses to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (on file with author).

258 See responses to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (on file with author).

259 See responses to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (on file with author).

260 40 Tex. Admin. Code §748.1101(b)(3) (2012).

261 See responses to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (on file with author).

262 See responses to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (on file with author).

263 See responses to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (on file with author).

50 264 See responses to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (on file with author).

## Core Components Recommendations:

- Safe houses will need to provide medical services and make spiritual care available to victims, either on-site or with a safe, nearby service provider.
- Safe houses should provide a variety of engaging programming to help victims develop skills, independence, and gain a sense of self away from the commercial sex trade.
- Service providers should consider offering vocational and life skills training as a way to help victims reach financial independence and self-sufficiency.
- Safe houses may want to offer services and therapy to family, parents, or guardians of victims, especially if family reunification is a key goal for the organization.

## C. STAFFING

Because of the extremely sensitive nature of treating victims of DMST, hiring and providing proper training for the best-qualified staff is an essential element of a successful safe house. Safe houses may require a large number of staff members because of the intensive and sometimes volatile nature of long-term treatment for victims of DMST. For this reason, staffing will most likely be the largest expense a safe house incurs throughout its operation.<sup>265</sup> Therefore, having an efficient yet effective staffing structure is critical for the success of a safe house.

Survey respondents brought up several considerations regarding how a safe house should staff its facility. First, safe houses will need to consider the caregiver-to-child ratio in relation to both the minimum standards required by the state as well as the amount of staff necessary to properly treat victims. According to the Texas Administrative Code, a single caregiver may care for five children if at least one child in the group requires treatment services or eight children if none of the children in the group require treatment services.<sup>266</sup> Treatment services are specialized child care services designed to treat and/or support children with: (1) emotional disorders (e.g. Global Assessment Functioning of 50 or below, current DSM diagnosis, self-injurious actions, substance abuse or dependency), (2) mental retardation (intellectual function of 70 or below), (3) pervasive developmental disorder (e.g. Autistic Disorder or Rett's Disorder), and (4) primary medical needs (e.g. unable to live without mechanical support or the services of others due to non-temporary, life-threatening conditions).<sup>267</sup> Although the maximum staff to child ratio may be five to eight children, depending on whether treatment services are required, a safe house may want to have an even lower staff-to-victim ratio due to the intense level of attention required to care for

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265 Kellie Armstrong, former Exec. Dir. of Freedom Place and Chief Advancement and Evaluation Officer of Arrow Child & Family Ministries, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (Aug. 6, 2012) (on file with author).

266 40 Tex. Admin Code §748.1003 (2010).

267 40 Tex. Admin Code §748.61 (2010).

child victims. A majority of the safe houses surveyed utilized a much lower ratio than that required by the law in their given states.

For example, Operation Broken Silence will initially have one caregiver for every four victims in the safe house and up to two caregivers for every victim in the program who resides outside the facility and receives services from third parties.<sup>268</sup> Their policy allows for this ratio to be one caregiver for every two victims as they near the end of the program.<sup>269</sup> As mentioned above, victims of DMST may arrive at a safe house with a vast array of issues, including but not limited to severe psychological trauma, substance abuse, and physical ailments.<sup>270</sup> Extra caregivers on staff may be required because of the intensive amount of support and supervision needed to properly care for a DMST victim. This type of care can be much greater than minimum legal standards contemplate.

Additionally, the qualifications and training of the staff are important to consider. The safe houses surveyed stressed the need for compassionate individuals who are capable of working with a sometimes difficult population.<sup>271</sup> Personal characteristics and compatibility with the victims of the safe house were a major point of concern with a number of those houses surveyed.<sup>272</sup>

In addition to personal characteristics and compatibility concerns, there are legal components that may dictate some staffing protocols. For instance, in Texas, staff must pass a background check before being hired.<sup>273</sup> There are several offenses that preclude an individual from working in a safe house, such as felonies or sexual misconduct.<sup>274</sup> Additionally, the Texas Department of Family Protection Services (DFPS) requires safe houses to assess the emotional and mental stability of all potential staff members.<sup>275</sup> Because of the potential for high stress environments and triggering situations staff members must be emotionally equipped to cope and properly respond in these situations. It is also important to assess the staff for personality traits, such as the ability to maintain healthy boundaries and the ability to remain calm in stressful situations.<sup>276</sup>

268 Rachel Sumner, Aftercare Coordinator, Operation Broken Silence, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (June 24, 2012) (on file with author).

269 Rachel Sumner, Aftercare Coordinator, Operation Broken Silence, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (June 24, 2012) (on file with author).

270 *See supra* Part I.B.2

271 *See* responses to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (on file with author).

272 *See* responses to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (on file with author).

273 Tex. Hum. Res. Code Ann. § 42.056 (West 2001); Tex. Hum. Res. Code Ann. § 745.625 (West 2001).

274 Tex. Hum. Res. Code Ann. § 42.059 (West 2001).

275 40 Tex. Admin Code §748.505(b)(3).

276 *See* responses to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (on file with author).

Additionally, DFPS requires that professional level service providers, the child care administrator, and the treatment director must have certain educational levels, professional qualifications, or licenses.<sup>277</sup> DFPS requires only a high school diploma to qualify as a caregiver.<sup>278</sup> Some safe houses suggested that staff positions that do not require a license should have some form of higher education. Examples of requirements are that caregivers have a bachelors or associates degree in behavioral science or related areas, classroom training pertaining to trafficking issues, additional floor training, or a demonstrated knowledge of trafficking issues through written exams or interviews given by the organization.<sup>279</sup> However, the overwhelming majority of safe houses stated that the personality fit and ability to demonstrate knowledge of DMST victims were the primary qualifications for employing non-licensed positions.<sup>280</sup>

The continual training and care for staff members is also a vital consideration in operating a safe house. DFPS requires a caregiver to receive initial training and forty hours of supervised experience before she can be the only caregiver responsible for a group.<sup>281</sup> Beyond the initial training required to qualify as a caregiver, the law requires yearly training of fifty hours addressing issues that affect the residents under care.<sup>282</sup> At Freedom Place, the training topics include a trauma-based course, managing aggressive behavior, human trafficking 101, CPR, and policies and procedures.<sup>283</sup> DFPS requires that training cover areas that are appropriate to the needs of children.<sup>284</sup>

As mentioned above, working at a safe house can be a high stress and sometimes volatile working environment. Therefore, the well-being of staff members is an important consideration. Some of the safe houses surveyed suggested that safe houses should provide resources and counseling services not only to the victims, but also to staff workers to help them cope with the demands of the job. For instance, Courage House said that they “constantly offer resources for everyone” because they know “what a taxing job it is.”<sup>285</sup>

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277 *See* Tex. Hum. Res. Code Ann. § 43.003(a) (West 2001); *see also* 40 Tex. Admin. Code § 745.8907 (2012); 40 Tex. Admin. Code § 748.605(c) (2012); Tex. Admin. Code § 748.563 (2012).

278 40 Tex. Admin Code § 748.681. (2007)

279 *See* responses to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (on file with author).

280 *See* responses to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (on file with author).

281 *See* 40 Tex. Admin. Code § 748.861 (2012).

282 40 Tex. Admin. Code § 748.931 (2012).

283 Kellie Armstrong, former Exec. Dir. of Freedom Place and Chief Advancement and Evaluation Officer of Arrow Child & Family Ministries, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (Aug. 6, 2012) (on file with author).

284 40 Tex. Admin. Code § 748.943 (2012).

285 Melissa Hermann, Exec. Dir., Courage House, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (July 17, 2012) (on file with author).

Victims can often act out, both because they are highly traumatized and because they are adolescents, and this can take its toll on staff members.<sup>286</sup>

An additional staffing consideration is whether the safe house will want to utilize live-in staff. Based on the safe houses surveyed, there are two prevailing viewpoints that emerged on the value of having a staff member live at the facility along with the residents.

One model is for safe houses to operate with a blend of shift staff and live-in staff. According to safe houses that implement this model, live-in staff members can provide a family structure by taking on a parental role.<sup>287</sup> As mentioned above, a majority of victims of DMST come from dysfunctional family settings. The argument made by those safe houses utilizing live-in staff is that by providing a family-like setting, safe houses are able to bestow upon many of their victims the only healthy, functioning family setting they have ever known. According to Courage House, having a housemother on-site twenty-four hours a day, seven days a week, can help restore the victims' idea of how a healthy family operates and be an effective tool for healing.<sup>288</sup> Courage House uses a live-in housemother as well as supportive shift staff to "function as a family."<sup>289</sup> Hope House noted that it was using the benefit of having room and board for the live-in staff as a non-monetary form of compensation.<sup>290</sup> This helped to reduce salary expenses by offering a lower base salary to the live-in staff because rent was included in their benefits.<sup>291</sup>

The other model utilized by the safe houses surveyed was to completely forgo having any staff member live at the residence. These safe houses cautioned that the issues that may arise by having staff live with the victims may at times overshadow or even frustrate the needs of the victims themselves.<sup>292</sup> Additionally, live-in staff may lose their ability to maintain personal boundaries with the victims by letting their own emotional issues

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286 Kellie Armstrong, former Exec. Dir. of Freedom Place and Chief Advancement and Evaluation Officer of Arrow Child & Family Ministries, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (Aug. 6, 2012) (on file with author).

287 See responses to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (on file with author).

288 Melissa Hermann, Exec. Dir., Courage House, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (July 17, 2012) (on file with author).

289 Melissa Hermann, Exec. Dir., Courage House, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (July 17, 2012) (on file with author).

290 Emily Fitchpatrick, Founder/President, On Eagles Wings, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (July 6, 2012) (on file with author).

291 Emily Fitchpatrick, Founder/President, On Eagles Wings, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (July 6, 2012) (on file with author).

292 See responses to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (on file with author).

affect the girls.<sup>293</sup> Freedom Place noted that live-in staff may get quickly “burned out” if they do not have substantial help from shift staff members because the needs of DMST victims are intensive.<sup>294</sup> They have observed that the highly traumatized nature of DMST victims makes them more likely to “act out” which requires constant attention and more energy than they feel live-in staff would be able to provide adequately.<sup>295</sup> Therefore they believe a shift-staffing model is ideal for serving DMST victims.<sup>296</sup>

Another consideration for safe houses should be the gender of the caregivers employed to work with the residents. Among the surveyed organizations, the caregivers were exclusively female in safe houses that serve female victims.<sup>297</sup> Some safe houses make exceptions for staff and volunteers that do not directly interact with the clients, such as gardeners and maintenance. Hope House has had success in using married male volunteers who are always accompanied by their wives.<sup>298</sup> According to Hope House, male volunteers can be positive role models and provide a fatherly figure in the lives of victims. However caution should be used when using male volunteers because their presence can be triggering for victims early in the healing process. One aspect not addressed by the survey is whether there are any special considerations for victims of female pimps.<sup>299</sup>

Finally, safe houses should consider including survivors of human trafficking on staff. Survivors can add a unique perspective to the care of DMST victims. For example, For the Sake of One employs survivors because they are “committed and passionate about the work they do” and that “they present a picture of hope and healing and expedite the trust and

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293 Kellie Armstrong, former Exec. Dir. of Freedom Place and Chief Advancement and Evaluation Officer of Arrow Child & Family Ministries, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (Aug. 6, 2012) (on file with author).

294 Kellie Armstrong, former Exec. Dir. of Freedom Place and Chief Advancement and Evaluation Officer of Arrow Child & Family Ministries, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (Aug. 6, 2012) (on file with author).

295 Kellie Armstrong, former Exec. Dir. of Freedom Place and Chief Advancement and Evaluation Officer of Arrow Child & Family Ministries, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (Aug. 6, 2012) (on file with author).

296 Kellie Armstrong, former Exec. Dir. of Freedom Place and Chief Advancement and Evaluation Officer of Arrow Child & Family Ministries, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (Aug. 6, 2012) (on file with author).

297 See responses to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (on file with author).

298 Emily Fitchpatrick, Founder/President, On Eagles Wings, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (July 6, 2012) (on file with author).

299 See Jody Raphael & Brenda Myers-Powell, Schiller DuCanto & Fleck Family Law Ctr. of DePaul Univ. Coll. of Law, *From Victims to Victimiziers: Interviews with 25 Ex-Pimps in Chicago* 1 (2010) (finding that 28% of pimps are female in a Chicago based study).

bonding relationship between staff and client.”<sup>300</sup> This trust and bonding is essential in the healing process for victims who have lived with destructive relationships and trauma in their homes. Hope House currently uses a survivor as a weekend supervisor and reports that the victims at the facility have responded very well to her.<sup>301</sup>

In contrast, Children of the Night warned that survivors might disregard policy.<sup>302</sup> The conclusion is that a survivor must be very far in her healing in order to be an effective role model and leader. Before employment, a safe house needs to assess the survivor’s level of readiness and capability to be around residents without becoming triggered or overwhelmed. Depending on the survivor, a possible solution is to place them in an advisory role where they are not direct caregivers but they work closely with the caregivers to help them understand the needs of victims. Wellspring Living, Inc. does not employ survivors but rather uses volunteer survivors to lead weekly group sessions and has worked closely with survivors to develop group curriculums.<sup>303</sup>

As mentioned above, state restrictions on hiring workers with previous sexual offenses may limit the ability of safe houses to hire survivors of DMST. YouthCare, a safe house located in Seattle, Washington emphasized using a “blended” staffing model that includes both survivors and non-survivors on staff.<sup>304</sup> YouthCare did specifically mention that state restrictions on hiring individuals with certain previous sexual offenses could sometimes be a hindrance in hiring survivors of DMST as staff members.<sup>305</sup>

### **Core Components Recommendations:**

Safe houses should consider having more caregivers on staff than required by the minimum standards.

- Safe houses should carefully consider the qualifications of staff, and match the qualifications of employed staff with the needs of safe house residents.

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300 Melissa Woodward, Exec. Dir., For the Sake of One, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (June 26, 2012) (on file with author).

301 Emily Fitchpatrick, Founder/President, On Eagles Wings, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (July 6, 2012) (on file with author).

302 Dr. Lois Lee, Founder & President, Children of the Night, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (July 2, 2012) (on file with author).

303 Mary Frances Bowley, President & CEO, Wellspring Living, Inc., Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (July 20, 2012) (on file with author).

304 Leslie Briner, CSE Training and Policy Coordinator, YouthCare, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (Aug. 8, 2012) (on file with author).

305 Leslie Briner, CSE Training and Policy Coordinator, YouthCare, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (Aug. 8, 2012) (on file with author).



- Safe houses should continuously train and care for their staff.
- Safe houses should consider using live-in staff at the safe house.
- Safe houses should consider the gender of the staff and make sure that it reflects the needs of the victims.
- Safe houses should consider utilizing survivors of human trafficking on staff.

## D. TRAUMA-INFORMED CARE

Trauma-informed therapy recognizes four main principles:

- **Trauma is a defining life event** with a complex course which can profoundly shape a victim’s sense of self and others;
- **The victim’s complaints, behaviors, and symptoms are coping mechanisms** (her original sources of strength may no longer be effective), and require the use of a relational, rather than individualized or confrontational, approach to her solution;
- **The primary goals of services are empowerment and recovery** (growth, mastery, and efficacy), which are prevention-driven and limited by survivor self-assessment and recovery needs; and
- **The service relationship is collaborative**, with victim and provider having equally valuable knowledge, the victim can be an active planner and participant in services, his/her safety ensured, a priority placed on choice and self-control, and trust developed over time.<sup>306</sup>

### 1. What is Trauma?

*“Traumatized people are frequently misdiagnosed and mistreated in the mental health system ... Because of the number and complexity of their symptoms, their treatment is often fragmented and incomplete.”*

*– Debra Wells, Disturbing the Sound of Silence. September 2004.<sup>307</sup>*

Trauma is defined as “[a]n event, which threatens injury, death, or the physical body of a child or adolescent while also causing shock, terror, or helplessness.”<sup>308</sup> The word that best captures the experience of trauma is terror.<sup>309</sup> The term “trauma” refers to both the actual experience of being harmed by an external agent as well as an individual’s response to the experience.<sup>310</sup> The American Psychological Association found that more

306 Heather J. Clawson, Amy Salomon & Lisa Goldblatt Grace, *Treating the Hidden Wounds: Trauma Treatment and Mental Health Recovery for Victims of Human Trafficking* 4-5 (2008), available at <http://aspe.hhs.gov/hsp/07/humantrafficking/Treating/ib.pdf>.

307 Ohio Legal Rights Service, *Trauma-informed Treatment in Behavioral Settings* 17 (2007) available at <http://www.disabilityrightsohio.org/sites/default/files/ux/trauma.pdf>.

308 Commonwealth of Va. Comm’n on Youth, *Trauma*, [http://vcoy.virginia.gov/vcoy/PDFfiles/Trauma\\_0.pdf](http://vcoy.virginia.gov/vcoy/PDFfiles/Trauma_0.pdf) (citing American Psychological Association (APA), 2008) (last visited Aug. 1, 2012).

309 William Steele, *Trauma-informed Care: A History of Helping: A History of Excellence*, <http://www.mhcc.org.au/TICP/research-papers/Steele-2009.pdf> (last visited Aug. 9, 2012).

310 Commonwealth of Va. Comm’n on Youth, *Trauma*, [http://vcoy.virginia.gov/vcoy/PDFfiles/Trauma\\_0.pdf](http://vcoy.virginia.gov/vcoy/PDFfiles/Trauma_0.pdf) (citing American Psychological Association (APA), 2008) (last visited Aug. 1, 2012).

than two-thirds of children report experiencing a traumatic event before age 16.<sup>311</sup> It is safe to say DMST victims experience extreme forms of trauma, and the vast majority have experienced severe trauma prior to being trafficked.

Previous research into the effects of trauma focused almost exclusively on the experiences of those in the military and on those who experienced trauma directly.<sup>312</sup> However, recently there has been recognition of the many types of trauma that occur outside of a military context. Additionally, it has become increasingly apparent how much of an effect witnessing violence in the home or elsewhere (i.e., witnessing domestic violence) has on mental health and well-being.<sup>313</sup>

Trauma's effects on children and adolescents are especially profound. This is because children have their psyches formed around the traumatic experience.<sup>314</sup> Trauma can affect survivors physically, psychologically, and cognitively. It impacts children's behavioral control, their ability to form relationships, and all areas of their emotional development, including body image and self-esteem.<sup>315</sup> Given the extreme types of trauma victims of DMST have experienced, its effects have significant implications for the treatment and rehabilitation of this population.

Survey respondents overwhelmingly recounted that it is crucial for safe house providers to practice trauma-informed care. According to the Executive Director at Freedom Place: "Therapy is a critical component in providing restorative services to DMST victims. It is imperative to have a trauma-based treatment model to incorporate into therapy."<sup>316</sup>

## 2. What is Trauma-Informed Care?

Trauma-informed care is care that aims to deliver treatment to patients by recognizing the role that trauma has played in affecting their entire lives.<sup>317</sup>

311 Commonwealth of Va. Comm'n on Youth, *Trauma*, [http://vcoy.virginia.gov/vcoy/PDFfiles/Trauma\\_0.pdf](http://vcoy.virginia.gov/vcoy/PDFfiles/Trauma_0.pdf) (citing American Psychological Association (APA), 2008) (last visited Aug. 1, 2012).

312 Heather J. Clawson, Amy Salomon & Lisa Goldblatt Grace, *Treating the Hidden Wounds: Trauma Treatment and Mental Health Recovery for Victims of Human Trafficking* (2008), available at <http://aspe.hhs.gov/hsp/07/humantrafficking/Treating/ib.pdf>.

313 Commonwealth of Va. Comm'n on Youth, *Trauma*, [http://vcoy.virginia.gov/vcoy/PDFfiles/Trauma\\_0.pdf](http://vcoy.virginia.gov/vcoy/PDFfiles/Trauma_0.pdf) (citing American Psychological Association (APA), 2008) (last visited Aug. 1, 2012).

314 Commonwealth of Va. Comm'n on Youth, *Trauma*, [http://vcoy.virginia.gov/vcoy/PDFfiles/Trauma\\_0.pdf](http://vcoy.virginia.gov/vcoy/PDFfiles/Trauma_0.pdf) (citing American Psychological Association (APA), 2008) (last visited Aug. 1, 2012).

315 See Heather J. Clawson, Amy Salomon & Lisa Goldblatt Grace, *Treating the Hidden Wounds: Trauma Treatment and Mental Health Recovery for Victims of Human Trafficking* 3 (2008), available at <http://aspe.hhs.gov/hsp/07/humantrafficking/Treating/ib.pdf>.

316 Kellie Armstrong, Exec. Dir. of Freedom Place and Chief Advancement and Evaluation Officer of Arrow Child & Family Ministries, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (Aug. 6, 2012) (on file with author).

317 Linda Rosenberg, *2011 Letters: Trauma-informed Care: A Call to Arms*, National Council for Community Behavioral Healthcare, <http://www.thenationalcouncil.org/cs/>

Trauma-informed care approaches treating trauma as an experience, not as a diagnostic category.<sup>318</sup> Patients' symptoms are understood not merely as complaints but as attempts to cope with past trauma and to survive. It is applicable to treatment for many different issues: drug and alcohol addictions, mental health issues, domestic violence, and sexual abuse. Ideally, trauma-informed care should be present in all arenas of victim services organizations. As common as trafficking is, victims are often present in many different types of direct care organizations without the service providers' knowledge.

In traditional programs that are not trauma-informed, the standard practice is to treat symptoms of behavioral disorders. For example, an alcoholic would have the symptoms of his alcoholism, such as his excessive drinking, addressed. However, there is normally little discussion as to *why* the person feels compelled to drink. There is normally even less discussion of any prior trauma experiences.

