

LOS ANGELES COUNTY LAW ENFORCEMENT FIRST RESPONDER PROTOCOL FOR COMMERCIALLY SEXUALLY EXPLOITED CHILDREN

WHAT WE'VE LEARNED: A FOUR YEAR LOOK



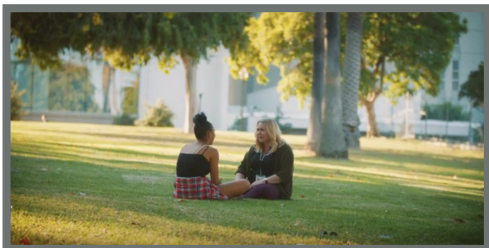
INTRODUCTION

Law enforcement officers are often on the front line of discovering and identifying commercial sexual exploitation of children and youth (CSEC/Y) and those at-risk of exploitation. Detectives conduct covert, proactive operations both on the streets and online to identify potential victims of exploitation. Patrol officers may encounter youth on the street or when responding to radio calls for domestic disputes, which may initially appear to be domestic violence, but are exploitive. Historically, in Los Angeles and around the country, the law enforcement response was to arrest the child for prostitution or related charges, to detain them in juvenile hall, and to prosecute them through the juvenile delinquency system. With the growing understanding that exploited children and youth are victims of child abuse and that there is “no such thing as a child prostitute,” Los Angeles County began to transform its approach to victims of commercial sexual exploitation through extensive training of county officers and service providers, the creation of a collaborative court, and the formation of a specialized probation unit to serve exploited and at-risk children.

NO SUCH THING AS A CHILD PROSTITUTE



Building on its early innovations, in 2013, the Board of Supervisors charged a task force with developing a multi-agency response to combat commercial sexual exploitation of children and youth that avoided arresting and detaining victims in juvenile halls. Ultimately, a major success of this multi-agency partnership, comprised of the Probation Department, the Department of Child and Family Services (DCFS), Department of Mental health, Department of Public Health, Department of Health Services, the Los Angeles Sheriff’s Department, and Public Social Services, was the development and implementation of the Law Enforcement First Responder Protocol for CSEC (the Protocol), the first of its kind. The goal of the Protocol is to ensure that when an exploited or at-risk youth is identified, law enforcement and county agencies provide a quick, coordinated, service-based response.



The Protocol focuses on both meeting the immediate, short-term needs of the youth, and supporting them to achieve long-term safety and stability through youth-centered, strengths-based, and trauma-informed services provided by a team of professionals connected to the youth. Given that the first 72 hours after identification represents a critical point of intervention and an opportunity for building rapport, trust, and relationships with the youth, the Protocol focuses on providing intensive supports and engagement during that period of time.

The Protocol outlines the roles and responsibilities of the partner agencies, which includes an expedited, 90-minute response following identification and additional, intensive engagement over the following 72 hours. Within the first 90 minutes after identification, law enforcement must engage

“Having immediate support by the youth’s side from the very beginning is invaluable. It’s important to show up to let the youth know that they are important, and we are here to help them every step of the way.”

-Department of Probation

the youth using victim-centered, trauma-informed strategies, report the known or suspected abuse to the Child Protection Hotline, assess the youth for any urgent medical or other needs, and transport the youth to a staging area. Once at the staging area, a community-based advocate, as well as specialized workers from either Probation or DCFS, meet with the youth, ensure their basic needs are met (such as clothing and food), and hold a multidisciplinary team meeting (MDT) to establish a safety plan and determine where the youth will stay that evening. Within 24 hours and again throughout the first 72 hours, the advocate checks in with the youth to make sure they are still safe and their needs are being met.

WITHIN 72 HOURS:

- **YOUTH RECEIVES FULL MEDICAL AND MENTAL HEALTH ASSESSMENT**
- **ROLES OF CHILD-SERVING AGENCIES ARE IDENTIFIED**
- **ENSURE YOUTH'S BASIC NEEDS ARE MET**
- **MDT MEETING TO SAFETY PLAN & DETERMINE WHERE YOUTH WILL STAY**
- **ADVOCATE CHECKS IN WITH YOUTH TO ENSURE THEIR SAFETY**

Also within 72 hours, or sooner

if necessary, the young person receives a full medical and mental health assessment at a Department of Health Services Medical Hub. At the Medical Hub, youth also receive any necessary urgent medical care, including reproductive health services such as HIV prophylaxis and emergency contraception, which both must be administered within certain timelines to ensure effectiveness.

Following the expedited response over the first 72-hour period, both the specialized Probation and/or DCFS units and the community-based advocate remain connected to the youth. The community-based advocate serves as a support for the youth, guiding them through interactions with the various county agencies, ensuring that their voice is informing decision making, and providing case management and crisis management assistance as needed. The advocate provides these supports for a minimum of 90 days, and longer if needed. The specialized Probation and/or DCFS units also provide enhanced engagement and intensive ongoing case management services.