Asking someone about his or her trauma history is very important because of its prevalence and effect on rehabilitative services. "Trauma is now considered a near universal experience of individuals with behavioral problems."<sup>319</sup> For example, up to 99% percent of women in substance abuse treatment report a history of trauma.<sup>320</sup> Also, more than 92% of women who are homeless have experienced severe physical and sexual abuse. In addition to individuals with behavioral problems, statistics are beginning to shed light on the fact that vulnerable individuals are traumatized the most frequently. Disabled children are more than twice as likely as non-disabled children to be abused, and almost twice as likely to be sexually abused.<sup>321</sup> These vulnerable groups encompass many of the individuals within the trafficking victim population. Trauma-informed care's message is simple: "Trauma must be seen as the expectation, not the exception, in behavioral health treatment systems."<sup>322</sup>

Trauma-informed services aim to address the underlying issues that affect trauma victims. In a trauma-informed direct services organization, every facet of the organization is assessed from the point of view of a trauma-impacted victim seeking services. For example, trauma-informed services attempt to avoid traditional treatment practices that can "trigger"

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318 William Steele, *Trauma-informed Care: A History of Helping: A History of Excellence*, <http://www.mhcc.org.au/TICP/research-papers/Steele-2009.pdf> (last visited Aug. 9, 2012).

319 Linda Rosenberg, *2011 Letters: Trauma-informed Care: A Call to Arms*, National Council for Community Behavioral Healthcare, [http://www.thenationalcouncil.org/cs/traumainformed\\_care\\_a\\_call\\_to\\_arms](http://www.thenationalcouncil.org/cs/traumainformed_care_a_call_to_arms) (last visited Oct. 15, 2012).

320 Linda Rosenberg, *2011 Letters: Trauma-informed Care: A Call to Arms*, National Council for Community Behavioral Healthcare, [http://www.thenationalcouncil.org/cs/traumainformed\\_care\\_a\\_call\\_to\\_arms](http://www.thenationalcouncil.org/cs/traumainformed_care_a_call_to_arms) (last visited Oct. 15, 2012).

321 Ohio Legal Rights Service, *Trauma-informed Treatment in Behavioral Settings 8* (2007) available at <http://www.disabilityrightsohio.org/sites/default/files/ux/trauma.pdf>.

322 Linda Rosenberg, *2011 Letters: Trauma-informed Care: A Call to Arms*, National Council for Community Behavioral Healthcare, [http://www.thenationalcouncil.org/cs/traumainformed\\_care\\_a\\_call\\_to\\_arms](http://www.thenationalcouncil.org/cs/traumainformed_care_a_call_to_arms) (last visited Oct. 15, 2012).

trauma survivors or exacerbate their vulnerabilities.<sup>323</sup> This approach can be juxtaposed with traditional therapy approaches, which aim to treat the “symptoms” themselves: i.e., mental and behavioral issues, substance abuse, and others.

Trauma-informed therapy aims to recognize “the role that victimization and violence play in the lives of victims, and allows therapy services to be delivered in a way that facilitates their participation in treatment.”<sup>324</sup> It aims to shift the paradigm from “*What is wrong with you?*” to “*What has happened to you?*”<sup>325</sup> In order to do this, trauma-informed care always respectfully asks a patient about her trauma history, regardless of why she is being seen. Operation Broken Silence used these core components, in no particular order, in its trauma-informed therapy regime: “safety, empathy, trauma-informed treatment, skill building, empowerment, attachment, cultural sensitivity, and addressing alterations in self-perception, relationships with others, and systems of meaning.”<sup>326</sup> As noted above, making the victim feel safe in sharing her story is very important: by not addressing trauma issues, service providers may unintentionally recreate the seclusion and secrecy common to abuse.<sup>327</sup> Once the victim begins to relate her trauma history to the service provider, the provider needs to attentively listen, and not judge the victim. The way information is collected during a trauma-informed interview is important, as it can either re-traumatize the victim or be a step towards healing.<sup>328</sup>

The severity of trauma is defined on a continuum of complexity. A one-time traumatic incident, for example a car accident, is defined as a simple type of trauma.<sup>329</sup> Repeated and intrusive trauma, such as ongoing sexual assault, is classified as highly complex trauma.<sup>330</sup> Simple trauma is more

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323 *Trauma*, Commonwealth of Virginia Commission on Youth, [http://vcoy.virginia.gov/vcoy/PDFfiles/Trauma\\_0.pdf](http://vcoy.virginia.gov/vcoy/PDFfiles/Trauma_0.pdf) (last visited Aug. 1, 2012).

324 Heather J. Clawson, Amy Salomon & Lisa Goldblatt Grace, *Treating the Hidden Wounds: Trauma Treatment and Mental Health Recovery for Victims of Human Trafficking* 6 (2008), available at <http://aspe.hhs.gov/hsp/07/humantrafficking/Treating/ib.pdf>.

325 Linda Rosenberg, *2011 Letters: Trauma-informed Care: A Call to Arms*, National Council for Community Behavioral Healthcare, [http://www.thenationalcouncil.org/cs/traumainformed\\_care\\_a\\_call\\_to\\_arms](http://www.thenationalcouncil.org/cs/traumainformed_care_a_call_to_arms) (last visited Oct. 15, 2012) (quoting Tonier Cane).

326 Rachel Sumner, Aftercare Coordinator, Operation Broken Silence, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (June 24, 2012) (on file with author).

327 William Steele, *Trauma-informed Care: A History of Helping: A History of Excellence*, <http://www.mhcc.org.au/TICP/research-papers/Steele-2009.pdf> (last visited Aug. 9, 2012).

328 Laurie Leitch & Melissa A. Snow, Shared Hope Int’l, *Intervene: Identifying and Responding to America’s Prostituted Youth* 11 (2010).

329 Commonwealth of Va. Comm’n on Youth, *Trauma*, [http://vcoy.virginia.gov/vcoy/PDFfiles/Trauma\\_0.pdf](http://vcoy.virginia.gov/vcoy/PDFfiles/Trauma_0.pdf) (citing American Psychological Association (APA), 2008) (last visited Aug. 1, 2012).

330 Commonwealth of Va. Comm’n on Youth, *Trauma*, [http://vcoy.virginia.gov/vcoy/PDFfiles/Trauma\\_0.pdf](http://vcoy.virginia.gov/vcoy/PDFfiles/Trauma_0.pdf) (citing American Psychological Association (APA), 2008) (last visited Aug. 1, 2012).

likely to trigger PTSD, while complex trauma leads to more pervasive changes involving distorted thinking, inability to control behavior, and patterns of dysfunctional interpersonal relationships.<sup>331</sup> Certain extraneous factors affect how trauma is classified as well. For example, a lack of social supports, lower socioeconomic status, and the stigma associated with trauma can further intensify the difficulty of coping with complex trauma.<sup>332</sup>

Trafficking victims' trauma is considered highly complex due to the constant threats, physical and sexual violence, and isolation it involves.<sup>333</sup> To make matters even more difficult for service providers, most victims of trafficking have been traumatized very severely even before being victimized through trafficking. This is because, as noted above, many victims of human trafficking may come from very dysfunctional homes and may have been victims of physical and sexual abuse, as well as neglect at the hands of their families. As a service provider noted "[t]he previous trauma for these girls (victims of human trafficking) took place a long time ago... their real trauma took place when they were being molested by their family member. These girls' trauma began long before they became involved in human trafficking."<sup>334</sup>

Trauma services are individually formulated to best serve the victim: they are gender-specific, as well as racially and culturally informed.<sup>335</sup> The importance of being culturally informed was reiterated by many of the organizations surveyed.<sup>336</sup>

Trauma-informed care also avoids any practices that could trigger flashbacks or re-victimization. For example, forced medication and restraints are not used, as they could remind a victim of being drugged or restrained by a pimp. Some of the safe houses surveyed were able to use restraints to prevent situations such as the infliction of self-harm, however none of the survey respondents reported using such restraints.

Another trauma-informed care practice came from Emma's Home, who states that each resident has her own individual therapist and mentor.<sup>337</sup> This was purposefully done in order to avoid flashbacks: trafficked

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331 Commonwealth of Va. Comm'n on Youth, *Trauma*, [http://vcoy.virginia.gov/vcoy/PDFfiles/Trauma\\_0.pdf](http://vcoy.virginia.gov/vcoy/PDFfiles/Trauma_0.pdf) (citing American Psychological Association (APA), 2008) (last visited Aug. 1, 2012).

332 See Ohio Legal Rights Service, *Trauma-informed Treatment in Behavioral Settings* (2007) available at <http://www.disabilityrightsohio.org/sites/default/files/ux/trauma.pdf>.

333 Laurie Leitch & Melissa A. Snow, Shared Hope Int'l, *Intervene: Identifying and Responding to America's Prostituted Youth* 7 (2010).

334 Interview with Dennis Mark, Dir., Redeemed Ministries, in Hous., Tex. (July, 2012).

335 Heather J. Clawson, Amy Salomon & Lisa Goldblatt Grace, *Treating the Hidden Wounds: Trauma Treatment and Mental Health Recovery for Victims of Human Trafficking* 9 (2008), available at <http://aspe.hhs.gov/hsp/07/humantrafficking/Treating/ib.pdf>.

336 See responses to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (on file with author).

337 Abbi Tenaglia, Dir., Transforming Hope Ministries, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (July 17, 2012) (on file with author).

girls usually all live in one house with a pimp, and they compete for his attention.<sup>338</sup> So, allowing each girl to have her own therapist helps avoid re-victimization by assuring that she do not feel the need to compete with other girls for attention.

Another practice that emerged as clearly established in the field was to encourage victims' voluntary participation in the treatment process. For example, many organizations stated that they would not accept participants who did not want to be there.<sup>339</sup> This practice aims to give victims back their autonomy. Most safe houses also did not keep the facilities locked in order to avoid re-victimization by having clients feel as if they were "locked in" like a prison or juvenile detention facility.<sup>340</sup> To encourage recovery from past seclusion, victims are encouraged to be empowered, active participants in their own personal recovery.

### **Core Components Recommendations:**

- As DMST victims have experienced extreme trauma, trauma-informed care should be seriously considered as a necessary component to providing rehabilitative services.

## **E. ON-SITE EDUCATION**

### **1. Introduction/Legal Requirements**

Another essential core component when considering opening a safe house is how education will be provided to residents; survey responses indicate that this component is best provided on location. Education is a fundamental part of a child's development. Moreover, a child in a safe house has the right under both federal and Texas law to receive educational services appropriate to the child's age and development level.<sup>341</sup> The Texas Department of Family and Protective Services (DFPS) requires that a safe house arrange an appropriate education plan for each child at its facility.<sup>342</sup> This can be accomplished by ensuring that the child attends an educational facility or program that is approved or accredited by the Texas Education Agency, the Southern Association of Colleges and Schools, the Texas Private School Accreditation Commission, or by the out-of-state district that is funding the child.<sup>343</sup> Therefore, a child must be enrolled at a local school or the safe house must provide the appropriate educational services on-site.

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338 Abbi Tenaglia, Dir., Transforming Hope Ministries, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (July 17, 2012) (on file with author).

339 See responses to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (on file with author).

340 Abbi Tenaglia, Dir., Transforming Hope Ministries, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (July 17, 2012) (on file with author).

341 40 Tex. Admin. Code § 748.1101 (2012).

342 40 Tex. Admin. Code § 748.1301 (2012).

343 40 Tex. Admin. Code § 748.1301 (2012).

If a safe house offers educational services on-site, it must include the following information in the written materials that are given to the parents when admitting a child: the name of the educational program operated on the premises, whether the program is accredited, whether the Texas Education Agency has approved the program, whether the education course work is transferable to the public school system, and the credentials of the teachers, if the teachers are not approved by the State Board of Educator Certification.<sup>344</sup> However, if the safe house does choose to have children receive education at a remote location, it must designate a liaison between the agency and the child’s school.<sup>345</sup> A safe house must also ensure that the child has the training and education in the least restrictive setting necessary to meet the child’s needs and abilities.<sup>346</sup> Moreover, if a resident has special educational needs, a safe house will need to implement a special education student’s individual education plan (IEP).<sup>347</sup>

Regardless of whether a child receives his or her education at the facility or at a remote location, it is important for safe house operators to be involved with each child’s education performance and progress. DFPS requires that a safe house counsel and assist the child in order for him or her to perform adequately in school.<sup>348</sup> A safe house facility must provide a quiet, well-lit space for the child to study and schedule regular times for homework and studying.<sup>349</sup> Some do this with a dedicated study room or by designating common areas as study areas during certain hours.

## 2. Providing Education On-Site

Although school is a required component of a safe house, it is also essential in that it gives children continuity and structure in their lives.<sup>350</sup> While DFPS does not require that educational services be offered at the safe house itself, most survey respondents offer education on-site. Survey respondents indicate that by attending classes at the facility, children are not exposed to the potential stressors associated with attending classes with the general population of public school students.<sup>351</sup> Also, it is much more difficult to

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344 40 Tex. Admin. Code § 748.1305 (2012).

345 40 Tex. Admin. Code § 748.1301(b) (2012).

346 40 Tex. Admin. Code § 748.1301 (2012).

347 40 Tex. Admin. Code § 748.1301 (2012).

348 40 Tex. Admin. Code § 748.1303 (2012).

349 40 Tex. Admin. Code § 748.1303 (2012).

350 Melissa Hermann, Exec. Dir., Courage House, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (July 17, 2012) (on file with author).

351 Susan Munsey, Exec. Dir., Generate Hope, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (June 23, 2012) (on file with author).

matriculate into a public school when a child is significantly behind in school, as many survivors of trafficking are.<sup>352</sup>

Each child will come into the safe house at a different educational level, and often will be significantly behind where he or she should be in school.<sup>353</sup> Therefore, a safe house must customize individual approaches and plans to meet a child at his or her appropriate education level.<sup>354</sup> As each child will learn at an individual rate, the school can choose to have a teacher that can teach at varying levels, or can take an approach similar to Freedom Place, which provides a self-paced online private school curriculum to bring girls up to the appropriate level.<sup>355</sup> Freedom Place also has residential counselors that help the girls complete their course work in addition to having teachers from the community come in to help work with the girls.<sup>356</sup>

Another example is Courage House, which has a teacher on its staff who works in conjunction with a teacher from a nearby charter school.<sup>357</sup> This charter school provides a curriculum for the children.<sup>358</sup> Another positive to providing education on-site is the ability for the residents to move around and use whatever methods a resident might need to self-regulate and work at her own pace.<sup>359</sup> Since children in a safe house have experienced severe trauma, most will have difficulty self-regulating their studies and working on

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352 Kellie Armstrong, former Exec. Dir. of Freedom Place and Chief Advancement and Evaluation Officer of Arrow Child & Family Ministries, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (Aug. 6, 2012) (on file with author).

353 Melissa Hermann, Exec. Dir., Courage House, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (July 17, 2012) (on file with author).

354 Susan Munsey, Exec. Dir., Generate Hope, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (June 23, 2012) (on file with author).

355 Kellie Armstrong, former Exec. Dir. of Freedom Place and Chief Advancement and Evaluation Officer of Arrow Child & Family Ministries, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (Aug. 6, 2012) (on file with author).

356 Kellie Armstrong, former Exec. Dir. of Freedom Place and Chief Advancement and Evaluation Officer of Arrow Child & Family Ministries, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (Aug. 6, 2012) (on file with author).

357 Melissa Hermann, Exec. Dir., Courage House, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (July 17, 2012) (on file with author).

358 Melissa Hermann, Exec. Dir., Courage House, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (July 17, 2012) (on file with author).

359 Kellie Armstrong, former Exec. Dir. of Freedom Place and Chief Advancement and Evaluation Officer of Arrow Child & Family Ministries, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (Aug. 6, 2012) (on file with author).



their own.<sup>360</sup> Therefore, an on-site educational program can allow for breaks when the victims are having difficulty concentrating; for example, Freedom Places offers these breaks by encouraging the victims to get up and walk around, chew gum, bounce a ball, or other methods in order to refocus their concentration.<sup>361</sup>

Also, having education on-site is a strong safety measure. On-site education protects a child from external factors, such as emotional triggers, bad influences, and the chance that a trafficker may abduct a child. It also limits the temptation of wanting to run away from the program, as the child would not be away from the safe house during the day.

Although offering on-site education is considered ideal, there are many challenges associated with this method. While it may not be necessary to have more than one teacher on staff (depending on the number of children at the facility), it is crucial to have a teacher that is qualified to teach multiple grade levels. Moreover, it is very important that a teacher at a safe house understand the fundamentals of working with children who have experienced sexual abuse and exploitation. Therefore, staffing the right teacher can be a challenge.<sup>362</sup> In addition, residents might have impaired learning abilities or have difficulty with being disciplined. Therefore, the special concerns raised by teaching DMST victims will need to be considered when designing an educational program and selecting teachers to implement it.

There are many other issues that an organization must consider when establishing a program for on-site education. When structuring an educational program, an organization should remember to consider other crucial things, such as how long the victims should be in school and if the children should attend school for the entire calendar year or have the summers off. Structure should be considered an important component for educational services as well as the children's day to day lives. It will also be important to monitor and limit the children's internet access. Although a large amount of recruitment takes place in public, such as in shopping malls or schools, victims are also recruited online through chat rooms and social networking websites.<sup>363</sup> The internet can be a tool used to traffic children,

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360 Kellie Armstrong, former Exec. Dir. of Freedom Place and Chief Advancement and Evaluation Officer of Arrow Child & Family Ministries, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (Aug. 6, 2012) (on file with author).

361 Kellie Armstrong, former Exec. Dir. of Freedom Place and Chief Advancement and Evaluation Officer of Arrow Child & Family Ministries, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (Aug. 6, 2012) (on file with author).

362 Susan Munsey, Exec. Dir., Generate Hope, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (June 23, 2012) (on file with author).

363 *Domestic Minor Sex Trafficking*, Florida Council Against Sexual Violence, <http://www.fcasv.org/child-sexual-abuse/domestic-minor-sex-trafficking> (last visited Aug. 6, 2012).

and therefore should be heavily supervised. Every survey respondent that allowed internet usage stated that it was constantly monitored.<sup>364</sup>

### **Core Components Recommendations:**

- Offering educational services on-site at a safe house is ideal for DMST victims, and the provision of educational services should take into account the special needs of victims, including educational level, behavioral challenges associated with victimization, language, and the need for security.

## **F. TRANSITIONAL CARE AND AFTERCARE**

Transitional care and aftercare are important parts of the healing process for DMST victims. While a safe house's general programming is designed to help create healthy relationships, build self-esteem, and cope with the trauma they have experienced, transitional care and aftercare services are about maintaining these improvements while reintegrating the victim with society.

Survey respondents have made several recommendations about how a safe house should approach its transitional and aftercare policies and programs. First, safe houses should be ready to provide services to a victim for several months or years. Second, safe houses should have a long-term life plan and measurable components of success for victims. Third, safe houses should consider maintaining contact with victims after they leave the program.

The special needs of DMST victims make them less suited for short-term services. The amount of counseling needed to address the trauma of trafficking can take much longer than other populations in need of service. Every victim is different and each will need a different amount of time to heal. The surveyed safe houses responded that they plan on victims staying for several months or even years depending on the victim's needs.<sup>365</sup> For example, Freedom Place estimates the average stay of a victim at nine to eighteen months.<sup>366</sup>

Unless the safe house has a separate location for adults, most of the surveyed organizations let victims stay in the safe house after they turn 18 to help them complete the programming, enroll in college, or find employment.<sup>367</sup> Under Texas regulations, a young adult may remain in the organization's care until his or her twenty-third birthday in order to:

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364 See responses to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (on file with author).

365 See responses to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (on file with author).

366 Kellie Armstrong, former Exec. Dir. of Freedom Place and Chief Advancement and Evaluation Officer of Arrow Child & Family Ministries, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (Aug. 6, 2012) (on file with author).

367 See responses to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (on file with author).

transition to independence, including attending college or vocational or technical schooling; attend high school or a program leading to an equivalent degree; complete the program; or stay with a younger sibling.<sup>368</sup> Except in an emergency, a safe house must only release a child to the child's parent, a person designated by the parent, law enforcement authorities, or a person authorized by law to take possession of the child.<sup>369</sup>

Developing a long-term plan for the client is essential for a successful transition from the safe house.<sup>370</sup> By measuring the victims' progress in several key areas, a safe house can improve the chance that reintegrating the victim with the community will be successful.<sup>371</sup> The risk of leaving a safe house too soon is that the victim will return to the commercial sex industry and will continue to be victimized. For example, Courage House quantifies the success of the program in areas including a healthy body, mind, spirit, emotions, and the support of the girl's community and family.<sup>372</sup> Each area that should be considered in a transitional care plan will be discussed below.

## 1. Physical Needs

A successful transition to independent living will rely on being able to provide for victims' physical needs. The physical needs of a victim that should be met are things such as housing, food, and health care coverage. To address the housing needs of victims, several safe houses have their own transitional housing program to refer their victims to after they graduate, while others choose to refer victims to third party programs.<sup>373</sup> In Texas, a transitional housing program is defined as a residential services program designed to serve children 14 years old or older for whom the service or treatment goal is basic life skills development toward independent living.<sup>374</sup> A transitional living program must have a training program for children and young adults that develop proficiency in the following areas: health, general safety, and fire safety practices; money management; transportation skills; accessing community and other resources; and child health and safety, child

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368 40 Tex. Admin Code §748.1931(a)(1)-(4).

369 40 Tex. Admin Code §748.1481.

370 Kellie Armstrong, former Exec. Dir. of Freedom Place and Chief Advancement and Evaluation Officer of Arrow Child & Family Ministries, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (Aug. 6, 2012) (on file with author).

371 Kellie Armstrong, former Exec. Dir., Freedom Place, Address at the Meeting of the Human Trafficking Rescue Alliance for Southern District of Texas (June 21, 2012).

372 Melissa Hermann, Exec. Dir., Courage House, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (July 17, 2012) (on file with author).

373 See responses to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (on file with author).

374 40 Tex. Admin Code § 748.61(3)(B).

development, and parenting skills, if the child is a parent of a child living with [her].<sup>375</sup>

Transitional housing programs are different than independent living programs.<sup>376</sup> An “independent living program” is a program that provides case management services to a child who lives independently, without supervision and child/caregiver ratio, and the constant presence of an on-site caregiver.<sup>377</sup> A safe house may not provide an independent living program for a child in care under 18 years old.<sup>378</sup>

Freedom Place uses separate cabins on its premises for victims in need of transitional housing.<sup>379</sup> Each cabin has four to five rooms with bathrooms and a kitchen with one staff member to supervise.<sup>380</sup> Another option is to use nearby apartment buildings to provide for housing. Wellspring Living, Inc. uses efficiency apartments and provides services at the apartments to improve residents’ life skills and support their further education.<sup>381</sup>

Other safe houses, such as Courtney’s House, find that having a third-party partner program that supplies transitional housing to refer clients to is helpful.<sup>382</sup> According to one safe house, YMCA and YWCA offer great transitional housing services and are just one example of the many transitional housing programs that exist for safe houses unable to provide these services.<sup>383</sup>

## 2. Financial Needs

To ensure that a victim’s financial needs are met at transition, it will be important to assist with finding employment for the victim or financial aid if the victim pursues higher education. Helping victims find employment should include giving them an employable skillset as part of the program. This includes helping them obtain a high school diploma or GED and may include developing a trade skill. After leaving the safe house, skills learned in Freedom Place’s professional kitchen or boutique or other similar

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375 40 Tex. Admin Code § 748.67.

376 40 Tex. Admin Code § 748.61.

377 40 Tex. Admin Code § 748.69.

378 40 Tex. Admin Code § 748.71 (2007).

379 Kellie Armstrong, former Exec. Dir. of Freedom Place and Chief Advancement and Evaluation Officer of Arrow Child & Family Ministries, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (Aug. 6, 2012) (on file with author).

380 Kellie Armstrong, former Exec. Dir. of Freedom Place and Chief Advancement and Evaluation Officer of Arrow Child & Family Ministries, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (Aug. 6, 2012) (on file with author).

381 Mary Frances Bowley, response to “Restorative Services and Shelter Survey for 2012 Colloquium.” Survey administered by CHILDREN AT RISK. (20 July 2012) (on file with author)

382 Tami Fenno, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” Survey administered by CHILDREN AT RISK. (29 June 2012) (on file with author).

383 Dr. Lois Lee, Founder & President, Children of the Night, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” Survey administered by CHILDREN AT

programs can help victims find fulfilling careers.

Many DMST victims have been successful in enrolling in college after their stay in a safe house because of the education and support that they received. Courage House has sent its first resident to college.<sup>384</sup> Children of the Night has a college placement program through which numerous residents have been sent to colleges and have even been able to provide financial assistance for books and computers.<sup>385</sup>

The main concern behind failing to equip victims with the skills they need for post-program employment is that the lifestyle of a victim of DMST is potentially significantly lower than what they could have if they returned to the commercial sex industry. While many victims never kept any of the money they made when they were victimized, many traffickers will provide victims with expensive clothing and jewelry. Additionally, a victim may be tempted to be an independent prostitute or work in a strip club. If possible, a safe house should assist a victim with receiving the training needed to work in a trade. The counseling needed to instill the self-esteem in victims to live with the different lifestyle takes a significant amount of time and is one of the high-risk areas for regression after completing the programming at the safe house.

### 3. Emotional and Mental Needs

Psychiatric care is one of the greatest needs for victims, but accessing psychiatric care can be a real struggle during the child's stay at the safe house as well as their transition to independent living. Depending on the location of the residence, there may simply be a shortage of qualified child psychologists available. One survey respondent indicated that the Texas Medicaid system poses additional challenges to the access of psychiatric care. Children may be classified under different types of Medicaid coverage depending on factors such as being on probation or being in foster care. It may be difficult to find an approved psychiatrist under the appropriate Medicaid program and those mental health professionals who do accept Medicaid may set a monthly quota for the number of Medicaid patients they will see. Once a child transitions out of the safe house or reaches adulthood, additional barriers to access, such as accessing coverage and limited availability of services may be encountered.

### 4. Social Needs

Another area that will be vital to ensuring a successful transition from care is a victim's social needs. Social needs that should be addressed include a victim's relationship with her family, her involvement with the community

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384 Melissa Hermann, Exec. Dir., Courage House, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (July 17, 2012) (on file with author).

385 *2009 Annual Report*, Children of the Night. <http://www.childrenofthenight.org/pdf/2009%20Annual%20Report.pdf> (last visited 10/15/2012).

and her participation in the safe house program. A supportive family at the victim's home will increase the likelihood of a successful transition from the safe house. Unfortunately, the reality is that the situation at home is often difficult for many victims. Hope House has noted that since 2009, not a single victim that they have worked with has come from a two-parent home.<sup>386</sup>

For children still in the care of their parents, parental consent is required in order for a victim to be placed in a safe house.<sup>387</sup> Freedom Place has stated that receiving the initial parental consent is a difficult challenge to overcome.<sup>388</sup> Because victims often do not have a functional family, parents may not have the child's best interest in mind.<sup>389</sup> Often, a lot of work must be done with the parents in order to obtain consent.<sup>390</sup>

Several safe houses have programming for families of DMST victims and have found them helpful. For example, Courage House offers family therapy and uses Skype to keep families connected.<sup>391</sup> For the Sake of One requires that parents participate in five therapy sessions before they visit their child on-site.<sup>392</sup> This initial therapy is important "because a majority of these children have been abused or neglected at home by parents and or family members that resulted in them being on the streets."<sup>393</sup>

In designing a successful aftercare program, safe houses should consider maintaining contact with victims after their departure. According to some respondents, maintaining contact with former residents can be beneficial for maintaining their recovery. Eventually, it may be worthwhile to have an

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386 Emily Fitchpatrick, Founder/President, On Eagles Wings, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (July 6, 2012).

387 40 Tex. Admin. Code § 748.1211 (2012).

388 Kellie Armstrong, former Exec. Dir. of Freedom Place and Chief Advancement and Evaluation Officer of Arrow Child & Family Ministries, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (Aug. 6, 2012) (on file with author).

389 Kellie Armstrong, former Exec. Dir. of Freedom Place and Chief Advancement and Evaluation Officer of Arrow Child & Family Ministries, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (Aug. 6, 2012) (on file with author).

390 Kellie Armstrong, former Exec. Dir. of Freedom Place and Chief Advancement and Evaluation Officer of Arrow Child & Family Ministries, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (Aug. 6, 2012) (on file with author).

391 Melissa Hermann, Exec. Dir., Courage House, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (July 17, 2012) (on file with author).

392 Melissa Woodward, Exec. Dir., For the Sake of One, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (June 26, 2012) (on file with author).

393 Melissa Woodward, Exec. Dir., For the Sake of One, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (June 26, 2012) (on file with author).

aftercare caseworker whose function is to maintain contact with alumni of the program.<sup>394</sup> Many safe houses that have alumni have said that there is a family bond that forms and many victims will contact the safe house after transition on their own.<sup>395</sup> Some safe houses suggest making weekly calls to the victims for the first six months and once a month for the first two years after graduating from the program.<sup>396</sup> Some programs maintain contact with the friends and family of the individual for additional insight about her progress outside the safe house.<sup>397</sup> Hope House uses volunteers who act as mentors or big sisters throughout a victim's time at the safe house, but with the expectation that it is a life-long connection and mentorship after the program is complete.<sup>398</sup> The amount of contact should be determined on a case-by-case basis because there may be victims who need more or others who want to move on after the program and not be reminded of the past.

### **Core Components Recommendations:**

- Safe houses should plan to provide direct services to victims for months or years rather than days or weeks.
- Safe houses should have a long-term life plan and measurable components of success for victims.
- Safe houses will need to plan for transitional services and should consider maintaining contact with victims after they leave the program.

## **G. COMMUNITY RELATIONSHIPS**

Meaningful, close relationships that cut across sector lines are essential for safe houses. In order to best serve DMST victims, safe houses should have close working relationships with businesses, governmental agencies, and nongovernmental organizations.

A close relationship with a business can greatly assist a safe house. First, businesses can provide funding and needed resources. For example, one safe house recounted that a local business donates furniture and appliances. Other businesses have held local fundraisers or “donate-a-day” programs (where employees donate a day of pay). Of course, businesses can also give monetary donations. Second, businesses can provide volunteers. Many businesses have programs where employees will perform some type of service for a day, such as painting. Third, businesses can provide services.

394 See responses to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (on file with author).

395 See responses to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (on file with author).

396 See responses to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (on file with author).

397 See responses to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (on file with author).

398 Abbi Tenaglia, Dir., Transforming Hope Ministries, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (July 17, 2012) (on file with author).

One safe house described a relationship with a local handyman who would fix broken appliances around the house.<sup>399</sup>

Survey respondents also noted that volunteers, from businesses or the faith-based community, contributed greatly. Courtney's House described one issue several service providers mentioned about volunteers: security, i.e., keeping the location of the safe house undisclosed. "Volunteers are mainly donation-based, and donate clothes, supplies, and funds. But, they understand due to the nature of what we're doing that no access to this property is available."<sup>400</sup>

Survey respondents also recommended that safe houses form close relationships with governmental agencies, such as Child Protective Services and law enforcement. As there is a large overlap in the populations served by many governmental organizations and the DMST population, collaboration is crucial. Moreover, even if individuals are not DMST victims, many of the individuals served by both law enforcement and Child Protective Services are at risk of becoming victims of trafficking. Children of the Night has a unique way of honoring its relationship with agencies such as CPS: "We recognize agencies every year on Volunteer Day, with an open house hosted by our own children with breakfast, lunch, and dinner."<sup>401</sup>

A close working relationship between safe houses and governmental agencies will assist victims in numerous ways. First, working in tandem with governmental entities can help identify DMST victims by increasing awareness. Agencies like CPS and law enforcement in many areas come into contact with trafficking victims, often without knowing. Safe houses can help educate agencies, who in turn will then be able to spot victims more easily and refer victims to the safe house. Secondly, governmental agencies can assist a safe house in selecting and securing licensing. The licensing process can be quite arduous and it can be very helpful to have an agency with experience assist the safe house.

Many survey respondents identified a close relationship with law enforcement as a crucial governmental agency relationship. "We love and appreciate our local law enforcement and task forces. They are our partners and our champions."<sup>402</sup> Law enforcement can help bring recognition to the safe house's work within the law enforcement department and the community where the safe house is located. As the Aftercare Coordinator

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399 Emily Fitchpatrick, Founder/President, On Eagles Wings, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (July 6, 2012) (on file with author).

400 Tami Fenno, response to "Restorative Services and Shelter Survey for 2012 Colloquium" Survey administered by CHILDREN AT RISK. (29 June 2012) (on file with author).

401 Dr. Lois Lee, Founder & President, Children of the Night, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (July 2, 2012) (on file with author).

402 Melissa Hermann, Exec. Dir., Courage House, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (July 17, 2012) (on file with author).



from Operation Broken Silence explained: “We have a strong legislative campaign and have strong relationships with law enforcement and the attorney’s office resulting from this campaign... We have been invited to speak as experts alongside law enforcement, and have provided intelligence to law enforcement on criminal activity, and have been invited by law enforcement to respond to victims’ needs.”<sup>403</sup> Law enforcement can also make sure future safe house residents are treated as victims instead of criminals. This ensures victims are not traumatized prior to entering the safe house. Law enforcement’s support is also invaluable once a victim is already residing at a safe house. Janus House indicated that any time a girl ran away, law enforcement responded to the call and arrived at the shelter very quickly.<sup>404</sup>

Safe houses additionally recounted that it is crucial to have a relationship with nongovernmental agencies and other related organizations. Organizations often provide services to many DMST victims, sometimes unknowingly: hospitals or mobile clinics, homeless shelters, domestic violence shelters, women’s service providers, and runaway centers, can all help refer victims to a safe house. Many of these organizations also provide crucial outreach to help spread the word and educate the public about domestic minor sex trafficking.

Another important partner in the fight against DMST is the faith-based community. About half of the safe houses that responded to the survey are faith-based. However, nearly all organizations mentioned the faith-based community as a support for their work fighting human trafficking, particularly in raising awareness. Survey respondent For the Sake of One stated “[l]ocal churches have asked staff to educate congregations on how to take part in fighting DMST.”<sup>405</sup>

Survey respondents explained that many church members also enjoy working with victims through volunteering. Courage House stated that, “Our volunteers primarily come for the church (community) at large.”<sup>406</sup> As the Executive Director of GenerateHope explained, “We have a close relationship with twelve area churches, many of whom support us

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403 Rachel Sumner, Aftercare Coordinator, Operation Broken Silence, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (June 24, 2012) (on file with author).

404 Patti McRae, CSEC Project Coordinator, Janus Youth Programs, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (July 19, 2012) (on file with author).

405 Rachel Sumner, Aftercare Coordinator, Operation Broken Silence, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (June 24, 2012) (on file with author).

406 Melissa Hermann, Exec. Dir., Courage House, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (July 17, 2012) (on file with author).

financially, and volunteer. Volunteers are welcome and very useful.”<sup>407</sup> Another safe house said that members of a nearby church would make a meal two nights a week in order to give the staff a break from cooking.

The principle that a greater good can be achieved when community relationships are fostered across sector lines is embodied in the work of effective task forces. Several survey respondents indicated that they were part of a community task force. Home of Hope Texas stated “One of our founding board members is the leader of The North Texas Anti-Human Trafficking Task Force.” They also expressed that more city-wide task forces are needed in efforts across the state.

Houston is home to the Human Trafficking Rescue Alliance (HTRA), which has been recognized as a national model for its effectiveness in combating human trafficking through community partnerships. The alliance’s roots can be traced back to 2003 when the YMCA received funding from the Office for Victims of Crime (OVC) to provide comprehensive services to human trafficking victims.<sup>408</sup> In line with these goals, a coalition was formed to increase community awareness, maximize provision of services, and develop a more effective and coordinated response to human trafficking. Founded in August 2004, the HTRA is “a collaboration of local, state and federal law enforcement agencies working together with area social service organizations to identify and assist the victims of human trafficking and to effectively identify, apprehend and prosecute those engaged in trafficking offenses.”<sup>409</sup> In late 2004, the Harris County Sheriff’s Office (HCSO) received BJA funding to provide for the investigation of human trafficking cases, which complimented the OVC funding.<sup>410</sup>

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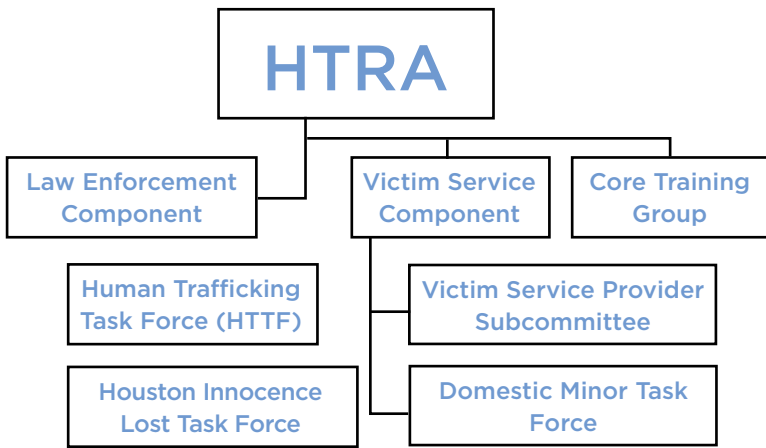
407 Susan Munsey, Exec. Dir., Generate Hope, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (June 23, 2012) (on file with author).

408 *Strategic Plan*, E-mail from Caren Thomas, Law Enforcement Coordinator, U.S. Attorney’s Office, S. Dist. of Tex., to author (Aug. 14, 2012, 5:01 PM).

409 Press Release, U.S. Attorney’s Office, Human Trafficking Investigation Leads to Indictment and Arrest of 10 Individuals (Feb. 17, 2011), *available at* <http://www.fbi.gov/houston/press-releases/2011/ho021711.htm>.

410 *Strategic Plan*, E-mail from Caren Thomas, Law Enforcement Coordinator, U.S. Attorney’s Office, S. Dist. of Tex., to author (Aug. 14, 2012, 5:01 PM).

The structure of the HTRA has evolved since its inception, but its current organizational structure is outlined in the following chart:<sup>411</sup>



Chaired by the U.S. Attorney’s Office for the Southern District of Texas, the HTRA meets quarterly to discuss current developments in human trafficking such as new cases or legislation as well as community events and outreach.<sup>412</sup> The Core Training Group also meets quarterly to develop training programs and identify audiences in need of training.<sup>413</sup> Members of the HTRA’s Law Enforcement Component work with their respective task forces on a daily basis.<sup>414</sup>

The Victim Services Component of the HTRA meets monthly to discuss the current and upcoming needs of victims, including identifiable gaps in service.<sup>415</sup> The Victim Service Providers Subcommittee, made up of 45 agencies, meets bi-monthly to maintain an open line of communication between service providers, provide necessary training, and increase the speed and effectiveness with which victims are provided services.<sup>416</sup> The Domestic Minor Task Force of 14 agencies meets monthly with the goal of

411 *Strategic Plan*, E-mail from Caren Thomas, Law Enforcement Coordinator, U.S. Attorney’s Office, S. Dist. of Tex., to author (Aug. 14, 2012, 5:01 PM).

412 *Strategic Plan*, E-mail from Caren Thomas, Law Enforcement Coordinator, U.S. Attorney’s Office, S. Dist. of Tex., to author (Aug. 14, 2012, 5:01 PM).

413 *Strategic Plan*, E-mail from Caren Thomas, Law Enforcement Coordinator, U.S. Attorney’s Office, S. Dist. of Tex., to author (Aug. 14, 2012, 5:01 PM).

414 *Strategic Plan*, E-mail from Caren Thomas, Law Enforcement Coordinator, U.S. Attorney’s Office, S. Dist. of Tex., to author (Aug. 14, 2012, 5:01 PM).

415 *Strategic Plan*, E-mail from Caren Thomas, Law Enforcement Coordinator, U.S. Attorney’s Office, S. Dist. of Tex., to author (Aug. 14, 2012, 5:01 PM).

416 *Strategic Plan*, E-mail from Caren Thomas, Law Enforcement Coordinator, U.S. Attorney’s Office, S. Dist. of Tex., to author (Aug. 14, 2012, 5:01 PM).

utilizing all available resources to fully realize the best possible services for domestic minor victims of sex trafficking.<sup>417</sup>

Because of the HTRA, all current Houston police officers, approximately 5,500, have received four hours of instruction on human trafficking.<sup>418</sup> This mandatory training program was the product of collaboration between the Houston Police Department, an HTRA member, and other member organizations. The HTRA has also been successful in facilitating coordination between law enforcement agencies and service providers in the investigation and prosecution of trafficking crimes. From 2004 to 2011, the HTRA's efforts resulted in over 60 defendants being charged with federal human trafficking offenses; nine of those defendants were charged for domestic minor sex trafficking.<sup>419</sup> During that same time span, the HTRA contributed to the rescue of nearly 200 domestic minor sex trafficking victims.<sup>420</sup> Once law enforcement has identified victims in the process of investigating and prosecuting crimes, it is able to bring in the nongovernmental organizations to provide victims' services. These groups then help secure shelter placements, counseling, and medical services for victims.

#### **Core Components Recommendations:**

- Safe houses should form close relationships with non-governmental organizations, governmental agencies, and the community in order to better identify and serve DMST victims.

## **H. EXPECTING THE UNEXPECTED**

Although the components and considerations recommended above cover many of the issues that are likely to arise in the operation of a safe house for DMST victims, there is still much left to be learned and developed. All of these recommendations are the result of the experiences of operational safe houses currently serving victims nationwide. Service providers stated that these suggestions have arisen from their own experiences with victims, and often, a safe house's initial rules and policies must be altered and adapted to fit with the complex nature of treating the DMST population.

Accordingly, organizations planning to operate a safe house should carefully consider the policies and recommendations listed in this publication but should also be prepared to make adjustments in actually serving victims. Unforeseen issues may arise and safe house organizations and staff may need to change policies to meet needs of victims or protect victims and staff. For

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417 *Strategic Plan*, E-mail from Caren Thomas, Law Enforcement Coordinator, U.S. Attorney's Office, S. Dist. of Tex., to author (Aug. 14, 2012, 5:01 PM).

418 *Strategic Plan*, E-mail from Caren Thomas, Law Enforcement Coordinator, U.S. Attorney's Office, S. Dist. of Tex., to author (Aug. 14, 2012, 5:01 PM).

419 *Strategic Plan*, E-mail from Caren Thomas, Law Enforcement Coordinator, U.S. Attorney's Office, S. Dist. of Tex., to author (Aug. 14, 2012, 5:01 PM).

420 *Strategic Plan*, E-mail from Caren Thomas, Law Enforcement Coordinator, U.S. Attorney's Office, S. Dist. of Tex., to author (Aug. 14, 2012, 5:01 PM).

example, the executive director of Hope House shared that various items had been donated to the organization for “welcome kits” with goodies and toiletries for girls when they arrived at the safe house. Among these donated items were small bottles of hand sanitizer. The house had to prohibit the distribution of the hand sanitizer, however, after some of the victims made “cocktails” out of the sanitizer and juice.<sup>421</sup>

## V. LEGAL COMPONENTS OF OPENING AND OPERATING A SAFE HOUSE IN TEXAS

### A. PRE-OPERATIONAL LEGAL COMPONENTS

The legal components associated with establishing a safe house are very complicated and involved. As stated by Home of Hope, licensing can be very difficult.<sup>422</sup> The licensing provisions and regulations have been compiled as a guide for any organization considering opening a safe house in Texas. While some of the considerations may be similar in other states, requirements vary from state to state, and this publication does not address regulations in states other than Texas. This publication will hopefully assist in the application and licensing process, but it does not serve as the ultimate resource. An organization seeking to establish a safe house in Texas will still need to look to the licensing provisions set out by the relevant Texas code as well as the DFPS website.