WITHIN 90 MINUTES:

- **REPORT ABUSE**
- **LAW ENFORCEMENT TAKE YOUTH TO STAGING AREA**
- **COMMUNITY-BASED ADVOCATE ARRIVES & ENGAGES WITH YOUTH**
- **SPECIALIZED PROBATION OFFICER OR CASE WORKER ARRIVES & ENGAGES WITH YOUTH**
- **ASSESS MEDICAL/ OTHER NEEDS**
- **ADDRESS YOUTH'S IMMEDIATE NEEDS**

“They sent me to [placement]. Well, first we went to the clinic, which is a routine thing to get checked out or whatever. Then we went to [placement], and I was just basically there. But the thing is, I felt like how me and my advocate really bonded. Even though my family wasn’t there to see me, she was.

She was there that night with me through the whole process, and then she even came the next morning and talked with me, so it was just having someone there because the first couple of nights, [at placement] I’m just like - You know what? Forget it. I’m leaving. But just having her there and just being able to talk to someone helped. I’m just like, you know, at least someone’s expecting me to do better, knowing I can do better. So, it’s like, why not stay for her?”

-Youth

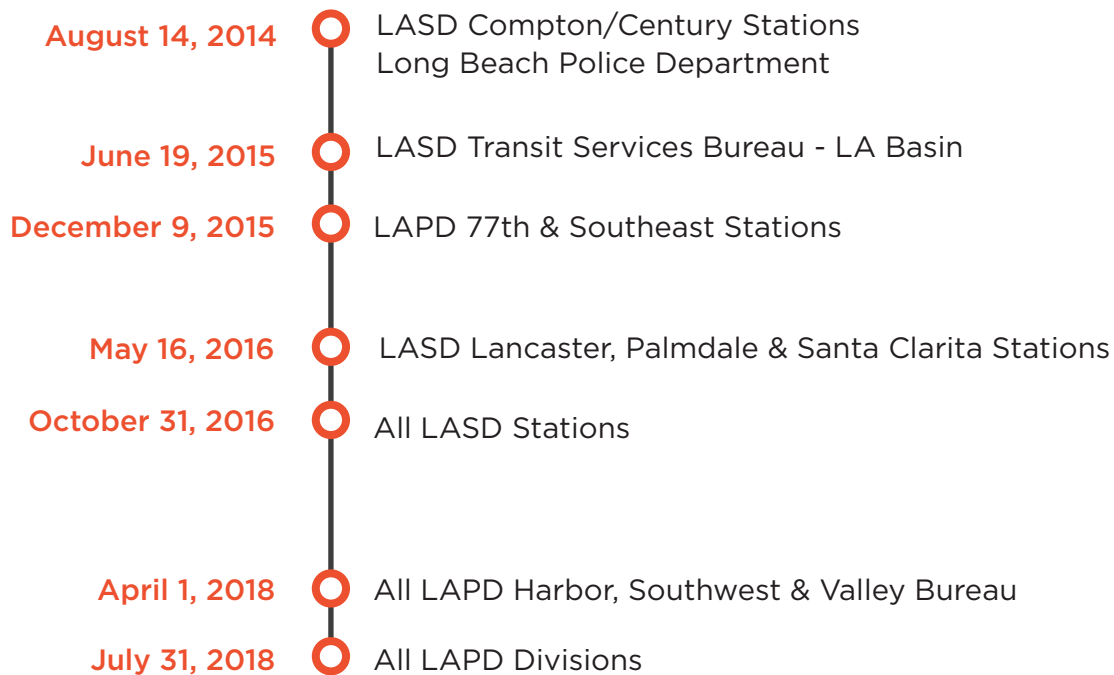
IMPLEMENTATION OF THE PROTOCOL

In 2014, the Protocol was implemented in a pilot area, consisting of the Los Angeles County Sheriff's Department (LASD), Compton and Century Stations, and the Long Beach Police Department. In late 2015, implementation of the Protocol was expanded to the Los Angeles Police Department's (LAPD) 77th and Southeast Divisions.

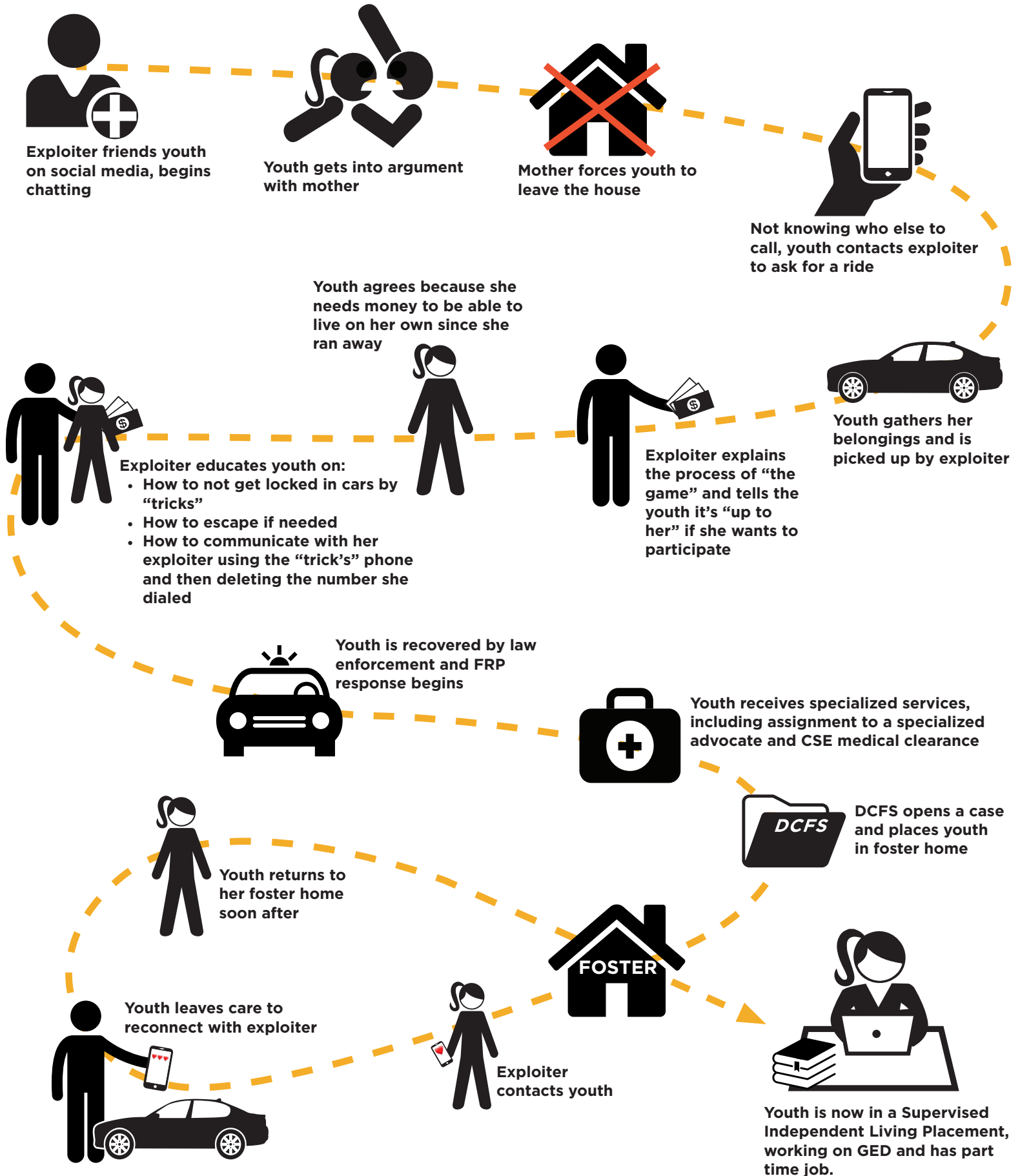
By the end of 2016, the Protocol was rolled out to all LASD stations. By July 2018, the Protocol was rolled out to all of the remaining LAPD divisions. The County plans to expand the Protocol to cover local police departments, fire departments, and medical first responders in 2019 and 2020.

To facilitate continuous problem solving, oversight, and improvement after implementation of the Protocol, the County agencies and the providers implementing the Protocol formed the Multi-Agency Review Committee (MARC). The MARC meets once a month to analyze data, discuss challenges and ongoing needs, amend the Protocol as necessary, assess the sufficiency of resources, and report to the Board of Supervisors about the progress of Protocol and its implementation. For example, the MARC recently developed a decision tree to clarify roles and responsibilities for different stakeholders in situations which have arisen during implementation that were not previously planned for. The MARC also developed an email listserv to facilitate problem solving in real time between the monthly meetings. In addition, the MARC has spearheaded and planned the efforts to expand implementation of the Protocol beyond the pilot areas.