The general legal provisions governing the set-up of a safe house are laid out by the Licensing Division of the Department of Family and Protective Services (DFPS) in Chapter 748, Title 40, Social Services & Assistance, Part 19, DFPS. In order for a safe house to legally be allowed to provide services, an operation must be approved and the operational policies and procedures must make certain that children are admitted appropriately, the needs of all children in care are met, children are appropriately supervised, children are protected from one another (if appropriate), and the safe house must be in compliance with the rules of DFPS.<sup>423</sup> The process to acquire a permit or license is designed by DFPS to ensure the protection of children through a cooperative relationship between DFPS and the applicant.<sup>424</sup>

DFPS, as required by the Human Resources Code of Texas, is required to regulate child care activities in Texas and required to create and enforce minimum standards. DFPS may issue a license after determining that an

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421 Emily Fitchpatrick, Founder/President, On Eagles Wings, Response to “Restorative Services and Shelter Survey for 2012 Colloquium” administered by CHILDREN AT RISK (July 6, 2012) (on file with author).

422 Rodney Daniels, response to “Restorative Services and Shelter Survey for 2012 Colloquium.” Survey Administered by CHILDREN AT RISK (12 July 2012) (on file with author).

423 40 Texas Admin. Code § 748.63 (2007).

424 *Child Care Licensing*, Texas Department of Family and Protective Services Website. [http://www.dfps.state.tx.us/Child\\_Care/Residential\\_Child\\_Care\\_Licensing/become\\_residential\\_provider.asp](http://www.dfps.state.tx.us/Child_Care/Residential_Child_Care_Licensing/become_residential_provider.asp). (last visited Oct. 10, 2012).

applicant has satisfied all of the requirements set out by those minimum standards.<sup>425</sup> DFPS’s evaluation will be based on one or more visits to the facility and a review of required forms and records.<sup>426</sup> A license is valid until revoked by DFPS or surrendered by the organization.<sup>427</sup> In addition to requirements, when issuing a license, DFPS may impose supplementary restrictions on a facility; for example, it may restrict the number of children that an organization can serve.<sup>428</sup>

## 1. Initial License

Satisfying all initial licensing requirements is essential to the opening of a safe house. To enter into a contract with DFPS, a licensed safe house must have a current, valid license to provide twenty-four-hour residential care in Texas and offer services consistent with its licensing. No person or organization may operate a child care facility without a license issued by DFPS.<sup>429</sup> The license must be issued by DFPS’s Child Care Licensing Division (CCL).<sup>430</sup> A safe house would qualify as a residential child care center, which is defined as “the care, custody, supervision, assessment, training, education, or treatment of a child who is not related by blood, marriage, or adoption to the owner or operator of the operation, for all of the twenty-four-hour day, regardless of whether the operation is operated for profit.”<sup>431</sup> DFPS will issue an initial license when a facility’s plans meet its licensing requirements and the facility is not currently operating.<sup>432</sup> A facility will also need to obtain a new initial license if it has relocated, made changes in the type of services it provides, or there is a change in ownership of the facility resulting in changes in policy and procedure.<sup>433</sup> The initial license is valid for six months from the date it is issued and may be renewed for an additional six months as needed.<sup>434</sup>

A safe house would qualify as one of three types of residential child care operations, depending on how many children the organization plans to serve. An independent foster family home is an operation that provides care for six or fewer children up to the age of 18.<sup>435</sup> An independent foster group home is an operation that provides care for seven to twelve children up to

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425 Tex. Hum. Res. Code Ann. § 42.048(a) (West 2001).

426 Tex. Hum. Res. Code Ann. § 42.048(f) (West 2001).

427 Tex. Hum. Res. Code Ann. § 42.048(f) (West 2001).

428 Tex. Hum. Res. Code Ann. § 42.048(b) (West 2001).

429 Tex. Hum. Res. Code Ann. § 42.041 (West 2001); *see also* 40 Tex. Admin. Code § 745.37(3)(C) (2012).

430 40 Tex. Admin. Code § 700.2501(b)(3)(A) (2012).

431 40 Tex. Admin. Code § 745.35 (2012).

432 Tex. Hum. Res. Code Ann. § 42.051(a)(1) (West 2001); *see also* 40 Tex. Admin. Code § 745.345 (2012).

433 Tex. Hum. Res. Code Ann. § 42.051(a)(2)-(3) (West 2001).

434 Tex. Hum. Res. Code Ann. § 42.051(b) (West 2001).

435 40 Tex. Admin. Code § 745.37(3)(A) (2012).

the age of 18.<sup>436</sup> Lastly, a general residential operation (GRO) is an operation that provides child care for thirteen or more children up to the age of 18.<sup>437</sup> This type of care may include treatment services, and residential treatment centers are considered a type of general residential operation.<sup>438</sup>

Although foster and group home classifications exist in the Texas Administrative Code and would seem to point toward working with the DFPS, as a practical matter, foster families in many areas tend to be licensed primarily through child placement agencies and not the DFPS. Consequently, most prospective homes will need to obtain a referral from a child placement agency. Because the licensing requirements are comparable for all three residential options, the type of license pursued will depend on the number of beds the safe house can make available. Although many safe houses may prefer licensure as a GRO, this application cannot be made if there are less than thirteen beds in the space. Thirteen beds do not have to be occupied but everything must be in place to accommodate thirteen residents.

Before expounding further on the application process, it is worth noting a caveat to the general rule that all child care facilities require a license from DFPS. Texas law creates an exception to this requirement for properly accredited educational facilities.<sup>439</sup> Consequently, an accredited boarding school may be able to serve DMST victims without having a license from DFPS. At the time of this publication, at least one boarding school in Texas housed a program to serve human trafficking survivors.<sup>440</sup> The authors of this publication feel that seeking licensure is the best option for most safe houses, but this alternative route is mentioned so individuals and organizations interested in starting a shelter can make an informed decision about the best option for their communities.

## 2. Submitting the Application

The application for establishing a safe house is extensive; Freedom Place stated that their initial application consisted of roughly 750 pages.<sup>441</sup> Another Texas respondent, Home of Hope, claimed licensing to be a big challenge, highlighting the need for more help with establishing a license.<sup>442</sup> An organization must apply for a permit to begin the process of starting a

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436 40 Tex. Admin. Code § 745.37(3)(B) (2012).

437 40 Tex. Admin. Code § 745.37(3)(C) (2012).

438 40 Tex. Admin. Code § 745.37(3)(C) (2012).

439 Tex. Hum. Res. Code Ann. § 42.041(b)(7) (West 2001).

440 In October of 2012, Still Creek Ranch launched its Restore Her ministry to serve female victims of child sex trafficking. Restore Her at Still Creek Ranch, *About*, <http://www.restoreher.org/about/> (last visited Dec. 17, 2012).

441 Kellie Armstrong, former Exec. Dir., Freedom Place, Address at the Meeting of the Human Trafficking Rescue Alliance for Southern District of Texas (June 21, 2012).

442 Rodney Daniels, response to “Restorative Services and Shelter Survey for 2012 Colloquium.” Survey Administered by CHILDREN AT RISK (12 July 2012) (on file with author)

safe house.<sup>443</sup> Before an organization begins, it is crucial to become familiar with general requirements, rules, and resources. DFPS offers a class where an organization can learn more about the application process and what it takes to become a twenty-four-hour residential child care provider.<sup>444</sup> At this pre-application class, the attendee will receive an information packet including items such as the application, supplemental forms, and contact information for local Child Care Licensing staff.

### **The Application Process Consists of Five Different Components:**

1. The pre-application interview;
2. The submission of the application materials;
3. Reviewing of the application for compliance with minimum standards, rules, and statutes;
4. Accepting the application as complete, or returning if incomplete; and
5. The decision to issue or deny a permit.<sup>445</sup>

The pre-application interview provides information about the application process, the licensing requirements, and the administrative procedures.<sup>446</sup> This interview can be conducted in five different possible ways: a group meeting or orientation class, a licensing office interview, an interview at the applicant's office, an interview at the potential operation, or a telephone interview if an interview cannot be conducted in person.<sup>447</sup>

The submission of the application materials must include all required resources in one packet. The following materials must be submitted for review before an organization's application is accepted:

- A completed application for a license to operate a Residential Child Care Facility, Form 2960;
- A completed floor plan of the building and surrounding space to be used, including dimensions of the indoor and the outdoor space;<sup>448</sup>
- Background check information on all applicable persons, (for the names of all applicants and employees as known);
- A completed Personal History Statement, Form 2982, for each applicant who is a sole proprietor or partner;<sup>449</sup>
- [For-Profit Organizations] Proof that the for-profit corporation or the

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443 40 Tex. Admin. Code § 745.41 (2012).

444 *Child Care Licensing*, Texas Department of Family and Protective Services, [http://www.dfps.state.tx.us/Child\\_Care/Search\\_Texas\\_Child\\_Care/CCLNET/Source/eApplication/ResidentialCareRegistration.aspx](http://www.dfps.state.tx.us/Child_Care/Search_Texas_Child_Care/CCLNET/Source/eApplication/ResidentialCareRegistration.aspx). (last visited Oct. 10, 2012).

445 40 Tex. Admin. Code § 745.211 (2012).

446 40 Tex. Admin. Code § 745.213 (2012).

447 40 Tex. Admin. Code § 745.215 (2012).

448 Floor plans submitted for a residential child care operation do not need to include the dimension of the outdoor space but do need to show the dimensions and purpose of all rooms and must specify where children and, if applicable, caregivers will sleep. 40 Tex. Admin. Code § 745.243(6) (2012).

449 For residential child care, this form is not needed if the owner is also the licensed administrator. 40 Tex. Admin. Code § 745.243(6) (2012).



limited liability company is not delinquent in paying franchise tax;<sup>450</sup>

- Proof of Liability Insurance;
- A completed Plan of Operation, Form 2948;<sup>451</sup>
- A completed Child Care Fee Schedule form, Form 2988 and fee;<sup>452</sup>
- Documentation of three months of operating costs; and
- A completed Controlling Person Form, Form 2760, on all applicable persons.<sup>453</sup>

Licensing will then have twenty-one days after receiving the application to review the paperwork.<sup>454</sup> After this review, the organization will be notified regarding whether the application is complete and accepted for processing or incomplete and the submitted material does not show compliance with relevant minimum standards.<sup>455</sup> If an application is not accepted, the notification letter will explain what is needed to complete the application or why the materials do not show compliance.<sup>456</sup> An organization has three chances to submit all required materials.<sup>457</sup> If the application is incomplete more than three times, an organization may not apply again until one year from the date of the last returned incomplete application.<sup>458</sup>

DFPS may charge certain licensing fees, such as fees for processing the application, fees for conducting background checks, fees for issuing and renewing the initial license, fees for issuing non-expiring permits, annual fees for maintaining the permit, and fees for amending the permit.<sup>459</sup> However, if the safe house is a nonprofit organization and does not charge for the residential care offered, the organization must pay the application fee but is exempt from all other fees.<sup>460</sup>

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450 Proof can include the following: the governing body's most recent Franchise Tax Certificate of Good Standing, the Certificate of Formation if the corporation or company has not existed long enough to owe the tax at the time of the application, or documented proof that Texas Tax Code, Chapter 171 exempts the corporation or company from paying the tax. 40 Tex. Admin. Code § 745.243(6) (2012).

451 DFPS will provide potential applicants for a permit to operate a residential child care operation with a list of the required policies and procedures (Forms 2784, 2785, 2786, or 2787) that they must develop and submit with the application. 40 Tex. Admin. Code § 745.243(6) (2012).

452 Generally, an organization must submit a \$35 application fee, and a \$35 initial permit fee for a licensed child care operation other than a child-placing agency or maternity home. Facilities operated by a nonprofit corporation or foundation that provides twenty-four-hour residential care and does not charge for the care provided will be exempt from all fees other than the application fee. The application fee is, however, non-refundable. 40 Tex. Admin. Code § 745.243(6) (2012).

453 40 Tex. Admin. Code § 745.243(6)(A)-(J) (2012); *see also* 40 Tex. Admin. Code § 745.245 (2012).

454 40 Tex. Admin. Code § 745.301 (2012).

455 40 Tex. Admin. Code § 745.301 (2012).

456 40 Tex. Admin. Code § 745.301 (2012).

457 40 Tex. Admin. Code § 745.303 (2012).

458 40 Tex. Admin. Code § 745.303 (2012).

459 40 Tex. Admin. Code § 745.501 (2012); *see also* 40 Tex. Admin. Code § 745.407 (2012).

460 40 Tex. Admin. Code § 745.503 (2012); Licensing fees can be paid by sending a cashier's

Once the application is submitted, some safe houses will have to meet public notice and hearing requirements before the application can be approved.<sup>461</sup> The public notice and hearing requirements apply to those residences operating in a county with a population of less than 300,000.<sup>462</sup> The requirements for publishing notice and conducting a public hearing can be found in the Texas Administrative Code<sup>463</sup> and failure to fulfill these requirements may result in denial of the application.<sup>464</sup> Additionally, the DFPS may refuse to issue a permit if it determines from the public hearing that the community has insufficient resources, there would be a significant increase in the ratio of students enrolled in special education programs to those enrolled in regular education programs, or if licensure would have a negative impact on the community and limit opportunities for social interaction.<sup>465</sup> A significant drawback of the notice and hearing requirements in smaller counties is the mandatory disclosure of the safe house address.<sup>466</sup> Although most safe houses choose to maintain a confidential location, secrecy of location may not always be necessary for a successful safe house. Safe house operators may come to different conclusions based on knowledge of their local communities; unfortunately, safe houses in smaller counties are not allowed the discretion to make this decision.

### 3. Organization and Administration

Before opening a safe house, an organization is responsible for numerous different tasks. An organization must: ensure that its operation is legally allowed to operate within Texas and is complying with all applicable statutes; establish the governing body of the operation; establish a governing body that is responsible for, and has authority over, the policies and activities of the operation; set forth policies that clearly state the responsibilities of the governing body; and develop operational policies and procedures that comply with or exceed the rules specified by DPFS and other applicable laws.<sup>467</sup>

As a safe house, a written plan with extensive detail must be drawn out and presented to DFPS. For example, an organization must: develop a written organizational chart showing the administrative, professional, and staffing structures and lines of authority; develop written job descriptions, including minimum qualifications and job responsibilities for each position; develop written policies on the training requirements for employees;

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check, corporate check, money order, or certified check made payable to the Texas Department of Protective and Regulatory Services along with a Child Care Fee Schedule Form; fee information should be mailed to the Texas Department of Protective and Regulatory Services, Accounting Division E-672, P.O. Box 149030, Austin, Texas 78714-9030.

461 40 Tex. Admin. Code § 745.271 (2012).

462 40 Tex. Admin. Code § 745.273(b) (2012).

463 40 Tex. Admin. Code § 745.275 (2012).

464 40 Tex. Admin. Code § 745.277 (2012).

465 40 Tex. Admin. Code § 745.279 (2012).

466 40 Tex. Admin. Code § 745.275 (2012).

467 40 Tex. Admin. Code § 748.101 (2012).

develop written policies on whether the operation permits individual caregivers to take children away from the operation for day or overnight visits.<sup>468</sup> The policy must:

- Require obtaining the parents' written approval prior to allowing an overnight visit with staff;
- Ensure that personnel policies comply with personnel requirements relating to background checks;
- Ensure employees report serious incidents and suspected abuse, neglect, or exploitation;
- Ensure that all employees and consulting, contracting, and volunteer professionals who work with a child and others with access to information about a child are informed in writing of their responsibility to maintain child confidentiality; and
- Either adopt the model drug testing policy or have a written drug testing policy that meets or exceeds the criteria in the model policy provided by DPFS.<sup>469</sup>

The drug testing policy must be designed to ensure the safety of resident children through appropriate drug testing of employees while protecting the rights of employees. The model policy must require:

- A pre-employment drug testing; random, unannounced drug testing of each employee who has direct contact with a child in the care of the facility;
- Drug testing of an employee against whom there is an allegation of drug abuse; and
- Drug testing of an employee whom DFPS is investigating for the abuse or neglect of a child in the care of the facility, if the allegation of abuse or neglect includes information that provides good cause to suspect drug abuse.<sup>470</sup> Each organization must also adopt a conflict of interest policy.<sup>471</sup>

This policy must include a code of conduct on the relationship between employees, contract service providers, children in placement, and children's families, including entering into independent financial relationships and transactions with an employee.<sup>472</sup>

DFPS also specifies fiscal requirements that an organization must meet before it is able to open its doors. For example, an organization must: submit documentation of a twelve month budget of income and expenses with the application for a new permit; submit documentation of reserve funds or available credit at least equal to operating costs for the first three months of

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468 40 Tex. Admin. Code § 748.105 (2012).

469 40 Tex. Admin. Code § 748.105 (2012).

470 Tex. Hum. Res. Code Ann. § 42.057(b)(1)-(4) (West 2001).

471 40 Tex. Admin. Code § 748.107 (2012).

472 40 Tex. Admin. Code § 748.107 (2012).

operation; have expected funds sufficient for the first year of operation; and demonstrate at all times that it has or will have sufficient funds to provide appropriate services for all children in care.<sup>473</sup> Although documentation is required for the first three months of operating costs, it is recommended to have operating costs for the first few years of operation. One survey respondent recommends four years of operating costs.<sup>474</sup>

An organization must account for a child's individual money separately from the funds of the operation.<sup>475</sup> Unless the usage is a part of the child's service plan and the child's parent approves it in writing, an organization cannot use a child's personal earnings, allowances, or gifts to pay for the child's room and board. Also, it is required that an organization send the child's money to the child, parent, or next placement location within thirty days of the child leaving the safe house.<sup>476</sup>

#### 4. Staffing

DFPS has stringent regulations in place for staff personnel. It regulates staffing of a safe house by setting requirements for individual staff members and the staff as a whole. To begin, there are certain minimum qualifications that all employees must meet. Each employee who is regularly or frequently present while children are at the safe house must meet all training requirements. Employees must also meet technical requirements, such as passing background checks, being free of contagious TB, and completing a notarized employment form.<sup>477</sup> Most importantly, the standards set by DFPS require that safe house employees who are regularly or frequently present while the minors are in care be physically, mentally, and emotionally capable of performing assigned tasks and have the skills necessary to perform those tasks.<sup>478</sup> The staffing section in the core components section directly addresses the importance of other qualities when hiring staff, such as personality characteristics.

In addition to general requirements, DFPS also regulates general responsibilities that employees must have. Regardless of whether an employee is counted in the child/caregiver ratio, each employee must: demonstrate competency, prudent judgment, and self-control in the presence of children and when performing assigned responsibilities; report suspected abuse, neglect, and exploitation to the Child Abuse Hotline and to the designated administrator; and know and comply with rules in the Human Resources Code which relate to safe houses and any other laws which are relevant to his or her duties.<sup>479</sup>

In addition to basic requirements and responsibilities, it is also important

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473 40 Tex. Admin. Code § 748.161 (2012).

474 Telephone Interview with Kellie Armstrong (Nov. 6, 2012).

475 40 Tex. Admin. Code § 748.161 (2012).

476 40 Tex. Admin. Code § 748.161 (2012).

477 40 Tex. Admin. Code § 748.505(b)(1)-(2),(4) (2012).

478 40 Tex. Admin. Code § 748.505(b)(3) (2012).

84 479 40 Tex. Admin. Code § 748.507 (2012).

that employees receive basic training. Prior to beginning job duties or having contact with children in the safe house, each employee must have orientation that includes: an overview of the relevant and applicable Texas laws; the organization's philosophy, organizational structure, policies, and a description of the services and programs it offers; and the needs and characteristics of the victims that are served.<sup>480</sup> The completion of the orientation must be documented in each employee's personnel record.<sup>481</sup>

## 1) Caregivers

Caregivers are crucial employees for a safe house. Having the most frequent and direct contact with the victims, there are many stringent legal requirements when it comes to caregivers. A safe house must also consider personality characteristics when hiring caregivers, because their frequent interaction with the victims will have a direct effect on the success of a victim's progress toward rehabilitation. A caregiver is defined by DFPS as a person whose duties include direct care, supervision, guidance, and protection of a child.<sup>482</sup> This definition does not include a contract service provider who provides a specific type of service for the safe house for only a limited number of hours per week or month, or a person who works with one particular child.<sup>483</sup> All caregivers are counted in the child/caregiver ratio. Each employee must meet certain qualifications before he or she can be counted in the child/caregiver ratio. For example, each caregiver must be at least twenty-one years old, have either a high school diploma or an equivalent, and be able to read, write, and communicate with co-workers, medical personnel, and other persons necessary to care for the child's needs.<sup>484</sup> When supervising children, a caregiver is responsible for knowing which children they are responsible for, the child care services for each assigned child, being aware of and accountable for each child's ongoing activity, providing the level of supervision necessary to ensure each child's safety and well-being, and being able to intervene when necessary to ensure each child's safety.<sup>485</sup>

When deciding how closely to supervise a child, a caregiver must take into account the child's age, the child's individual differences and abilities, the indoor and outdoor layout of the operation, surrounding circumstances and risks, and the child's physical, mental, emotional, and social needs.<sup>486</sup> Caregivers must be aware of the children's habits, interests, and any special needs in addition to providing a safe environment for the children.<sup>487</sup> Caregivers are also responsible for positively reinforcing children's efforts

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480 40 Tex. Admin. Code § 748.831(a)(1)-(3) (2012).

481 40 Tex. Admin. Code § 748.831(b) (2012).

482 40 Tex. Admin. Code § 748.43(5) (2012).

483 40 Tex. Admin. Code § 748.43(5) (2012).

484 40 Tex. Admin. Code § 748.681 (2012).

485 40 Tex. Admin. Code § 748.685(a) (2012).

486 40 Tex. Admin. Code § 748.685(b) (2012).