IMPLEMENTATION AND EXPANSION TIMELINE



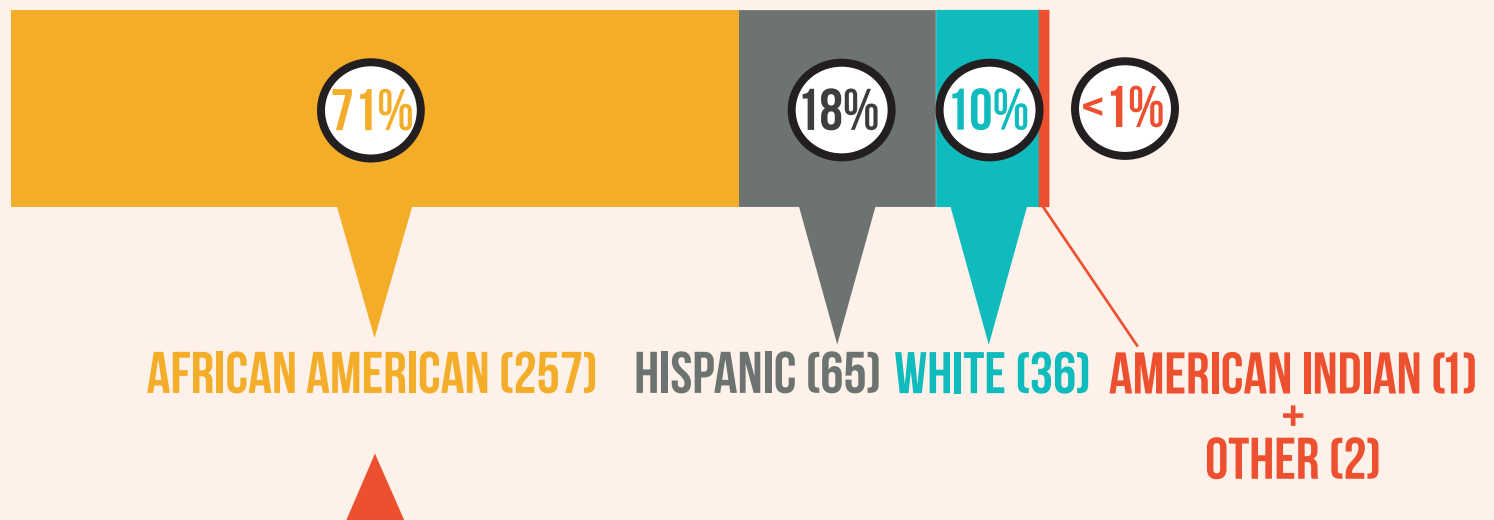
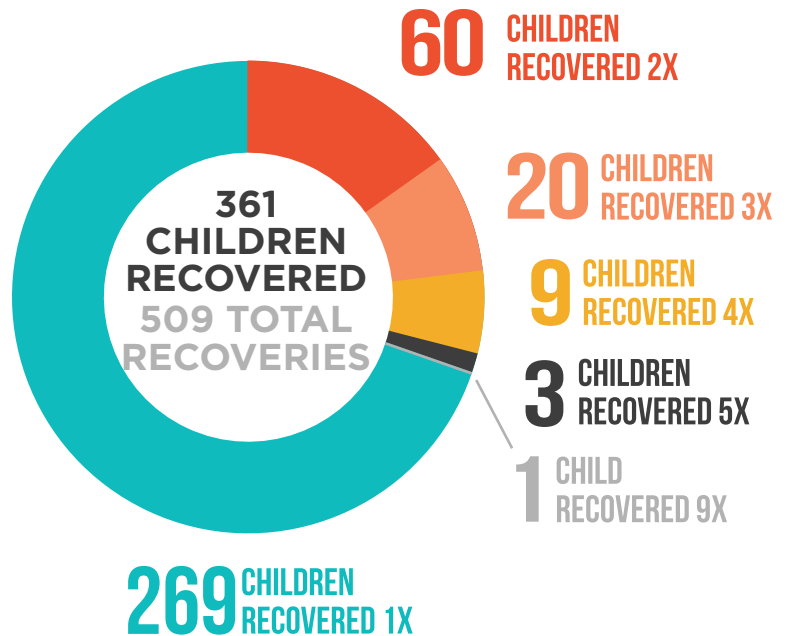
THE ROAD TO AND FROM EXPLOITATION - AS DESCRIBED BY A YOUTH



This report presents data from the first four years of implementation of the First Responder Protocol, from August 14, 2014, to August 14, 2018. Data contained in this report was compiled from the Child Welfare System/Case Management System (CWS/CMS), the Probation Case Management System (PCMS), and the First Responder Intake Document that community-based advocates are responsible for completing.

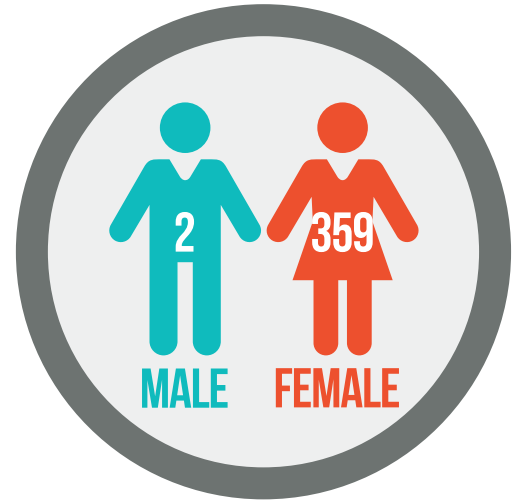
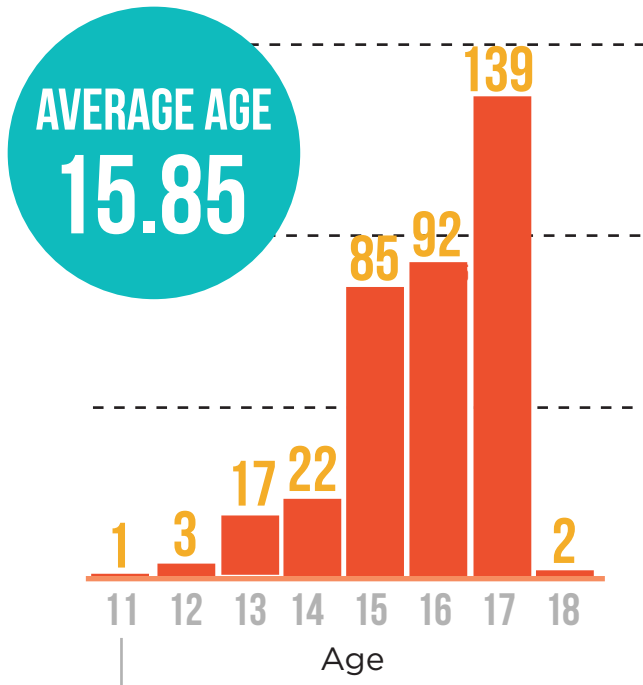
OUTCOMES: DEMOGRAPHICS

361
children
recovered



**CSE DISPROPORTIONATELY AFFECTS
AFRICAN AMERICAN YOUTH**

AGE AT FIRST RECOVERY



AN ELEVEN-YEAR-OLD CHILD
WAS RECOVERED

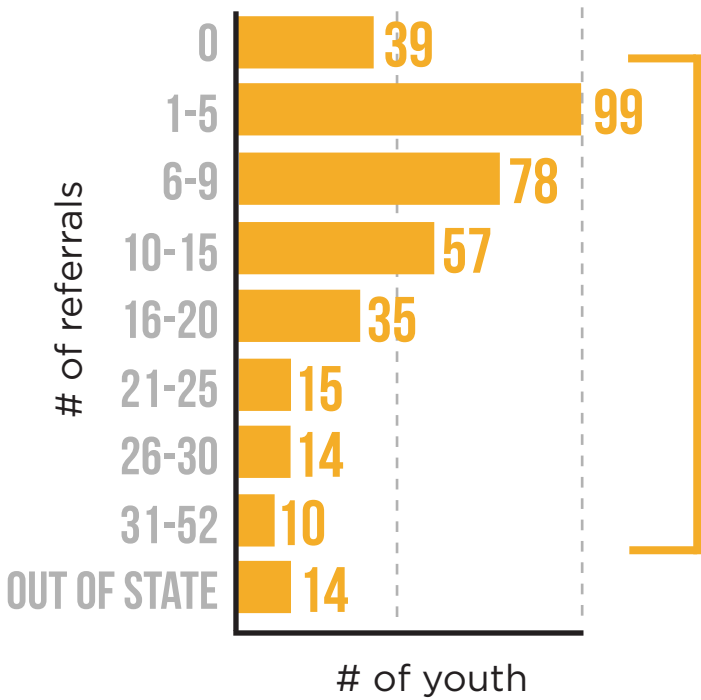
“The collaborative partnerships developed through the work we do with CSEC have been the strongest and most committed I have seen in my County career. The First Responder Protocol is based on collaborative relationships and the partnerships we have built are instrumental in making a difference in the lives of the children we serve. It is great to be part of this team, and know that I, or more importantly a child, can reach out to a partnering agency and they will immediately be available to assist.”

-Department of Children and Family Services

OUTCOMES: CHILD WELFARE HISTORY

These figures are based on the number of referrals for allegations of abuse or neglect made to the Child Protection Hotline. Referrals to the Hotline may include multiple allegations. This data does not account for whether the allegations contained in the referral were substantiated, unsubstantiated, or inconclusive. Child welfare history could not be determined for out-of-state cases.

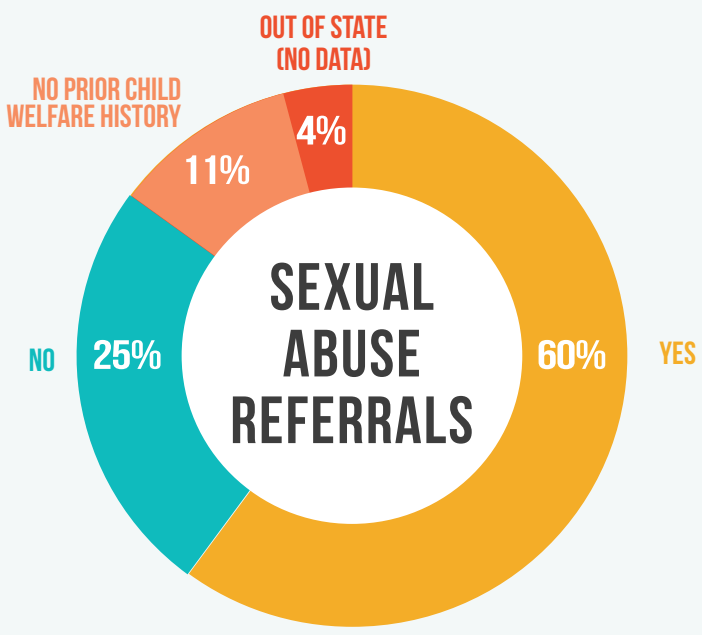
CHILD WELFARE REFERRALS AT FIRST RECOVERY



85%
of cases
have a prior
child welfare
referral

**3,255 TOTAL REFERRALS
FOR 361 CHILDREN**

AN AVERAGE OF
9
REFERRALS PER CHILD

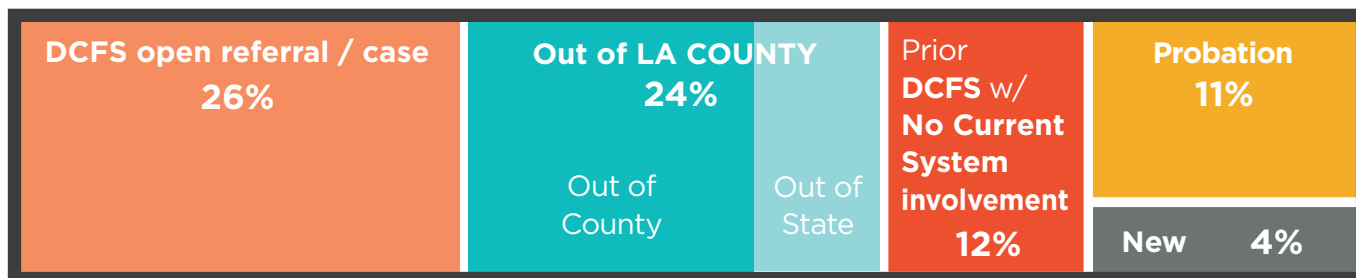


Children who have been CSE are likely to have experienced prior sexual abuse.