487 40 Tex. Admin. Code § 748.685(c) (2012).

and accomplishments.<sup>488</sup> It is important that caregivers ensure continuity of care for children by sharing with incoming caregiver’s information about each child’s activities during the previous shift and any information or instructions given by the parent or other professionals.<sup>489</sup>

If a child is away from the safe house and caregiver staff in order to participate in unsupervised activity (such as an event sponsored by a religious youth group, etc.), the caregiver must know where the child will be and be available for contact or for any emergency situation.<sup>490</sup> Caregivers, if directly supervising a child receiving treatment services for an emotional disorder, must maintain daily progress notes for the child.<sup>491</sup> A supervisor of caregivers must meet the stated general requirements, such as providing oversight of caregivers to protect child’s health, safety, and well-being and to ensure that assigned duties are performed adequately.<sup>492</sup>

## **2) Experience and Training Requirements**

The pre-service experience requirements of a caregiver vary depending on how many children are receiving treatment services. A caregiver must have forty hours of supervised child care experience in an operation that provides the same type of treatment services.<sup>493</sup> Since it is more likely than not that all of the children at the safe house will be receiving treatment services, the caregivers should be prepared to have the appropriate experience. If the forty-hour experience requirement is not met, the caregiver must have at least forty total hours of supervised child care experience from the organization’s operation and/or another operation that provides the same treatment services before the organization may assign the person as the only caregiver responsible for a group of children.<sup>494</sup> Until a caregiver completes the supervised experience, an experienced caregiver must be physically available to supervise the inexperienced caregiver at all times.<sup>495</sup> Upon receiving child care experience under supervision, the appropriate record should be made in the employee’s personnel record.<sup>496</sup>

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488 40 Tex. Admin. Code § 748.685(c) (2012).

489 40 Tex. Admin. Code § 748.685(c) (2012).

490 40 Tex. Admin. Code § 748.685(d) (2012).

491 40 Tex. Admin. Code § 748.685(e) (2012).

492 40 Tex. Admin. Code § 748.683 (2012).

493 40 Tex. Admin. Code § 748.861(b) (2012).

494 40 Tex. Admin. Code § 748.861(b) (2012).

495 40 Tex. Admin. Code § 748.861(b) (2012).

496 40 Tex. Admin. Code § 748.861(b) (2012).

Additionally, DFPS regulates other pre-service hourly training requirements for caregivers and employees. Caregivers and certain employees must complete the following training hours before the specified time frame:

<b>Who is required to receive the training?</b>	<b>What type of pre-service training?</b>	<b>How many hours of training are needed?</b>	<b>When must the training be complete?</b>
(1) All caregivers	General pre-service training	Eight hours	Before the person can be the other caregiver responsible for a child in care
(2) Caregivers caring for children receiving only child care services or programmatic services	Pre-service training regarding emergency behavior intervention	Eight hours	At least four hours of training before the person can be the only caregiver responsible for a child in care, and all eight hours of training within ninety days of being responsible for a child in care
(3) Caregivers caring for children receiving treatment services	Pre-service training regarding emergency behavior intervention	Sixteen hours, however, if the operation prohibits the use of emergency behavior intervention, then only eight hours of training are needed	A least half of the required hours of training before the person can be the only caregiver responsible for a child in care, and all of the required hours of training within ninety days of being responsible for a child in care
(4) Child care administrators, professional level service providers, treatment directors, and case managers	Pre-service training regarding emergency behavior intervention	Eight hours	All eight hours of training within ninety days of beginning job duties*

\*40 Tex. Admin. Code § 748.863(a) (2012).

A person is not considered qualified until his or her training is complete. All training must be documented in the employee’s personnel records.<sup>497</sup> If a caregiver or employee has previously worked at a safe house, however, he or she is exempt from completing the eight hours of general pre-service training.<sup>498</sup> Moreover, time spent in orientation training cannot count towards the pre-service training requirement.<sup>499</sup> Orientation is focused on providing new employees with information about the safe house and how it operates. Pre-service training is focused on preparing new employees to do their job competently. Therefore, they must be counted separately in the pre-service or annual training requirements.

497 40 Tex. Admin. Code § 748.863(b) (2012).

498 40 Tex. Admin. Code § 748.867 (2012).

499 40 Tex. Admin. Code § 748.865 (2012).

### 3) Pre-Service Training Curriculum

The general pre-service training contains five curriculum components. This curriculum must include:

- Topics appropriate to the needs of children for whom the caregiver will be providing care, such as developmental stages of children, fostering children's self-esteem, constructive guidance and discipline of children, strategies and techniques for monitoring and working with these children, and age-appropriate activities for children;
- Measures to prevent, identify, treat, and report suspected occurrences of child abuse (including sexual abuse), neglect, and exploitation;
- Procedures to follow in emergencies, such as weather-related emergencies, volatile persons, and severe injury or illness of a child or adult;
- Preventing the spread of communicable diseases; and
- The location and use of fire extinguishers and first-aid equipment.<sup>500</sup>

Additionally, other pre-training curriculums components will vary depending on whether an organization decides to allow the use of emergency behavior intervention. Emergency behavior intervention is defined as "interventions used in an emergency situation, including personal restraints, mechanical restraints, emergency medication, and seclusion."<sup>501</sup> If a safe house's policies permit these interventions, employees may only administer the following: short personal restraint, personal restraint, emergency medication, seclusion, and medical restraint.<sup>502</sup> Only a caregiver qualified in emergency behavior interventional may administer intervention techniques.<sup>503</sup> If an organization does not allow for the use of emergency behavior intervention, the pre-service training curriculum must focus on early identification of potential problem behaviors as well as strategies and techniques for less restrictive interventions.<sup>504</sup> This training must include the following eight components:

- Developing and maintaining an environment that supports positive and constructive behaviors;
- The causes of behaviors potentially harmful to the children, including the aspects of the environment;
- Early signs of behaviors that may become dangerous to the child or others;
- Strategies and techniques the child can use to avoid harmful behaviors;
- Teaching children to use the strategies and techniques of your operation's de-escalation protocols to avoid harmful behavior, and supporting the

500 40 Tex. Admin. Code § 748.881 (2012).

501 40 Tex. Admin. Code § 748.43(17) (2012).

502 40 Tex. Admin. Code § 748.2451 (2012).

503 40 Tex. Admin. Code § 748.2453 (2012).

504 40 Tex. Admin. Code § 748.901 (2012).



- children's efforts to progress into a state of self-control;
- Less restrictive strategies caregivers can use to intervene in potentially harmful behaviors;
- Less restrictive strategies caregivers can use to work with oppositional children; and
- The risks associated with the use of prone or supine restraints, including positional, compression, or restraint asphyxia.<sup>505</sup>

If an organization does allow for the use of emergency behavior intervention, at least 75% of the required hours of pre-service training regarding emergency behavior intervention must focus on early identification of potential problem behaviors as well as strategies and techniques of less restricted interventions (as previously listed).<sup>506</sup> The other 25% of the training must include the following ten components:

- Different roles and responsibilities of caregivers qualified in emergency behavior intervention versus employees or volunteers who are not similarly qualified;
- Escape and evasion techniques to prevent harm to the child and caregiver without requiring the use of an emergency behavior intervention;
- Safe implementation of the restraints and/or seclusion techniques, and procedures that are appropriate for the age and weight of children served;
- The physiological impact of emergency behavior intervention;
- The psychological impact of emergency behavior intervention, such as flashbacks from prior abuse;
- How to adequately monitor the child during the administration of an emergency behavior intervention to prevent injury or death;
- Monitoring physical signs of distress and obtaining medical assistance;
- Health risks for children associated with the use of specific techniques and procedures;
- Drawings, photographs, or videos of each personal or mechanical restraint permitted by your policy. For mechanical restraints, this must include the manufacturer's complete specifications for each device permitted, an explanation of modifications to the manufacturer's specifications, and a copy of the approval of the modification from a licensed psychiatrist; and
- Strategies for re-integration of children into the environment after the use of emergency behavior intervention, including the debriefing of caregivers and the child.<sup>507</sup>

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505 40 Tex. Admin. Code § 748.901 (2012).

506 40 Tex. Admin. Code § 748.903 (2012).

507 40 Tex. Admin. Code § 748.903(c) (2012).

Lastly, each caregiver must have a current certification in first-aid and be able to immediately respond to emergencies.<sup>508</sup> Also, at all times during operation, at least one caregiver counted in the child/caregiver ratio must have current certification in CPR and be able to immediately respond to emergencies.<sup>509</sup> First-aid and CPR training and re-certification must consist of a program that includes both written and hands-on skill-based instruction, practice (through using a CPR mannequin), and testing.<sup>510</sup> The CPR training and recertification must include CPR for children and adults.<sup>511</sup>

#### **4) Controlling Person**

The controlling person of an organization is a person or persons who are legally responsible for a safe house and its components. A controlling person of a child care operation is considered any owner of the safe house or governing body of the operation or the person who manages, administers, or directs the operation or its governing body.<sup>512</sup> A controlling person could also be a person who either alone or in connection with others has the ability to influence or direct the management, expenditures, or policies of the operation.<sup>513</sup> This could come from having a personal, familial, or other relationship with the governing body, manager, or another controlling person of the organization.<sup>514</sup> Also, a person does not have to be present at the safe house or hold an official title at the operation in order to be considered a controlling person.<sup>515</sup>

An organization must inform the Licensing Division of DFPS who the controlling person or persons is by submitting a Controlling Person Form.<sup>516</sup> This information must be submitted when applying for the initial permit and within two days after a person becomes a controlling person (if the person is appointed after the initial permit is submitted).<sup>517</sup> Even if a person has submitted a Controlling Person Form, the Licensing Division may designate someone if a permit is revoked or the safe house is voluntarily closed.<sup>518</sup> If a person is designated as a controlling person, he or she may not be issued a permit to operate a child care operation or be the controlling person at a child care operation for five years after the designation.<sup>519</sup>

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508 40 Tex. Admin. Code § 748.981(a) (2012).

509 40 Tex. Admin. Code § 748.981(b) (2012).

510 40 Tex. Admin. Code § 748.987(a) (2012).

511 40 Tex. Admin. Code § 748.987(b) (2012).

512 40 Tex. Admin. Code § 745.901 (2012).

513 40 Tex. Admin. Code § 745.901 (2012).

514 40 Tex. Admin. Code § 745.901 (2012).

515 40 Tex. Admin. Code § 745.901 (2012).

516 40 Tex. Admin. Code § 745.903 (2012).

517 40 Tex. Admin. Code § 745.903 (2012).

518 40 Tex. Admin. Code § 745.905 (2012).

519 40 Tex. Admin. Code § 745.907 (2012).

## 5) Child Care Administrator

A child care administrator is defined as a person who supervises and exercises direct administrative control over a child care institution and who is responsible for its program and personnel, whether or not the person has an ownership interest in the institution or shares duties with other persons.<sup>520</sup> A person may not serve as a child care administrator of a safe house unless they are a Licensed Child Care Administrator (LCCA), licensed by DFPS.<sup>521</sup> To be eligible for a Child Care Administrator License (CCAL), a person must: provide information for a criminal history and background check; pass an examination developed and administered by DFPS that tests competency in the field of child care administration; have one year of full-time experience in management or supervision of child care personnel or programs; and have either a master's or doctoral degree in social work (or other area of study) or a bachelor's degree and two years of full-time experience in child care or a closely related field.<sup>522</sup> Education received outside of the United States will count towards the educational qualifications required by the state.<sup>523</sup> However, an employee must provide supporting information indicating that the education is equivalent to the minimum educational qualifications for the position for which he or she is applying.<sup>524</sup> To apply to become a licensed administrator, he or she must submit all required application materials and a \$100 application fee, which is nonrefundable.<sup>525</sup>

A complete application to become a licensed administrator includes: a completed application form; a transcript or letter of verification from the appropriate educational institution(s); two professional references verifying skills, character, and experience; an employer reference that documents one year of supervisory experience; a notarized affidavit documenting background information on a form provided by DFPS; and a completed background check request form.<sup>526</sup> DFPS may waive the prerequisite to obtain a license for an application if the applicant holds a valid license from another state that has licensing requirements that are substantially equivalent to Texas.<sup>527</sup> However, Texas must have a reciprocity agreement with the state from which the applicant holds a license.<sup>528</sup> Once an applicant

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520 Tex. Hum. Res. Code Ann. § 43.001(2) (West 2001); *see also* 40 Tex. Admin. Code § 745.8901 (2012).

521 Tex. Hum. Res. Code Ann. § 43.003(a) (West 2001); *see also* 40 Tex. Admin. Code § 745.8907 (2012).

522 Tex. Hum. Res. Code Ann. § 43.004 (West 2001); *see also* 40 Tex. Admin. Code § 745.8915 (2012).

523 40 Tex. Admin. Code § 748.503 (2012).

524 40 Tex. Admin. Code § 748.503 (2012).

525 40 Tex. Admin. Code § 745.8931 (2012).

526 40 Tex. Admin. Code § 745.8933 (2012).

527 Tex. Hum. Res. Code Ann. § 43.0042 (West 2001); *see also* 40 Tex. Admin. Code § 745.8913 (2012).

528 Tex. Hum. Res. Code Ann. § 43.0042 (West 2001); *see also* 40 Tex. Admin. Code § 745.8913 (2012).

has satisfied all of the licensing requirements, DFPS shall issue that person a license valid for a two-year period.<sup>529</sup>

Upon being licensed (if required) and hired, a child care administrator must meet other requirements. A child care administrator must meet the qualifications established by the organization's governing body and be a full-time employee of the safe house.<sup>530</sup> DFPS also prescribes numerous responsibilities for child care administrators for the on-site administration of the safe house. The child care administrator must have daily supervision and on-site administrative responsibility for the overall operation.<sup>531</sup>

Also, the child care administrator is responsible for (or must assign responsibility for):

- Overseeing staffing patterns to ensure the supervision and the provision of child care services that meet the needs of the children at the safe house;
- Ensuring the provision of planned but flexible program activities designed to meet the developmental needs of children;
- Having a system in place to ensure an employee is available to handle emergencies;
- Assigning tasks to caregivers that do not conflict or interfere with caregiver responsibilities;
- Administering and managing the operation according to the policies adopted by the governing body;
- Ensuring that the operation complies with all applicable Texas laws;
- Ensuring a child in care does not act as a caregiver; and
- Ensuring persons whose behavior or health status presents a danger to children are not allowed at the operation.<sup>532</sup>

## **6) Professional Level Service Provider**

As a safe house will likely provide treatment services to children with emotional disorders, a professional level service provider is required.<sup>533</sup> A professional level service provider of this nature must have both educational and professional qualifications. A master's degree or higher from an accredited college or university in social work or other human services field, and nine credit hours in graduate level courses that focus on family and individual function and interaction are required.<sup>534</sup> In addition, one year of documented full-time work experience in a treatment setting serving children, including residential treatment centers, child-placing agencies, providing treatment services, psychiatric hospitals serving children or others is required.<sup>535</sup>

529 Tex. Hum. Res. Code Ann. § 43.008 (West 2001); *see also* 40 Tex. Admin. Code § 745.8991 (2012).

530 40 Tex. Admin. Code § 748.531 (2012); *see also* 40 Tex. Admin. Code § 745.8915 (2012).

531 40 Tex. Admin. Code § 745.535 (2012).

532 40 Tex. Admin. Code § 748.535 (2012).

533 40 Tex. Admin. Code § 748.563 (2012).

534 40 Tex. Admin. Code § 748.563 (2012).

535 40 Tex. Admin. Code § 748.563 (2012).

## **7) Treatment Coordinator/Director**

Since a safe house will likely provide treatment services to all of its children, the law requires that an organization have a full-time treatment director on staff.<sup>536</sup> A treatment director is responsible for the overall treatment program, including clinical responsibility for the management of the operation's therapeutic intervention.<sup>537</sup> He or she is also responsible for providing direction and overall management of the safe house's treatment program.<sup>538</sup> When assigning responsibilities to the treatment director, the organization must ensure that the treatment director can oversee the treatment of all children receiving treatment services.<sup>539</sup>

A treatment director that provides or oversees treatment services for children with emotional disorders must:

- Be a psychiatrist or psychologist;
- Have a master's degree in a human services field from an accredited college or university and three years of experience providing treatment services for children with an emotional disorder, including one year in a residential setting; or
- Be a licensed master social worker, a licensed clinical social worker, a licensed professional counselor, or a licensed marriage and family therapist, and have three years of experience providing treatment services for children with an emotional disorder, including one year in a residential setting.<sup>540</sup>

## **8) Volunteers/Contract Staff**

Safe houses are legally permitted to utilize the help of volunteers. The organization must maintain a personnel record for each volunteer, including a statement signed and dated by the volunteer indicating that he or she will immediately report any suspected incident of abuse, neglect, or exploitation to the Child Abuse Hotline and the operation's administrator.<sup>541</sup> If the volunteer provides short-term services through an outside organization, the safe house must verify that the outside organization's policies meet the intent of these rules before the volunteer can have contact with the children at the safe house.<sup>542</sup> Any volunteer or contract staff member that performs any employee function must meet the same requirements as the employee who performs that function, and records of how these requirements are met must be kept on file.<sup>543</sup> Lastly, a safe house cannot hire a volunteer who is on probation, parole, or referred for community service through the courts.

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536 40 Tex. Admin. Code § 748.601 (2012).

537 40 Tex. Admin. Code § 748.603 (2012).

538 40 Tex. Admin. Code § 748.603 (2012).

539 40 Tex. Admin. Code § 748.603 (2012).

540 40 Tex. Admin. Code § 748.605(c) (2012).

541 40 Tex. Admin. Code § 748.721 (2012).

542 40 Tex. Admin. Code § 748.721 (2012).

543 40 Tex. Admin. Code § 748.723 (2012).

## 9) Staffing Requirements as a Whole

Although DFPS does not specify degree requirements for entry level staff positions, it does stipulate minimum training standards for an employee of a safe house, including the time required for completing the training.<sup>544</sup> It regulates staff as a whole by requiring training of personnel, the preservation of appropriate child/caregiver ratios, and implementing a written professional staffing plan.

A licensed facility must provide training for staff members in: the recognition of symptoms of child abuse, neglect, and sexual molestation and the responsibility to and procedure for reporting to DFPS or other appropriate entity; the application of first aid; and the prevention and spread of communicable diseases.<sup>545</sup> Additionally, a safe house must have an implemented behavior intervention program that includes behavior intervention instruction for staff members who work directly with children served by the facility, and training for all employees regarding the risk associated with the use of prone restraints.<sup>546</sup>

An organization must also submit a written professional staffing plan. This staffing plan must: “demonstrate that the number, qualifications, and responsibilities of professional positions, including the child care administrator, are appropriate for the size and scope of your services and that workloads are reasonable enough to meet the needs of the children in care; describe in detail the qualifications, duties, responsibilities, and authority of professional positions. For each position, the plan must show whether employment is on a full-time, part-time, or continuing consultative basis. For part-time and consulting positions, the plan must specify the number of hours and/or frequency of services; and document staffing patterns, including child/caregiver ratios, hours of coverage, and plans for providing backup caregivers in emergencies.”<sup>547</sup>

Additionally, it is not essential that a nurse or medical provider be on staff.<sup>548</sup> However, it is beneficial to have medical staff on-site to be able to address any medical emergencies or issues in a prompt manner. In the event an organization would prefer to have medical staff on hand, the nurse or doctor must meet certain professional and educational standards, as determined by DFPS.

## 10) Background checks

A safe house is entitled to obtain criminal history record information maintained by DFPS that relates to a person who is a volunteer, so long as the volunteer gives written consent.<sup>549</sup> A volunteer in this sense means

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544 Tex. Hum. Res. Code Ann. § 42.042(p) (West 2001).

545 Tex. Hum. Res. Code Ann. § 42.0426(a) (West 2001).

546 Tex. Hum. Res. Code Ann. § 42.0426(b) (West 2001).

547 40 Tex. Admin. Code § 748.501 (2012).

548 40 Tex. Admin. Code § 745.563 (2012).

549 Tex. Gov. Code Ann. § 411.131(b) (West 2012).

a person who will perform any service in a safe house, any service that requires access to the handling of money, any service that involves the care of or access of a child, or any executive administrative responsibilities.<sup>550</sup> However, a safe house may not retain the criminal history record information, and the information must be destroyed after the suitability of the volunteer is determined.<sup>551</sup> If a safe house fails to comply with the record destruction process, it is not liable in a civil action for damages so long as a good faith effort was made on behalf of the safe house, officer, or volunteers to comply.<sup>552</sup>

Before the Licensing Division issues a permit, DFPS must receive the results from the background checks.<sup>553</sup> The purpose of requesting a background check is to determine whether a person has any criminal or abuse and neglect history and to determine whether his or her presence at the safe house would be a risk to the health or safety of the children in care.<sup>554</sup> It is also important to conduct accurate background checks because a safe house should be sensitive and cautious as to what staff members are hired. Traffickers are endlessly creative in their ways to recruit victims. DFPS requires that safe houses request background checks on certain employees. There are four types of background checks: a name-based criminal history check,<sup>555</sup> a fingerprint-based criminal history check,<sup>556</sup> a DFPS central registry check,<sup>557</sup> and an out-of-state central registry check.<sup>558</sup> A name-based criminal history check and a DFPS central registry check must be requested of: the director, owner, and operator of the operation; each person employed at the operation; each prospective employee at the operation; each person at least 14 years of age, other than a child in care, who will regularly or frequently be staying or working at an operation; applicants for a child care administrator's license; and every substitute employee.<sup>559</sup> An organization must request a fingerprint-based criminal history check for each person that has lived in another state during the previous five years or if there is reason to suspect other criminal history exists in another state.<sup>560</sup>

In order to request a background check, an organization must send the following information about each employee that requires a background check to DFPS: name, including any maiden or married names or alias; date of birth; sex; social security number; current and previous address; driver's

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550 Tex. Gov. Code Ann. § 411.131(b) (West 2012).