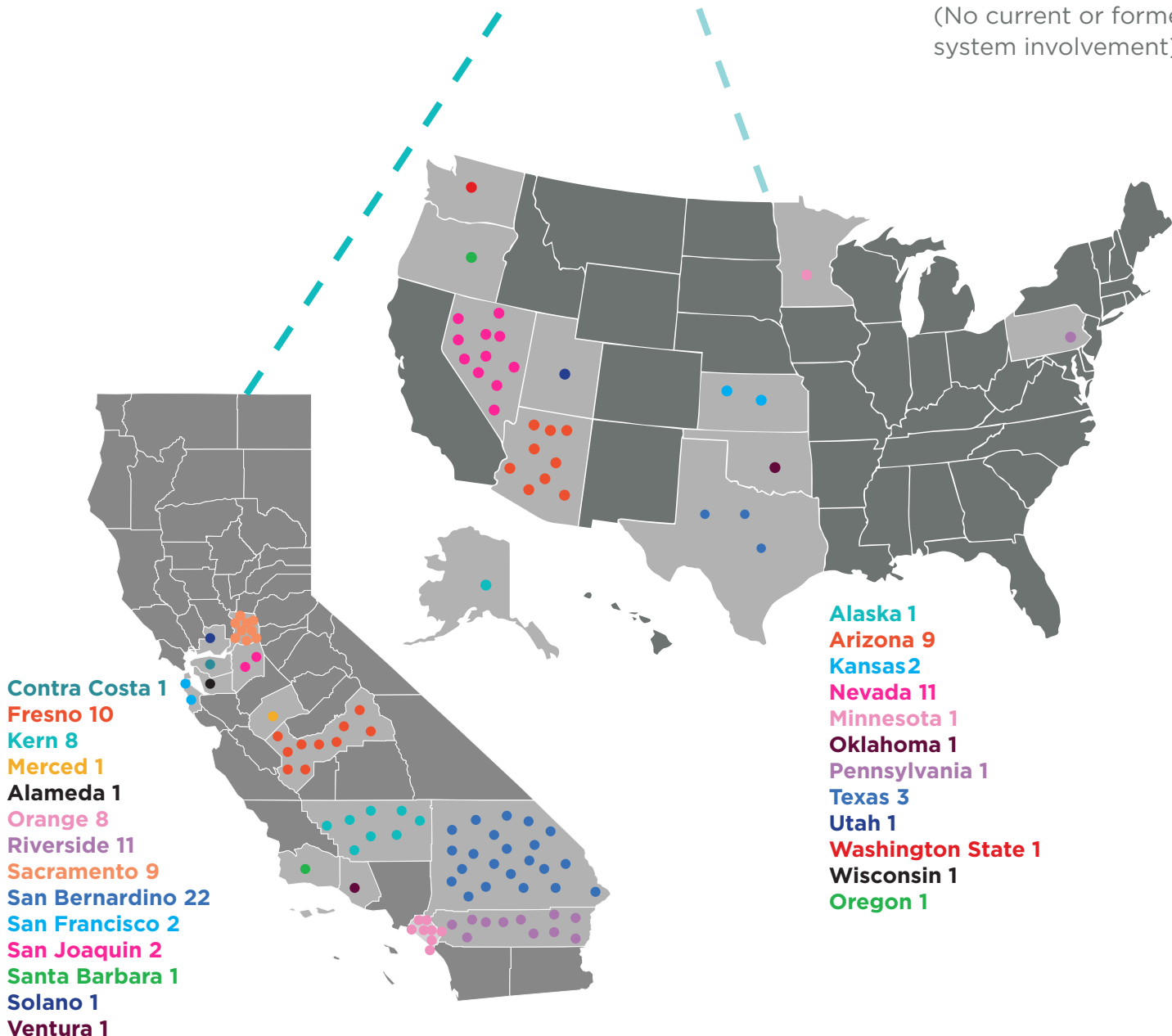
*One sensitive case omitted from data

OUTCOMES: RECOVERY DATA

SYSTEM JURISDICTION AT TIME OF 1ST RECOVERY

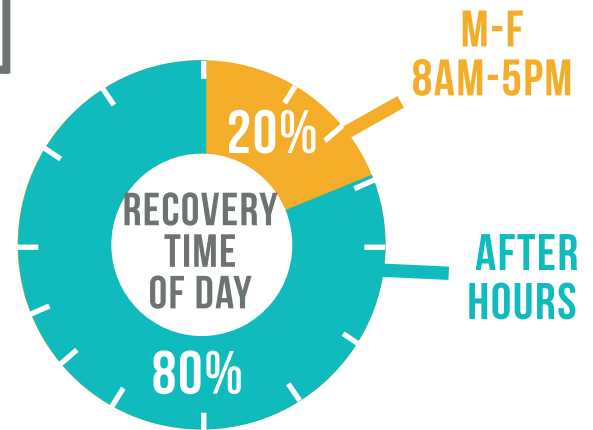
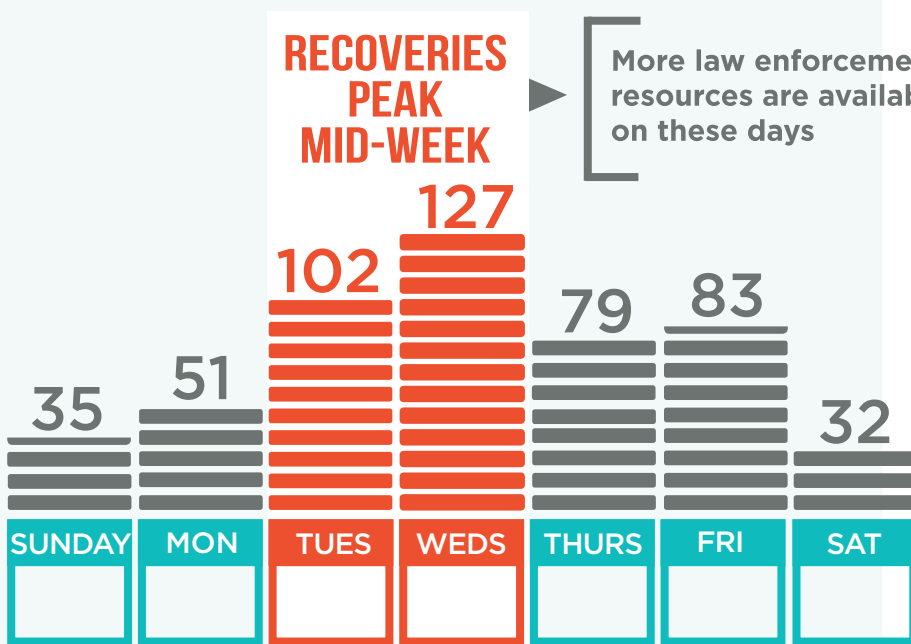
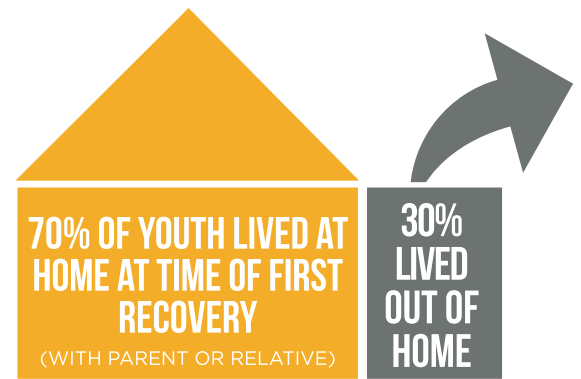
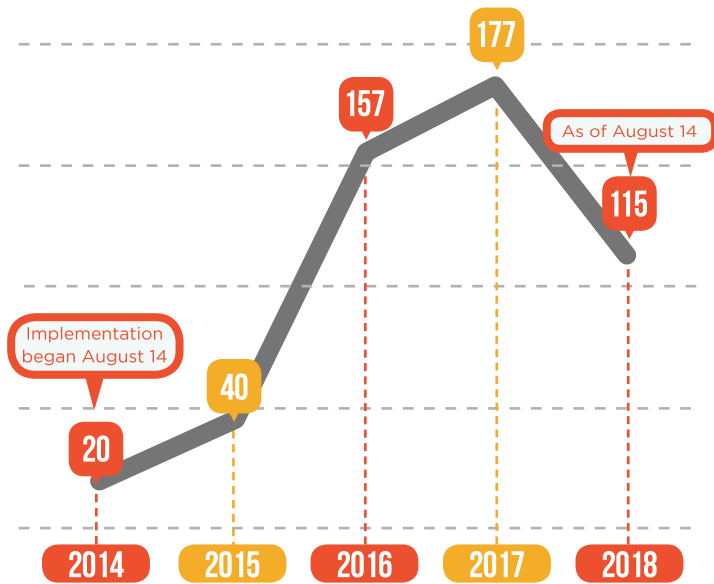


(No current or former system involvement)



This report does not capture data related to dual-involvement. Many of these youth may have been involved in both DCFS and Probation.