551 Tex. Gov. Code Ann. § 411.131(d) (West 2012).

552 Tex. Gov. Code Ann. § 411.131(f) (West 2012).

553 40 Tex. Admin. Code § 745.631 (2012).

554 40 Tex. Admin. Code § 745.613 (2012).

555 40 Tex. Admin. Code § 745.611 (2012).

556 40 Tex. Admin. Code § 745.611 (2012).

557 40 Tex. Admin. Code § 745.611 (2012).

558 40 Tex. Admin. Code § 745.611 (2012).

559 40 Tex. Admin. Code § 745.615 (2012).

560 40 Tex. Admin. Code § 745.615(b)(3) (2012).

license or a state issued identification card number; and race.<sup>561</sup> All requests from a safe house must be submitted online through the DFPS website.<sup>562</sup> Background check requests must be submitted when an organization applies for a permit and when a new employee is hired.<sup>563</sup> Also, an organization must request updated background checks for each employee every twenty-four months.<sup>564</sup> An employee is not allowed to provide direct care or have direct access to a child until the results of his or her background check have been received by the safe house.<sup>565</sup> However, if a safe house is experiencing a staff shortage, it may temporarily employ a person for whom it has not received results yet.<sup>566</sup>

## 5. Child/Caregiver Ratio

A safe house must plan in advance how many children it intends to serve. A safe house cannot exceed the capacity for which it is licensed.<sup>567</sup> However, if a safe house provides emergency services, it may temporarily exceed its facility's capacity for no more than forty-eight hours to provide temporary care for a child in an emergency.<sup>568</sup> The facility must then notify DFPS within twenty-four hours of the exceeded capacity placement.<sup>569</sup>

The child/caregiver ratio is the maximum number of children for whom one caregiver at a facility can be responsible.<sup>570</sup> During the children's waking hours, a single caregiver may only care for five children at a time since the children require treatment services.<sup>571</sup> While this is the standard set by DFPS, Freedom Place modifies its ratio to a lower number of children per caregiver in order to take extra precautions in certain situations.<sup>572</sup> Each group of children must have a sufficient number of caregivers to meet the required ratio for that group.<sup>573</sup> A person may not be counted in the ratio for a group of children if he or she is caring for children outside of the group or

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561 40 Tex. Admin. Code § 745.623(a) (2012).

562 40 Tex. Admin. Code § 745.623(c) (2012).

563 40 Tex. Admin. Code § 745.625 (2012).

564 40 Tex. Admin. Code § 745.625(7) (2012). However, if a fingerprint-based criminal history check has already been completed on a person, he or she is not required to have a new fingerprint check done. 40 Tex. Admin. Code § 745.630 (2012).

565 40 Tex. Admin. Code § 745.626 (2012).

566 40 Tex. Admin. Code § 745.626(b) (2012).

567 40 Tex. Admin. Code § 748.109 (2012).

568 Tex. Hum. Res. Code Ann. § 42.042(r) (West 2004).

569 Tex. Hum. Res. Code Ann. § 42.042(r) (West 2004).

570 40 Tex. Admin. Code § 748.1001 (2012).

571 40 Tex. Admin. Code § 748.1003(a) (2012).

572 Kellie Armstrong, former Exec. Dir. of Freedom Place and Chief Advancement and Evaluation Officer of Arrow Child & Family Ministries, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (Aug. 6, 2012) (on file with author).

573 40 Tex. Admin. Code § 748.1005 (2012).



working in an administrative capacity.<sup>574</sup> Therefore, the child/caregiver ratios cannot be averaged on an operation-wide basis. When children are asleep at night, the child/caregiver ratio is different. This ratio would then depend on whether the caregiver stays awake or sleeps during these hours.<sup>575</sup> If the caregiver stays awake, the caregiver may care for fifteen children at a time.<sup>576</sup> If the caregiver sleeps, the caregiver may care for ten children at a time.<sup>577</sup>

A safe house must always employ an adequate number of qualified caregivers to meet the needs of the children at the safe house and enough to satisfy the required child/caregiver ratio.<sup>578</sup> As a safe house will most likely provide treatment services, an organization's professional staffing plan must identify its ability to have enough caregivers and staffing patterns, which should include the child/caregiver ratios, hours of coverage, and plans for providing backup caregivers in emergencies.<sup>579</sup> Additionally, the child/caregiver ratio applies to activities sponsored or conducted by the organization that occur away from the operation, such as field trips.<sup>580</sup>

For the transitional living program, the child/caregiver ratio varies. A caregiver counted in the child/caregiver ratio who is responsible for supervising children of the same gender in a transitional living program must: reside in or be near the children's living quarters; be on-site at the operation during times when children are awake, but the caregiver need not be physically present with the children; be physically available to the children at all times; be capable of responding quickly in an emergency; and be capable of monitoring the comings and goings of the children in the program.<sup>581</sup> In this requirement, same gender means that the children and the young adults in care are all the same gender, not that the caregiver must be the same gender as the residents. An organization may not have living quarters for a transitional living program with both male and female residents unless caregivers are always present when the children are at the living quarters.<sup>582</sup> In some instances, however, a child in a transitional living program may not need supervision. Each child should be individually evaluated to determine whether the child needs supervision.<sup>583</sup> This evaluation must: include a written plan defining the periods of time the child may be left unsupervised; include a written plan for addressing behavioral

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574 40 Tex. Admin. Code § 748.1005 (2012).

575 40 Tex. Admin. Code § 748.1007 (2012).

576 40 Tex. Admin. Code § 748.1007 (2012).

577 40 Tex. Admin. Code § 748.1007 (2012).

578 40 Tex. Admin. Code § 748.1009(a) (2012).

579 40 Tex. Admin. Code § 748.1009(b) (2012).

580 40 Tex. Admin. Code § 748.1017 (2012).

581 40 Tex. Admin. Code § 748.1019 (2012).

582 40 Tex. Admin. Code § 748.1023 (2012).

583 40 Tex. Admin. Code § 748.1021 (2012).

programs that a child may have while in the transitional living program; and identify how the child may contact the caregivers when they are not physically present with the child.<sup>584</sup>

## 6. Waivers and Variances

The policies set forth by DFPS are numerous and extensive. Therefore, DFPS offers the possibility of relief for some of the requirements for licensure. If the organization cannot comply with the minimum standards for opening and operating a safe house, it can request a waiver or variance.<sup>585</sup> The granting of a waiver or variance should not be considered an entitlement or privilege, as each request is considered individually.<sup>586</sup> By way of the statute, an organization may request a waiver if the “economic impact of compliance with a minimum standard is great enough to make compliance impractical.”<sup>587</sup> For example, if a safe house was limited on funding, it may be able to receive a waiver or variance for staffing or square footage requirements. On the other hand, an organization may request a variance if there is “good and just cause for you to meet the purpose of the minimum standard in a different way.”<sup>588</sup> For example, if there are other ways that a minimum standard can be maintained that are different than specified in the code, such as having a child’s bathroom in a different location while still adhering to code provisions, a safe house would want to request a variance. Waivers and variances are processed in the same manner, and they will not be granted if the minimum standard is strictly required by law.<sup>589</sup> However, for all other waiver and variance requests, the licensing representative will consider the following factors when deciding on whether to grant or deny a request: the risk to children if the safe house is not meeting the standard, the compliance history of the operation, the monitoring plan assigned to the operation, any other waivers or variances currently in effect, the organization’s regulatory status (whether the organization is on initial status, evaluation, or probation), any economic factors or other constraints negatively affecting the ability to efficiently comply, and any other variables acknowledged by the licensing staff.<sup>590</sup>

Waivers and variances are only valid for specific amounts of time. DFPS will specify the date each will expire.<sup>591</sup> Although each waiver or variance

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584 40 Tex. Admin. Code § 748.1021 (2012).

585 40 Tex. Admin. Code § 745.8301 (2012); *see also* Tex. Hum. Res. Code Ann. § 42.042(j) (West 2001).

586 40 Tex. Admin. Code § 745.8301 (2012); *see also* Tex. Hum. Res. Code Ann. § 42.042(j) (West 2001).

587 40 Tex. Admin. Code § 745.8303 (2012).

588 40 Tex. Admin. Code § 745.8303 (2012); *see also* Tex. Hum. Res. Code Ann. § 42.048(c) (West 2001).

589 40 Tex. Admin. Code § 748.8303 (2012); 40 Tex. Admin. Code § 748.8307 (2012).

590 40 Tex. Admin. Code § 745.8307 (2012).

591 40 Tex. Admin. Code § 745.8311 (2012).

will vary in length, in no circumstances will it be granted for more than three years.<sup>592</sup> Moreover, conditions may be set on the waiver or variance, so it is important that an organization comply with all conditions at all times.<sup>593</sup> If an organization does not agree with the assigned time length, it may discuss an alternative time limit or alternative conditions with the Licensing Division staff member who made the decision, or it may appeal the decision if another mutual agreement cannot be reached.<sup>594</sup> Additionally, the Licensing Division may amend or revoke a waiver or variance at any time if it is considered a risk to the children, the circumstances that supported it have changed, or the organization failed to meet the stated conditions.<sup>595</sup>

If a waiver or variance is denied or revoked, an organization may request an administrative review through a written request.<sup>596</sup> The written request must be sent to the Director of the Licensing Division within fifteen calendar days after receiving the denial or revocation letter.<sup>597</sup> The request should include a copy of the original denial or revocation letter and any supplementary information that supports the waiver or variance request.<sup>598</sup> During this administrative review period, it is essential that the organization complies with the minimum standard(s) for which the waiver or variance was requested. After each waiver or variance is reviewed, if an organization is deficient in a minimum standard or other rule, DFPS will make recommendations.<sup>599</sup> It may then choose to impose remedial actions, which can include correction of the deficiency or even judicial and monetary actions.<sup>600</sup>

## 7. General Physical Site Requirements

DFPS dictates numerous requirements regarding the physical aspect of a safe house's facility, such as following local code provisions and keeping a safe house clean.<sup>601</sup> For instance, windows and doors must be in good repair and free of broken glass, and windows that have the ability of being opened must be equipped with a screen.<sup>602</sup> During the winter months, walkways must be free of ice, snow, and other obstruction.<sup>603</sup> Overall, the grounds of the facility must be well maintained and free of hazards.

DFPS also requires that all indoor areas be ventilated by at least one

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592 40 Tex. Admin. Code § 745.8311 (2012).

593 40 Tex. Admin. Code § 745.8313 (2012).

594 40 Tex. Admin. Code § 745.8315 (2012).

595 40 Tex. Admin. Code § 745.8317 (2012).

596 40 Tex. Admin. Code § 745.8319 (2012).

597 40 Tex. Admin. Code § 745.8319 (2012).

598 40 Tex. Admin. Code § 745.8319 (2012).

599 40 Tex. Admin. Code § 745.8601-8603 (2012).

600 40 Tex. Admin. Code § 745.8601-8603 (2012).

601 40 Tex. Admin. Code § 748.3301 (2012).

602 40 Tex. Admin. Code § 748.3301 (2012).

603 40 Tex. Admin. Code § 748.3301 (2012).

operable window or mechanical ventilation system.<sup>604</sup> Also, each ramp and stairway must have well-secured handrails.<sup>605</sup> All living quarters at the safe house must be provided with electrical services.<sup>606</sup> Specifically, the following areas must be lighted in order to avoid accidents: habitable rooms; common use areas such as dining rooms, living rooms, laundry rooms, and gymnasiums; bathrooms; hallways; interior stairs; outside steps and doorways; porches; ramps; and fire escapes.<sup>607</sup>

DFPS also maintains regulations regarding the interior space of the safe house. For general living space, an organization must provide:

- A sketch of the operation's floor plan showing the dimensions and the purpose of all rooms and specifying where children and caregivers (if applicable) will sleep;
- Living space, appropriate furnishings, and bathroom facilities that are safe, clean, and maintained in good repair;
- Provisions for personal storage space in the child's bedroom for each child's clothing and belongings;
- At least forty square feet per child of indoor activity space, excluding bedrooms, halls, kitchens, bathrooms, and any other space not regularly available to a child;
- Each bedroom with at least one window with outside exposure as a source of natural light; and
- Every bedroom window with curtains, blinds, shades or other provisions for rest and privacy.<sup>608</sup>

Floor space is considered the space that a child can use for daily activities and does not include closets or other alcoves.<sup>609</sup> Also, when calculating floor space, the floor space amount cannot be averaged.<sup>610</sup>

DFPS also sets out requirements relating to square footage in a child's bedroom (see location core component discussed above for exact specifications). However, if a child is admitted to the facility during sleeping hours, an organization can be exempt from this rule for the child's first night.<sup>611</sup> Also, children of opposite genders may not share a bedroom.<sup>612</sup>

As previously mentioned in the location core component, DFPS also sets out standards for the children's bathroom facilities at a safe house. Bathrooms must be able to be locked from the inside, but must also be able

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604 40 Tex. Admin. Code § 748.3303 (2012).

605 40 Tex. Admin. Code § 748.3305 (2012).

606 40 Tex. Admin. Code § 748.3307 (2012).

607 40 Tex. Admin. Code § 748.3307 (2012).

608 40 Tex. Admin. Code § 748.3351 (2012).

609 40 Tex. Admin. Code § 746.4213 (2012).

610 40 Tex. Admin. Code § 746.4213 (2012).

611 40 Tex. Admin. Code § 748.3359 (2012).

612 40 Tex. Admin. Code § 748.3363 (2012).

to be unlocked from the outside in case of an emergency.<sup>613</sup> A safe house's facilities must provide at least one toilet for every eight children, and must include separate toilet facilities for males and females.<sup>614</sup>

As for bathing facilities, all bath and shower areas must provide for individual privacy, including doors or shower curtains.<sup>615</sup> A safe house's facilities must provide at least one bathtub or shower for every eight females and one for every eight males, separating the shower and bath facilities for each gender.<sup>616</sup>

## 8. Inspections Prior to Issuance of a Permit

Certain inspections must be done before a safe house is issued a permit. For example, a facility must be inspected for gas leaks before being issued an initial permit.<sup>617</sup> Also, an organization must have a fire inspection before an initial permit is issued.<sup>618</sup> These inspections must be done at least once every twenty-four months.<sup>619</sup>

In addition to an inspection, an operation must have an operable smoke-detection system that is audible throughout the building.<sup>620</sup> This may consist of either an electric fire alarm or smoke-detection system or individual electric smoke detectors located in hallways or open areas outside sleeping rooms and on each level of a building.<sup>621</sup> Depending on the size and layout of the facility, additional smoke detectors may be required based on the fire inspector's instructions.<sup>622</sup> Smoke detectors must get their power from building wiring from a commercial source and the wiring must be permanent.<sup>623</sup> Also, smoke detectors must be equipped with a battery back-up and emit a signal when the batteries are low.<sup>624</sup> It is also required that an operation have a fire-extinguishing system, which may be a sprinkler system or fire extinguishers.<sup>625</sup> Each of the above fire safety methods must be frequently tested. Additionally, each organization should always check local municipality and county laws. A municipality or a county enforces Texas fire safety laws, and can prescribe additional requirements.<sup>626</sup>

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613 40 Tex. Admin. Code § 748.3391 (2012).

614 40 Tex. Admin. Code § 748.3393 (2012).

615 40 Tex. Admin. Code § 748.3397 (2012).

616 40 Tex. Admin. Code § 748.3397 (2012).

617 40 Tex. Admin. Code § 748.3061 (2012).

618 40 Tex. Admin. Code § 748.3101 (2012).

619 40 Tex. Admin. Code § 748.3061 (2012); *see also* 40 Tex. Admin. Code § 748.3101 (2012).

620 40 Tex. Admin. Code § 748.3107 (2012).

621 40 Tex. Admin. Code § 748.3107 (2012).

622 40 Tex. Admin. Code § 748.3107 (2012).

623 40 Tex. Admin. Code § 748.3107 (2012).

624 40 Tex. Admin. Code § 748.3107 (2012).

625 40 Tex. Admin. Code § 748.3113 (2012).

626 Tex. Hum. Res. Code Ann. § 42.04431 (West 2001).

## 9. Insurance

A safe house has the responsibility to maintain liability insurance.<sup>627</sup> An organization must obtain liability insurance coverage in the amount of \$300,000 for each occurrence of negligence.<sup>628</sup> An insurance policy must cover injury to a child that occurs while the child is on the premises of the safe house or in the care of a caregiver.<sup>629</sup> An organization should file with DFPS a certification or other evidence from an insurance company showing that the organization has an unexpired and un-cancelled insurance policy.<sup>630</sup> If (for financial reasons or lack of availability of an underwriter willing to issue a policy) an organization is unable to secure the required insurance, it should notify the parent or guardian of each child whom the safe house has in its care that the liability coverage is not provided.<sup>631</sup> DFPS should also be notified if insurance is not offered.<sup>632</sup> In no case will the inability to secure insurance coverage serve to indemnify the license holder for damages due to negligence.<sup>633</sup> The only acceptable reasons to not obtain liability insurance are financial reasons, lack of availability of an underwriter willing to issue a policy, or exhausting of policy limits.<sup>634</sup> Failure to maintain or renew an insurance policy without good reason is grounds for suspension or revocation of a safe house's licensing.<sup>635</sup>

## B. OPERATIONAL LEGAL REQUIREMENTS: MAINTAINING THE LICENSE

After applying for and receiving the initial license a safe house is free to begin operating. When the safe house begins operating, they must:

- Designate a full-time child care administrator who meets the minimum qualifications of §748.531;
- Be inspected by the fire marshal and Health Department;
- Be inspected by the Texas Commission on Environmental Quality (TCEQ) if using a private well;
- Operate according to the written policies and procedures adopted by the governing body;
- Maintain true, current, accurate, and complete records at the operation for review;
- Ensure that all required documentation is current, accurate, and complete;
- Allow inspections of the operation during its hours of operation;

627 40 Tex. Admin. Code § 748.103 (2012).

628 40 Tex. Admin. Code § 745.249 (2012); *see also* Tex. Hum. Res. Code Ann. § 42.049 (West 2001).

629 Tex. Hum. Res. Code Ann. § 42.049 (West 2001); *see also* 40 Tex. Admin. Code § 745.253 (2012).

630 Tex. Hum. Res. Code Ann. § 42.049 (West 2001); *see also* 40 Tex. Admin. Code § 745.253 (2012).

631 Tex. Hum. Res. Code Ann. § 42.049 (West 2001); *see also* 40 Tex. Admin. Code § 745.253 (2012).

632 Tex. Hum. Res. Code Ann. § 42.049 (West 2001); *see also* 40 Tex. Admin. Code § 745.253 (2012).

633 Tex. Hum. Res. Code Ann. § 42.049 (West 2001); *see also* 40 Tex. Admin. Code § 745.253 (2012).

634 40 Tex. Admin. Code § 745.251(2012).

635 Tex. Hum. Res. Code Ann. § 42.049 (West 2001).

- Display the permit at the operation;
- Observe the conditions and restrictions of the permit;
- Not offer unrelated types of services that conflict or interfere with the best interests of a child in care, a caregiver’s responsibilities, or operation space;
- Maintain liability insurance as required by the Human Resources Code, §42.049;
- Comply with Chapters 42 and 43 of the Human Resources Code and the rules of chapter 40 of the Texas Administrative Code, and all other applicable laws and rules of the Texas Administrative Code;
- Prepare the annual budget and controlling expenditures to ensure the needs of the children are met; and
- Ensure that no member of the governing body, member of the executive committee, member of management, or employee is listed as a sustained controlling person.<sup>636</sup>

The initial license is valid for six months.<sup>637</sup> During the six-month initial period, the safe house must show that it can meet standards on a continuing basis in order to qualify for a non-expiring license.<sup>638</sup> While the safe house has an initial license, licensing staff will conduct at least three inspections to evaluate the operation’s compliance with minimum standard rules, including those requiring the presence of children.<sup>639</sup>

During the initial period, Licensing Division staff will focus on evaluating standards that require the presence of children in care. The safe house must provide care early enough in the initial period for the Licensing Division staff to check compliance with all standards. Providing care means the child care operation must admit and involve at least one child in an ongoing child care program.<sup>640</sup>

Licensing Division staff will periodically inspect the safe house to make sure it continues to meet minimum standards. By law, DFPS must make at least one unannounced inspection per year to a licensed operation.<sup>641</sup> Licensing Division staff will notify the safe house in writing of the results of each inspection. Every licensed operation must be inspected at least once every year, and at a minimum one inspection per year must be unannounced. Other inspections may be announced or unannounced.<sup>642</sup>

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636 40 Tex. Admin Code § 748.103 (2012).

637 Tex. Hum. Res. Code Ann. § 42.051 (West 2001).

638 40 Tex Admin. Code § 745.351 (2012).

639 40 Tex Admin. Code § 745.351 (2012).

640 40 Tex Admin. Code § 745.349 (2012).

641 Tex. Hum. Res. Code Ann. § 42.044 (West 2001).

642 Tex. Hum. Res. Code Ann. § 42.044 (West 2001).

## 1. Intake

Safe houses will have their own internal policies regarding intake, but DFPS mandates that certain pieces of information are documented. Victims may be referred from juvenile probation, child protective services, law enforcement, other service providers, self-referral from victims or their families and from street outreach. The safe house may only admit children or young adults who meet admission policy guidelines.<sup>643</sup> Each placement must meet the child's physical, medical, recreational, educational, and emotional needs as identified in the child's admission assessment.<sup>644</sup> On the day a child is admitted for care, the safe house must provide caregivers with information about the child's immediate needs such as enrolling the child in school or obtaining needed medical care or clothing and they must be informed of any special needs, such as medical or dietary needs or conditions.<sup>645</sup>

If a parent is involved, then the parent must be able to determine whether the safe house's program and/or practices are appropriate for the child and can meet the child's needs.<sup>646</sup> A placement agreement is the agreement with a child's parent that defines the safe house's roles and responsibilities and authorizes it to obtain or provide services for the child.<sup>647</sup> The placement agreement must include authorization permitting the safe house to care for the child; a medical consent form signed by a person legally authorized to provide consent; and the reason for placement and anticipated length of time in care.<sup>648</sup>

The safe house must create both an admission information file and an admission assessment file to add to the child's record.<sup>649</sup> The safe house must include the following in the child's admission information file at her admission<sup>650</sup>:

- The child's name, gender, race, religion, date of birth, and birthplace;
- Court orders establishing who is the managing conservator for the child, if applicable;
- The name, address, and telephone number of the managing conservator, the primary caregivers for the child, any person with whom the child is allowed to leave the operation, and any other individual who has the legal authority to consent to the child's medical care;
- The names, addresses, and telephone numbers of biological or adoptive parents, if applicable;
- The names, addresses, and telephone numbers of siblings;

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643 40 Tex. Admin. Code § 748.1203 (2012).

644 40 Tex. Admin. Code § 748.1203 (2012).

645 40 Tex. Admin. Code § 748.1213 (2012).

646 40 Tex. Admin. Code § 748.1211 (2012).

647 40 Tex. Admin. Code § 748.1207 (2012).

648 40 Tex. Admin. Code § 748.1207(2012).

649 40 Tex. Admin. Code § 748.1205 (2012); 40 Tex. Admin. Code § 748.1217 (2012).

650 40 Tex. Admin. Code § 748.1205 (2012).



- The date of admission;
- Medication the child is taking;
- An immunization record;
- Any allergies;
- Chronic health conditions;
- Known reasons restraints should not be used;
- Identification of the child’s treatment needs, if applicable, and any additional treatment services or programmatic services the child is receiving;
- Identification of the child’s high-risk behavior(s), if applicable, and the safety plan staff and caregivers will implement related to the behavior(s); and
- A copy of the placement agreement, if applicable.

An admission assessment must provide an initial evaluation of the appropriate placement for a child and ensure that the safe house obtain the information necessary for the safe house to facilitate service planning.<sup>651</sup> Prior to a child’s non-emergency admission, an admission assessment must be completed which includes:

- The child’s legal status;
- A description of the circumstances that led to the child’s referral for substitute care;
- A description of the child’s behavior, including appropriate and maladaptive behavior, and any high-risk behavior posing a risk to self or others;
- Any history of physical, sexual, or emotional abuse or neglect;
- Current medical and dental status, including the available results of any medical and dental examinations;
- Current mental health and substance abuse status, including available results of any psychological or psychiatric examination;
- The child’s current developmental level of functioning;
- The child’s current educational level and any school problems;
- Documentation indicating efforts made to obtain any of the information, if any information is not obtainable;
- The services you plan to provide to the child;
- Immediate goals of placement;
- The parent’s expectations for placement, duration of the placement, and family involvement;
- The child’s understanding of the placement;
- A determination of whether you can meet the immediate needs of the child; and
- A rationale for the appropriateness of the admission.<sup>652</sup>

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651 40 Tex. Admin. Code § 748.1217 (2012).

652 40 Tex. Admin. Code § 748.1217 (2012).

Each child is required to have a service plan that details the services to be provided. Prior to completing a child's initial service plan, and within 40 days of admission, the following information must be added to the admission assessment<sup>653</sup>:

- The child's social history (the history must include information about past and existing relationships with the child's birth parents, siblings, extended family members, and other significant adults and children, and the quality of those relationships with the child);
- A description of the child's home environment and family functioning;
- The child's birth and neonatal history;
- The child's developmental history;
- The child's mental health and substance abuse history;
- The child's school history, including the names of previous schools attended and the dates the schools were attended, grades earned, and special achievements;
- The child's history of any other placements outside the child's home, including the admission and discharge dates and reasons for placement;
- The child's criminal history, if applicable;
- The child's skills and special interests;
- Documentation indicating efforts made to obtain any of the information, if any information is not obtainable;
- The services planned to be provided to the child, including long-range goals of placement;
- Recommendations for any further assessments and testing; and
- A recommended behavior management plan.

Additionally, if the treatment services are for a child with an emotional disorder or pervasive development disorder the admission assessment must include a psychiatric or psychological diagnostic assessment including the child's diagnoses.<sup>654</sup> The same must be provided if the child's behavior and/or history within the last two months indicates that the child is an immediate danger to himself or others along with an assessment of the child's needs and his potential danger to himself or others, and recommendations for care, treatment, and further evaluation.<sup>655</sup> If the child is admitted, the recommendations must become part of the child's plan of service and must be implemented.<sup>656</sup>

Within seven days of admission, the safe house must provide an orientation to each newly admitted child.<sup>657</sup> The safe house must gear

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653 40 Tex. Admin. Code § 748.1217 (2012).

654 40 Tex. Admin. Code § 748.1219 (2012).

655 40 Tex. Admin. Code § 748.1219 (2012).

656 40 Tex. Admin. Code § 748.1219 (2012).

657 40 Tex. Admin. Code § 748.1209 (2012).

orientation to the intellectual level of the child.<sup>658</sup> The orientation must go over the policies of the safe house as they relate to the child.<sup>659</sup> This includes telling the child of visitation rights, phone calls, emergency behavior intervention, discipline, and program expectations, among other relevant information.<sup>660</sup>

## 2. Transitional Program

As discussed in the core components section, transitional services can be an important aspect of treatment for safe houses that choose to implement them. A transitional living program is defined as a residential services program designed to serve children 14 years old or older for whom the service or treatment goal is basic life skills development toward independent living.<sup>661</sup> This program gives children an opportunity to practice and obtain basic life skills before transitioning out of a safe house's program. Also, this program is not an independent living program.<sup>662</sup>

A transitional living program must have a training program for children that develop proficiency in the following areas: health, general safety, and fire safety practices; money management; transportation skills; accessing community and other resources; and child health and safety, child development, and parenting skills, if the child is a parent.<sup>663</sup>

A child must be 14 or older to participate in a transitional program.<sup>664</sup> A caregiver counted in the child/caregiver ratio who is responsible for supervising children of the same gender in a transitional living program must:

- Reside in or within close physical proximity of the children's living quarters;
- Be on-site at the operation during times when children are awake, but the caregiver is not physically present with the children;
- Be physically available to the children at all times;
- Be capable of responding quickly in an emergency; and
- Be capable of monitoring the comings and goings of the children in the program.<sup>665</sup>

A safe house must evaluate each child in a transitional living program to determine whether the child needs supervision.<sup>666</sup> The evaluation must:

- Include a written plan defining the periods of time the child may be left unsupervised;

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658 40 Tex. Admin. Code §748.1209 (2012).

659 40 Tex. Admin. Code §748.1209 (2012).

660 40 Tex. Admin. Code §748.1209 (2012).

661 40 Tex. Admin. Code § 748.61(3)(B) (2012).

662 40 Tex. Admin. Code § 748.61(3)(B) (2012).

663 40 Tex. Admin. Code § 748.67 (2012).

664 40 Tex. Admin. Code § 748.65 (2012).

665 40 Tex. Admin. Code § 748.1019 (2012).

666 40 Tex. Admin. Code § 748.1021 (2012).

- Include a written plan for addressing behavioral problems that a child may have while in the transitional living program; and
- Identify how the child may contact the caregivers when caregivers are not physically present with the child, such as being available to the child by telephone or other means of contact.<sup>667</sup>

The child’s service planning team must approve the evaluation.<sup>668</sup> The safe house must document the evaluation of the child and the approval in the child’s record and then must review and update the evaluation during the child’s service planning meetings.<sup>669</sup> A transitional living program must not have living quarters, a cottage, or a house with both male and female residents, unless caregivers are always present.<sup>670</sup>

When a child at the safe house turns 18 years old, the child may remain in the care of the organization under certain stipulations. For example, a young adult may remain in the organization’s care until his or her twenty-third birthday in order to: transition to independence, including attending college or vocational or technical schooling; attend high school or a program leading to an equivalent degree; complete the program; or stay with a younger sibling.<sup>671</sup> Additionally, a young adult may remain in the organization’s care indefinitely if he or she still needs the same level of care and is unlikely to physically and/or intellectually progress over time.<sup>672</sup> A safe house must only release a child to the child’s parent, a person designated by the parent, law enforcement authorities, or a person authorized by law to take possession of the child.<sup>673</sup> Although a safe house may be established to only admit minors, an organization can admit a young adult into its transitional living program if he or she comes immediately from another residential child care operation and the reason for admittance is consistent with the reasoning in the previously mentioned requirements.<sup>674</sup>

### 3. Annual Training

In addition to regulations regarding intake, safe houses will need to carefully view regulations regarding annual staff training. The department regulates annual training requirements for caregivers and employees and they are as follows. Caregivers and certain employees must complete the following training hours every year:<sup>675</sup>

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667 40 Tex. Admin. Code § 748.1021 (2012).

668 40 Tex. Admin. Code § 748.1021 (2012).

669 40 Tex. Admin. Code § 748.1021 (2012).

670 40 Tex. Admin. Code § 748.1023 (2012).

671 40 Tex. Admin. Code § 748.1931(a)(1)-(4) (2012).

672 40 Tex. Admin. Code § 748.1931(b)(1)-(2) (2012).

673 40 Tex. Admin. Code § 748.1481 (2012).

674 40 Tex. Admin. Code § 748.1933 (2012).

675 40 Tex. Admin. Code § 748.931 (2012).

<p>Caregivers where an operation has twenty-five or more children in care that are receiving treatment services or 30% or more of their total population of children in care are receiving treatment services</p>	<p>Fifty hours.</p> <p>Of the fifty hours, every six months a caregiver must complete at least four hours of training specifically related to the emergency behavior intervention techniques that the safe house allows. The caregiver must have this training within 180 days from the date that he last received such training.</p>
<p>Child care administrators, professional level service providers, treatment directors, and case managers who hold a relevant professional license</p>	<p>Fifteen hours, however, annual training hours used to maintain a person's relevant professional license may be used to complete these hours.</p> <p>There are no annual training requirements for emergency behavior intervention. However, if there is a substantial change in techniques, types of intervention, or operation policies regarding emergency behavior intervention, then the staff must be re-trained in emergency behavior intervention.</p>
<p>Child care administrators, professional level service providers, treatment directors, and case managers who do not hold a relevant professional license</p>	<p>Twenty hours.</p>

Each person must complete his or her hours within twelve months of being hired and then every twelve months subsequent.<sup>676</sup> The training hours may not count orientation training, pre-service training, the hours involved in meetings and conferences with the supervisor, or the hours presenting training to others.<sup>677</sup> The Licensing Division does not approve or endorse materials or trainers for the required hours.<sup>678</sup> It is the safe house's responsibility to ensure the employees receive reliable training relevant to the population of children served.<sup>679</sup> The safe house must keep documentation verifying completion of annual training in the appropriate personnel record.<sup>680</sup>

Annual training must be in areas appropriate to the needs of children for whom the operation or employee will be providing care, which may include but is not limited to:

- Developmental stages of children
- Constructive guidance and discipline of children
- Fostering children's self-esteem

676 40 Tex. Admin. Code § 748.935 (2012).

677 40 Tex. Admin. Code § 748.937 (2012).

678 40 Tex. Admin. Code § 748.939 (2012).

679 40 Tex. Admin. Code § 748.939 (2012).

680 40 Tex. Admin. Code § 748.949 (2012).

- Positive interaction with children
- Strategies and techniques for working with the population of children served
- Supervision and safety practices in the care of children
- Preventing the spread of communicable diseases.<sup>681</sup>

The classes must have specifically stated learning objectives; a curriculum, which includes experiential or applied activities; an assessment tool to determine whether the person has obtained the information necessary to meet the stated objectives; and a certificate, letter, or a signed and dated statement of successful completion from the training source.<sup>682</sup>

#### 4. Recreational Activities

Safe houses must provide daily indoor and outdoor recreational and other activities appropriate to the needs, interests, and abilities of the children, so that every child may participate.<sup>683</sup> A written plan of indoor and outdoor recreational and leisure opportunities must be provided to the licensing committee.<sup>684</sup> The programming must include physical fitness development.<sup>685</sup>

Safe houses must provide the following types of recreational activities: child care services, treatment services, individual free time, and the safe house must have opportunities to participate in community activities, such as school sports or other extracurricular school activities, religious activities, or local social events, depending on the child's needs.<sup>686</sup>

Safe houses must ensure that each child receiving treatment services has an individualized recreation plan designed by the service planning team or professionals who are qualified to address the child's individual needs, that the plan is implemented, and that the plan is revised by the service planning team or qualified professionals, as needed; and they must ensure that medical and physical support are given if the recreational and leisure-time activities require it.<sup>687</sup>

The safe house must provide indoor and outdoor recreational areas and equipment for stimulating children in appropriate recreational activities.<sup>688</sup> The activities must be in sufficient variety and quantity, so every child may participate and have some choice of activities.<sup>689</sup>

#### 5. High-Risk Activities

Safe houses must meet several requirements if children participate in a higher risk recreational activity. High-risk activities involve special

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681 40 Tex. Admin. Code §748.943 (2012).

682 40 Tex. Admin. Code §748.939 (2012).

683 40 Tex. Admin. Code § 748.3701 (2012).

684 40 Tex. Admin. Code § 748.3701 (2012).

685 40 Tex. Admin. Code § 748.3701 (2012).

686 40 Tex. Admin. Code § 748.3701 (2012).

687 40 Tex. Admin. Code § 748.3701 (2012).

688 40 Tex. Admin. Code § 748.3703 (2012).

689 40 Tex. Admin. Code § 748.3703 (2012).

technical skill, equipment, or safety regulations and include activities such as horseback riding, biking, and water activities.<sup>690</sup> There must be a person who is responsible for and supervises the higher-risk recreational activity.<sup>691</sup> The child must be supervised by a person knowledgeable about safety precautions for the type of activity being performed.<sup>692</sup> They must have the appropriate experience, training, and/or certification in the activity.<sup>693</sup> The supervising employee must determine each participant's experience and skill level and take this information into account in supervising and assigning equipment or animals to children.<sup>694</sup>

A certified lifeguard must supervise children at all times during a swimming activity involving a body of water two feet deep or more which occurs at the operation.<sup>695</sup> A safe house must use prudent judgment and ensure children in care are protected from unsupervised access to a body of water such as a swimming pool, hot tub, pond, river, lake, or creek.<sup>696</sup>

## 6. Animals

Several safe houses use animals for their therapeutic qualities when providing services to children. Many studies have shown that using animals can help victims of trauma address self-esteem, depression, and other emotional or psychological problems.<sup>697</sup> For example, Freedom Place uses both equine therapy and pet-assisted therapy as part of its services.<sup>698</sup> Specifically, providing horses for victims to ride can replace their "thrill seeking behavior" in a healthy way.<sup>699</sup>

All animals on the premises, including pets and livestock, must be treated according to a licensed veterinarian's recommendations to protect the health and safety of children.<sup>700</sup> If the safe house chooses to have animals on the premises, they must ensure that the animals do not create health

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690 40 Tex. Admin. Code § 748.3705 (2012).

691 40 Tex. Admin. Code § 748.3709 (2012).

692 40 Tex. Admin. Code § 748.3711 (2012).

693 40 Tex. Admin. Code § 748.3711 (2012).

694 40 Tex. Admin. Code § 748.3709 (2012).

695 40 Tex. Admin. Code § 748.3751 (2012).

696 40 Tex. Admin. Code § 748.3765 (2012).

697 See e.g. Jan Yorke et al., *Therapeutic Value of Equine-Human Bonding in Recovery from Trauma*, 21 *Anthrozoos*, 17-30, (2008).

698 Kellie Armstrong, former Exec. Dir. of Freedom Place and Chief Advancement and Evaluation Officer of Arrow Child & Family Ministries, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (Aug. 6, 2012) (on file with author).

699 Kellie Armstrong, former Exec. Dir. of Freedom Place and Chief Advancement and Evaluation Officer of Arrow Child & Family Ministries, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (Aug. 6, 2012) (on file with author).

700 40 Tex. Admin. Code § 748.3017 (2012).

problems or a health risk for children.<sup>701</sup> It is recommended that barns, stables, corrals or other structures used to house horses or other animals be at least 100 feet away from any sleeping, eating or food preparation area, or body of water to prevent contamination.<sup>702</sup> In addition to wearing a helmet for horseback riding, it is suggested that children be appropriately dressed, including shoes or boots, snug clothing, and long pants.<sup>703</sup>

## 7. Transportation

Transportation is an important consideration for children in safe houses. Victims may need to be transported to school, medical services, or other off campus programming. Having ample planning and strong policy procedures in place can ensure safety for the victim and prevent the victim from running away when they are transported.

The safe house must ensure the safety of all children during any transportation that is provided.<sup>704</sup> Anytime a child is transported away from the operation each driver must be at least twenty-one years old and must follow the posted speed limit and vehicle capacity limit. The driver must also be covered by auto insurance.<sup>705</sup> The safe house must maintain on file the name of each driver who transports children and a copy of a valid driver's license for that person.<sup>706</sup>

The safe house must obtain either general written permission from a child's parent for all out-of-state trips, or may opt to get separate written permission from a child's parent for each out-of-state trip.<sup>707</sup>

## 8. Parental Visitation

All areas of a licensed facility must be accessible to a child of a parent who is receiving care at the facility if the parent visits the child during the facility's hours of operation.<sup>708</sup>

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701 40 Tex. Admin. Code § 748.3017 (2012).

702 40 Tex. Admin. Code § 748.3709 (2012).

703 40 Tex. Admin. Code § 748.3709 (2012).

704 40 Tex. Admin. Code § 748.4001 (2012).

705 40 Tex. Admin. Code § 748.4003 (2012).

706 40 Tex. Admin. Code § 748.4003 (2012).

707 40 Tex. Admin. Code § 748.4005 (2012).

708 Tex. Hum. Res. Code Ann. § 42.0427 (West 2001).



## VI. CONCLUSION

This publication aims to gather together the existing knowledge regarding safe house operation and the provision of services to domestic minor sex trafficking victims, as a tool for advocates, service providers, and concerned community members. While it is still too early to establish “best practices” in the field, certain core components have been identified and are listed below.

### A. SUMMARY OF CORE COMPONENTS RECOMMENDATIONS

#### 1. Location:

- Organizations should give careful consideration to the location and the facility for the safe house. Security, proximity to services, and space within the facility are just a few elements to consider when choosing a location for a safe house.
- Organizations must ensure that the safe house facility meets state licensing requirements.
- Organizations should develop specific security policies which may include secrecy of the safe house location, an internal security plan, cameras, gates or security staff.

#### 2. Programming and Services:

- Safe houses will need to provide medical services and make spiritual care available to victims, either on-site or with a safe, nearby service provider.
- Safe houses should provide a variety of engaging programming to help victims develop skills, independence, and gain a sense of self away from the commercial sex trade.
- Service providers should consider offering vocational and life skills training as a way to help victims reach financial independence and self-sufficiency.
- Safe houses may want to offer services and therapy to family, parents, or guardians of victims, especially if family reunification is a key goal for the organization.

#### 3. Staffing:

- Safe houses should consider having more caregivers on staff than required by the minimum standards.
- Safe houses should carefully consider the qualifications of staff, and match the qualifications of employed staff with the needs of safe house residents.
- Safe houses should continuously train and care for their staff.
- Safe houses should consider using live-in staff at the safe house.
- Safe houses should consider the gender of the staff and make sure that it reflects the needs of the victims.
- Safe houses should consider utilizing survivors of human trafficking on staff.

#### 4. Trauma-Informed Care

- As DMST victims have experienced extreme trauma, trauma-informed care should be seriously considered as a necessary component to providing rehabilitative services.

#### 5. On-Site Education

- Offering educational services on-site at a safe house is ideal for DMST victims, and the provision of educational services should take into account the special needs of victims, including educational level, behavioral challenges associated with victimization, language, and the need for security.

#### 6. Transitional Care and Aftercare

- Safe houses should plan to provide direct services to victims for months or years rather than days or weeks.
- Safe houses should have a long-term life plan and measurable components of success for victims.
- Safe houses will need to plan for transitional services and should consider maintaining contact with victims after they leave the program.

#### 7. Community Relationships

- Safe houses should form close relationships with non-governmental organizations, governmental agencies, and the community in order to better identify and serve DMST victims.

## B. FILLING IN THE MISSING PIECES TO FURTHER PROTECT VICTIMS

The creation of safe, therapeutic environments for victims to heal is just one part of a comprehensive solution to the problem of DMST. Improvements in data collection, increased awareness of and education about the problem and cooperation between law enforcement, governmental agencies and service providers are all vital components to successfully combat the DMST epidemic.<sup>709</sup>

One vital step in providing quality services to victims starts with the challenge of identifying who victims are at the outset. Victims of DMST rarely self-identify.<sup>710</sup> This is often a result of trauma bonding, which as mentioned before, is an intense emotional bond between victims and their abusers. Moreover, victims often fear the agencies designed to serve them.<sup>711</sup> Pimps and traffickers use a variety of psychological techniques,

709 See e.g. Kendra Penry, Houston Rescue and Restore Coal., *Rapid Field Assessment of Domestic Minor Sex Trafficking in Harris and Galveston Counties, Texas* 3 (2011); *The Texas Human Trafficking Prevention Task Force Report 2011* 28-32 (2011), available at [https://www.oag.state.tx.us/ag\\_publications/pdfs/human\\_trafficking.pdf](https://www.oag.state.tx.us/ag_publications/pdfs/human_trafficking.pdf).

710 Linda A. Smith et al., Shared Hope International, *The National Report on Domestic Minor Sex Trafficking: America's Prostituted Children* 46 (2009), available at [http://www.sharedhope.org/Portals/0/Documents/SHI\\_National\\_Report\\_on\\_DMST\\_2009.pdf](http://www.sharedhope.org/Portals/0/Documents/SHI_National_Report_on_DMST_2009.pdf).

711 Linda A. Smith et al., Shared Hope International, *The National Report on Domestic Minor Sex Trafficking: America's Prostituted Children* 46 (2009), available at [http://www.sharedhope.org/Portals/0/Documents/SHI\\_National\\_Report\\_on\\_DMST\\_2009.pdf](http://www.sharedhope.org/Portals/0/Documents/SHI_National_Report_on_DMST_2009.pdf).

including convincing victims of trafficking that law enforcement will not help them, but rather lock them up in juvenile detention facilities. Because of the difficulty in identifying these victims, misidentification occurs at an alarming rate.

Historically, a lack of awareness that sex trafficking was a domestic problem, insufficient training as well as a general misunderstanding about DMST victims and how to handle their cases led to misidentification by law enforcement and service providers.<sup>712</sup> However, increasing awareness of the DMST epidemic in the United States has caused many law enforcement agencies and service providers across the country to increase their training, causing many to lead the effort to identify and treat victims of DMST. Texas has become one of the national leaders enacting and enforcing policies that punish traffickers while working to protect victims.

Despite the progressive strides made by individuals, law enforcement, and the community service providers to identify and treat victims of DMST, systemic reform has been slow. What to do with victims of DMST once they have been identified has become one of the most challenging issues to arise in the fight against human trafficking. If victims are removed from the street they find their way to multiple systems, none of which are currently designed to meet their specific needs. Incarceration criminalizes victims, and they too often run from foster care. Without an appropriate systemic response to the needs of this population, DMST victims will continue to slip through the cracks.

In Texas, a majority of children identified as victims of DMST are handled through the juvenile justice system. Currently, charging a victim with a crime is the only tool available to law enforcement officers to get these victims off the streets to prevent any additional harm. Child Protective Services (CPS), which traditionally handles the care and protection of abused and neglected children in Texas, sees its role as limited to investigate allegations of abuse that involve a person responsible for the care custody or welfare of a child.<sup>713</sup> As pimps and traffickers are normally not considered a traditional caretaker, such as a family member or foster parent, Child Protective Services' view of its role and responsibilities results in the failure of CPS to investigate and take custody of DMST victims.<sup>714</sup>

With no other options for the placement of these victims, law enforcement is given the choice between treating these children as juvenile delinquents and leaving them on the streets to fend for themselves. Some jurisdictions in Texas are fortunate to have specialized diversionary

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712 See e.g. Kendra Penry, Houston Rescue and Restore Coal., *Rapid Field Assessment of Domestic Minor Sex Trafficking in Harris and Galveston Counties, Texas* 3 (2011); *The Texas Human Trafficking Prevention Task Force Report 2011 28-32* (2011), available at [https://www.oag.state.tx.us/ag\\_publications/pdfs/human\\_trafficking.pdf](https://www.oag.state.tx.us/ag_publications/pdfs/human_trafficking.pdf); Office of the Attorney Gen., *The Texas Response to Human Trafficking* 10 (2008), available at [https://www.oag.state.tx.us/AG\\_Publications/pdfs/human\\_trafficking\\_2008.pdf](https://www.oag.state.tx.us/AG_Publications/pdfs/human_trafficking_2008.pdf).

713 Tex. Fam. Code Ann. § 261.301(a)-(c) (West 2008).

714 Tex. Fam. Code Ann. § 261.001(5) (West 2008).

courts, such as the GIRLS Court in Harris County, or the ESTEEM Court at the Letot Center in Dallas. However, a vast majority of these victims are fed through the juvenile justice system as regular juvenile delinquents where their needs are not met. Another barrier exists in that most juveniles engaging in prostitution are not being arrested for the offense of prostitution, which can lead to confusion about why a victim came to be charged by police and what her needs are once in juvenile probation.<sup>715</sup>

While treating these victims as delinquents is the lesser of two evils, it results in a potential criminal record and possible detention for victims of severe trauma. It also further reinforces victims' distrust of law enforcement, and validates the psychological manipulation perpetrated on the victims by their traffickers, leading these victims not to trust law enforcement, be reluctant to testify against their abusers, or worse, return to them.<sup>716</sup> As a result, more and more states are beginning to pass comprehensive safe harbor legislation in order to fill the gaps that have emerged in the fight against human trafficking.<sup>717</sup>

### C. SHIFTING THE PARADIGM: SAFE HARBOR LAWS

Being able to properly identify victims of DMST is a critical first step. The next step is to understand that these children are victims of a crime, not criminals, and then to provide them with the necessary supports to facilitate their recovery.

The TVPA recognizes that children under the age of 18 engaged in commercial sex activities are "severely trafficked persons." A handful of states have begun to follow suit by passing their own safe harbor laws.<sup>718</sup> Safe harbor legislation utilizes a two-tiered approach. First, it addresses decriminalization in a variety of ways. Second, it provides victims with specialized services that treat the physical and emotional traumas they have experienced.<sup>719</sup>

During the 112<sup>th</sup> U.S. Congress, a bill from California, H.R. 2730 (Bass) was among the first pieces of federal safe harbor legislation introduced.<sup>720</sup> Among the many aspects of the legislation, it would instruct the Secretary

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715 Texas Juvenile Probation Commission, *Alternatives to Juvenile Justice for Youth Involved in Prostitution, Report to the 82<sup>nd</sup> Legislature*, <http://www.tjpd.texas.gov/publications/reports/RPTOTH201103.pdf> (last visited Oct. 17 2012).

716 Linda A. Smith et al., Shared Hope International, *The National Report on Domestic Minor Sex Trafficking: America's Prostituted Children* 60-63 (2009), available at [http://www.sharedhope.org/Portals/0/Documents/SHI\\_National\\_Report\\_on\\_DMST\\_2009.pdf](http://www.sharedhope.org/Portals/0/Documents/SHI_National_Report_on_DMST_2009.pdf).

717 See e.g. N.Y. Soc. Serv. Law § 447 (2010), Cal. Welf. & Inst. Code § 18259 (2010).

718 See e.g. N.Y. Soc. Serv. Law § 447 (2010), Cal. Welf. & Inst. Code § 18259 (2010).

719 Linda A. Smith et al., Shared Hope International, *The National Report on Domestic Minor Sex Trafficking: America's Prostituted Children* 74-75 (2009), available at [http://www.sharedhope.org/Portals/0/Documents/SHI\\_National\\_Report\\_on\\_DMST\\_2009.pdf](http://www.sharedhope.org/Portals/0/Documents/SHI_National_Report_on_DMST_2009.pdf); Polaris Project, *Model Provisions of Comprehensive State Legislation to Combat Human Trafficking: Commentary* 17 (2012), available at [http://www.polarisproject.org/storage/documents/policy\\_documents/cml%20commentary%20edition%203%20final%20wout%20links.pdf](http://www.polarisproject.org/storage/documents/policy_documents/cml%20commentary%20edition%203%20final%20wout%20links.pdf).

720 H.R. 2730, 112<sup>th</sup> Cong. (2011).

of Health and Human Services (HHS) to develop and publish guidelines for state child welfare agencies to train their employees in identifying, documenting, educating and counseling CHILDREN AT RISK for human trafficking.<sup>721</sup> The legislation would also amend the Social Security Act to shift the responsibility of victims of human trafficking to state child welfare agencies.<sup>722</sup> Arguably, the most important section of the legislation would instruct the Secretary of HHS to draft recommendations for state child welfare agencies on how to update licensing requirements for child care institutions to develop longer-term residential facilities, or safe houses, to serve children who are victims of human trafficking.<sup>723</sup> To date, the legislation has yet to be passed and remains in the House Committee on Human Resources.<sup>724</sup> It is therefore still up to the various states to develop their own comprehensive safe harbor legislation in order to protect victims of DMST.

Texas has yet to pass comprehensive safe harbor legislation, though the need is clear. For instance, the Texas Penal Code defines sexual assault as a sexual act taking place between an adult and a child,<sup>725</sup> where a child is defined as a person under the age of 17.<sup>726</sup> The only affirmative defense to the charge of sexual assault is that the person is no more than three years older than the child, and the child is over the age of 14.<sup>727</sup> In the vast majority of cases, purchasers of sexual services from trafficked youth are far older than the victim, yet often it is the child who is charged with a crime while the purchaser avoids prosecution.<sup>728</sup> Prosecuting these children for prostitution directly contradicts statutory rape laws, which are meant to protect children from sexual victimization.<sup>729</sup> This is but one of the many gaps in the Texas statutory scheme that illustrate the need for comprehensive safe harbor legislation.

## 1. Decriminalization and its Alternatives

The first component of safe harbor legislation addresses the issue of decriminalization. States which have passed safe harbor legislation have addressed the issue of decriminalization for minors engaged in prostitution

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721 H.R. 2730, 112th Cong. §2(a) (2011).

722 H.R. 2730, 112<sup>th</sup> Cong. §3 (2011).

723 H.R. 2730, 112<sup>th</sup> Cong. §2(c) (2011).

724 Bill Summary & Status 112<sup>th</sup> Congress (2011-2012) H.R. 2730, The Library of Congress, (<http://thomas.loc.gov/cgi-bin/bdquery/z?d112:h.r.02730>;) (Last visited 17 Oct. 2012).

725 Tex. Penal Code Ann. § 22.011(a)(2) (West 2011).

726 Tex. Penal Code Ann. § 22.011(c)(1) (West 2011).

727 Tex. Penal Code Ann. § 22.011(e)(2) (West 2011).

728 Texas Juvenile Probation Commission, *Alternatives to Juvenile Justice for Youth Involved in Prostitution, Report to the 82<sup>nd</sup> Legislature*, <http://www.tjjd.texas.gov/publications/reports/RPTOTH201103.pdf> (last visited Oct. 17 2012).

729 See *In re B. W.*, 313 S.W.3d 818, 822 (Tex. 2010); Megan Annitto, *Consent, Coercion, and Compassion: Emerging Legal Responses to the Commercial Sexual Exploitation of Minors*, 30 Yale L. & Pol’y Rev. 1, 30-32 (2011).

in a variety of ways, but three distinct approaches have emerged: complete decriminalization, supplying an affirmative defense/rebuttable presumption, and deferred adjudication or probation.

Complete decriminalization protects minors who would otherwise be charged with criminal prostitution from prosecution. Many of the states that have opted for complete immunity have amended their laws to set a minimum age for prostitution usually corresponding with their statutory rape laws. In order to have a successful decriminalization policy in effect, it is necessary to implement other legal remedies for the state to take temporary protective custody of victims in order to get them off the streets.

The 2010 Illinois Safe Children Act provides a good example of complete decriminalization. The Act makes all children under the age of 18 immune from prosecution for prostitution.<sup>730</sup> The Act requires all juveniles thought to be engaging in prostitution to be taken into temporary protective custody.<sup>731</sup> If a child is thought to be engaged in prostitution, authorities must notify the Illinois Department of Children and Family Services, who are required to launch an investigation into potential child abuse.<sup>732</sup>

In passing the most recent comprehensive safe harbor legislation, Minnesota uses a hybrid approach to decriminalization. The legislation has removed all sexually exploited children under the age of 16 from the definition of juvenile delinquent.<sup>733</sup> The legislation has added the term “sexually exploited children” to the child protection code, meaning that children under the age of 16 are now seen as victims in need of care and protection.<sup>734</sup> However, children ages 16 to 17 are not completely immune from prosecution. Instead, however, if the child meets certain qualifications, the prosecutor can refer the child to a diversionary program or allege that the child is in need of protection or services.<sup>735</sup>

Not all states wish to completely decriminalize prostitution for minors. Another option utilized in order to remove victims from the juvenile justice system is to offer children accused of prostitution a means to avoid criminal liability through the use of an affirmative defense or rebuttable presumption. Affirmative defenses and rebuttable presumptions are very similar, with the only difference being the burden of proof. An affirmative defense requires the victim to prove certain elements. The 81<sup>st</sup> Texas Legislature amended section 43.02 of the Texas Penal Code by creating an affirmative defense for those arrested for prostitution if the defendant can prove that they were victims of human trafficking under the Texas definition.<sup>736</sup>

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730 720 Ill. Comp. Stat. 5/11-14(d) (2010).

731 720 Ill. Comp. Stat. 5/11-14(d) (2010).

732 720 Ill. Comp. Stat. 5/11-14(d) (2010).

733 Minn. Stat. § 260B.007(6)(c), 16(d) (effective Aug. 1, 2014).

734 Minn. Stat. § 260B.007(6)(c), 16(d) (effective Aug. 1, 2014).

735 Minn. Stat. § 609.093 (effective Aug. 1, 2014).

736 H.B. 4009, 81<sup>st</sup> Leg. (Tex. 2009).

A rebuttable presumption shifts the burden to the prosecutor, who must disprove certain elements that are otherwise presumed to be true. For instance, Connecticut's prostitution statute only criminalizes conduct by persons 16 and older.<sup>737</sup> However, children between 16 and 17 are granted a presumption that they were coerced into committing prostitution that must be overcome by the prosecution.<sup>738</sup> Because rebuttable presumptions place the burden of proof on the prosecution rather than the victim, they are seen as more 'victim friendly' than an affirmative defense.

The most moderate approach to decriminalization offers child victims a path to avoid criminal liability by completing a diversionary or probation program. While allowing the child to avoid a prostitution conviction, this option still treats the child as a criminal rather than a victim. New York, the first state to pass safe harbor legislation for minor victims of sex trafficking, utilizes this approach.<sup>739</sup> The legislation created a legal presumption that any person under the age of 18 who is charged with prostitution is a victim of trafficking.<sup>740</sup> The legislation allows a "Persons in Need of Services" (PINS) petition to be substituted for a delinquency petition.<sup>741</sup> However, the courts still have the discretion to convert the status offense petition back to a delinquency petition if the minor has committed a previous offense of prostitution, the minor is unwilling to cooperate with specialized services, or the minor is "out of compliance" with a court order.<sup>742</sup>

Texas has a limited form of safe harbor legislation. The Texas Supreme Court completely decriminalized prostitution for children under the age of 14 through the case of *In re B. W.*<sup>743</sup> The Court in *B. W.* held that because, statutorily, children under the age of 14 cannot legally consent to sex, they could not be prosecuted for prostitution.<sup>744</sup> Additionally, as previously mentioned, the 81<sup>st</sup> Legislature provided these victims an affirmative defense if they can prove that they are victims of human trafficking.<sup>745</sup> Texas has been a national leader in the legislation it has passed mandating training for law enforcement and other governmental agencies as well as strengthening penalties for pimps and traffickers.<sup>746</sup> It is now up to the Texas legislature to come to the aid of all the victims of DMST by passing comprehensive decriminalization legislation.

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737 Conn. Gen. Stat. §53a-82(a), (c) (2010).

738 Conn. Gen. Stat. §53a-82(a), (c) (2010).

739 N.Y. Fam. Ct. Act § 311.4 (2006).

740 N.Y. Fam. Ct. Act § 311.4 (2006).

741 N.Y. Fam. Ct. Act § 311.4 (2006).

742 N.Y. Fam. Ct. Act § 311.4 (2006).

743 See *In re B. W.*, 313 S.W.3d 818 (Tex. 2010).

744 See *In re B. W.*, 313 S.W.3d 818 (Tex. 2010).

745 H.B. 4009, 81<sup>st</sup> Leg. (Tex. 2009).

746 See e.g. Tex. Penal Code Ann. § 20A.03 (West 2011); Tex. Gov't Code Ann. § 402.035(b) (West 2005); Tex. Loc. Gov't Code Ann. § 234(D) (West 2005); Tex. Lab. Code Ann. § 51.016 (West 2006); Tex. Pen. Code Ann. § 20A.02(b) (West 2011).

## 2. Providing Specialized Services to Victims of Domestic Minor Sex Trafficking

The second component of safe harbor legislation is often the most overlooked, yet potentially the most critical. In order to be effective, safe harbor legislation should be coupled with adequate support services. Yet, some states that implement the decriminalization component of safe harbor fail to implement a specialized services component.<sup>747</sup> Victims of human trafficking suffer from a wide array of mental issues, most notably post-traumatic stress disorder as well as other anxiety and mood disorders including panic attacks, obsessive compulsive disorder, generalized anxiety disorder, and major depressive disorder.<sup>748</sup> Specialized rehabilitative services provide victims of DMST with the necessary education and counseling to deal with the severe mental and physical trauma they have experienced.

While most safe harbor legislation passed by the states has mentioned rehabilitative services, funding for these services has been scarce. For example, in New York, the Safe Harbor Act requires short-term safe houses, twenty-four-hour crisis intervention, and access to medical care for sexually exploited children, “[t]o the extent that funds are available.” No funding for these programs is provided for by the legislation itself.

Like New York, Washington’s safe harbor legislation states that, “[w]ithin available funding,” minors with charges that have been diverted should be connected with services and treatment. However, unlike New York, Washington created a fund for these services. Part of this fund is paid for by raising the fee for redeeming any vehicle that has been impounded in connection with a charge of commercial sexual exploitation of juveniles from \$500 to \$2,500. These fines are deposited into a “prostitution prevention and intervention” account to assist child victims. Some states, such as Minnesota, have deferred the effective date of their safe harbor legislation in order to give time to allocate funding for such services.

Another viable option for providing services to victims of DMST is to refer the victim to child and family services already in place. Illinois, as mentioned above, provides comprehensive services to victims of DMST. After being brought into temporary custody, a child suspected of being engaged in prostitution is referred to the Illinois Department of Children and Family Services, which then launches an investigation into potential child abuse.<sup>749</sup>

The creation of safe houses can provide immediate shelter and specialized assistance specifically tailored for victims of DMST. Safe houses provide the caring, supportive environments that enable providers to sever the ties victims have to their traffickers and provide them with the intensive therapeutic services they need to recover from their trauma. Providing

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747 See, e.g., Mich. Comp. Laws § 750.448 (2009).

748 *Evidence Based Mental Health Treatment for Victims of Human Trafficking*, U.S. Dep’t of Health and Human Serv., <http://aspe.hhs.gov/hsp/07/HumanTrafficking/MentalHealth/index.shtml#Mental> (last visited Oct. 17, 2012).

749 720 Ill. Comp. Stat. 5/11-14(d) (2010).



these intensive services is costly. Funding for these houses and programs has been the number one obstacle potential service providers face. Yet, treating these victims as criminals is just as, if not more, costly. The national average annual cost of a bed in a juvenile detention facility is approximately \$80,000.<sup>750</sup> Victims of DMST who go without treatment have one of the highest recidivism rates.<sup>751</sup> The highest annual cost of treating a victim at a safe house surveyed was expected to be \$100,000.<sup>752</sup> Rather than spending money on constantly detaining victims, providing them with specialized rehabilitative services that allow them to become productive members of society not only benefits the victims themselves, but society as a whole.

#### D. HOW TEXAS CAN CONTINUE THE FIGHT

The passage of the TVPA and emerging awareness regarding the existence of the DMST epidemic in the public consciousness provided Texas with a unique opportunity to emerge as a national leader in combating sex trafficking. Texas was one of the first states to pass its own human trafficking legislation. The Texas Legislature has regularly been commended for the work they have done to encompass human trafficking in the Texas Penal Code and increase penalties for traffickers. The task force in the Attorney General's Office created by the 81<sup>st</sup> Legislature, along with the hard work and dedication of child advocates, have served to raise awareness and promote cooperation amongst governmental agencies, law enforcement, and nonprofit organizations. Domestic minor sex trafficking is now a well-known issue. However, identifying victims and prosecuting their perpetrators is only the first phase of combating DMST. The second phase is treating and rehabilitating the victims.

Despite the powerful legislation Texas has passed to identify victims of DMST and punish their traffickers, the victims themselves continually slip through the cracks. With no systemic safeguards in place, even when law enforcement or service providers identify a victim of DMST, there are few, if any, real remedies in place to provide them with the treatment and care they so desperately require. This lack of systemic solutions has led to law enforcement to rely on the juvenile justice system as the primary resource for protecting victims of DMST. Yet, as mentioned above, victims of DMST require specific rehabilitation and services to repair the trauma inflicted upon them by their experiences.

Texas has a variety of options to choose from to systemically improve the

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750 Mendel, Richard A., The Annie E. Casey Foundation, *No Place for Kids: The Case for Reducing Juvenile Incarceration* 20 (2011), available at [http://www.aecf.org/~media/Pubs/Topics/Juvenile%20Justice/Detention%20Reform/NoPlaceForKids/JJ\\_NoPlaceForKids\\_Full.pdf](http://www.aecf.org/~media/Pubs/Topics/Juvenile%20Justice/Detention%20Reform/NoPlaceForKids/JJ_NoPlaceForKids_Full.pdf).

751 Linda A. Smith et al., Shared Hope International, *The National Report on Domestic Minor Sex Trafficking: America's Prostituted Children* 55, 62 (2009), available at [http://www.sharedhope.org/Portals/0/Documents/SHI\\_National\\_Report\\_on\\_DMST\\_2009.pdf](http://www.sharedhope.org/Portals/0/Documents/SHI_National_Report_on_DMST_2009.pdf).

752 Melissa Woodward, Exec. Dir., For the Sake of One, Response to "Restorative Services and Shelter Survey for 2012 Colloquium" administered by CHILDREN AT RISK (June 26, 2012) (on file with author).

treatment of DMST victims. For instance, the Legislature could follow in the steps of Illinois and transfer jurisdiction of DMST victims from the criminal and juvenile justice system to child protective services. If removing these victims from the juvenile justice system does not seem to be the appropriate response, then Texas must utilize and implement specialty courts such as the GIRLS Court in Harris County on a statewide level in order to ensure victims are receiving the appropriate services.

While safe houses provide a safe, therapeutic environment to allow victims to heal, without the proper systemic changes in place to ensure victims of DMST are channeled into these placements, these services will not reach children that need them. Each option for reforming the systemic challenges of serving victims of DMST comes with its own problems that will require innovative solutions. However, if Texas wishes to continue to act as a national leader in combating DMST, it must take the necessary steps to ensure that victims stop falling through the cracks and find their way to the placements and services they so desperately need.

# NOTES



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