RECOVERIES BY CALENDAR YEAR



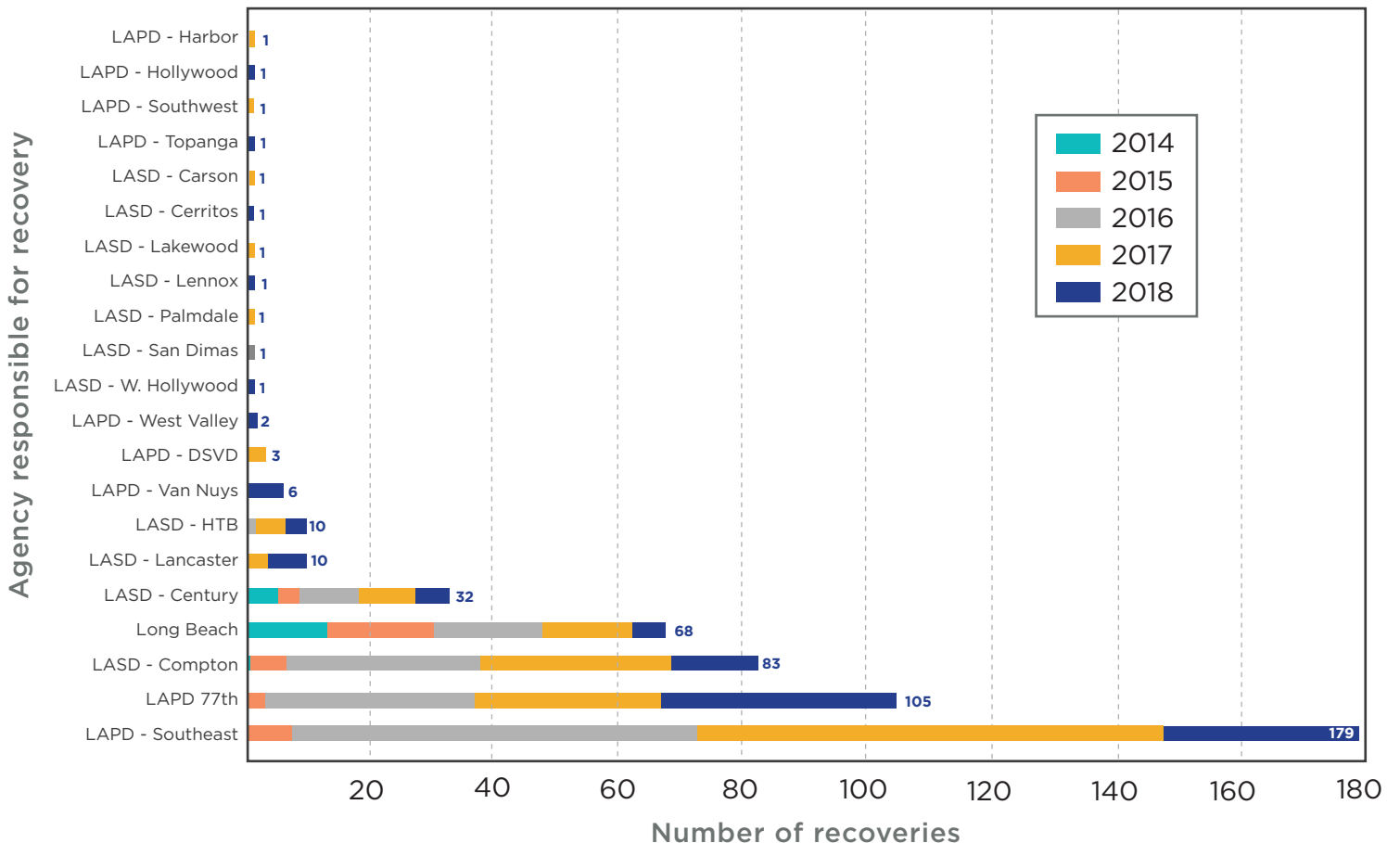
LAW ENFORCEMENT AGENCY INVOLVED IN RECOVERY



“The First Responder Protocol has served as the foundation for our evolving policies and practices when dealing with commercially sexually exploited youth. It established a starting point for our ongoing collaboration with DCFS, the Probation Department and a team of dedicated service providers. Together, we share the priority of identifying and caring for CSEC youth, while holding their exploiters accountable, and the FRP is the product of our combined effort.”

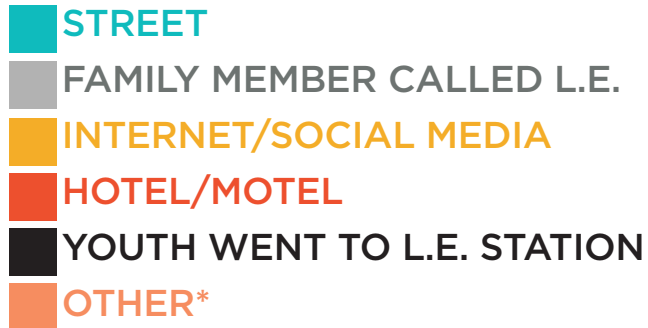
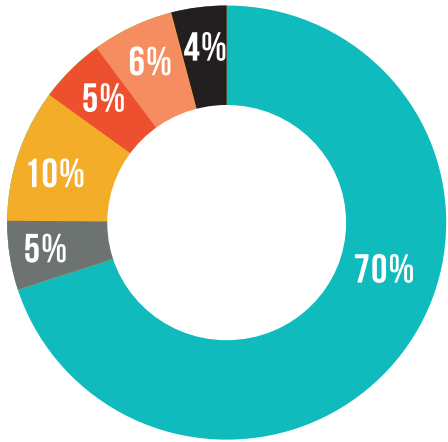
*-Human Trafficking Bureau,
LA Regional Human Trafficking Task Force
Los Angeles County Sheriff’s Department*

FURTHER BREAKDOWN OF AGENCIES INVOLVED IN RECOVERY



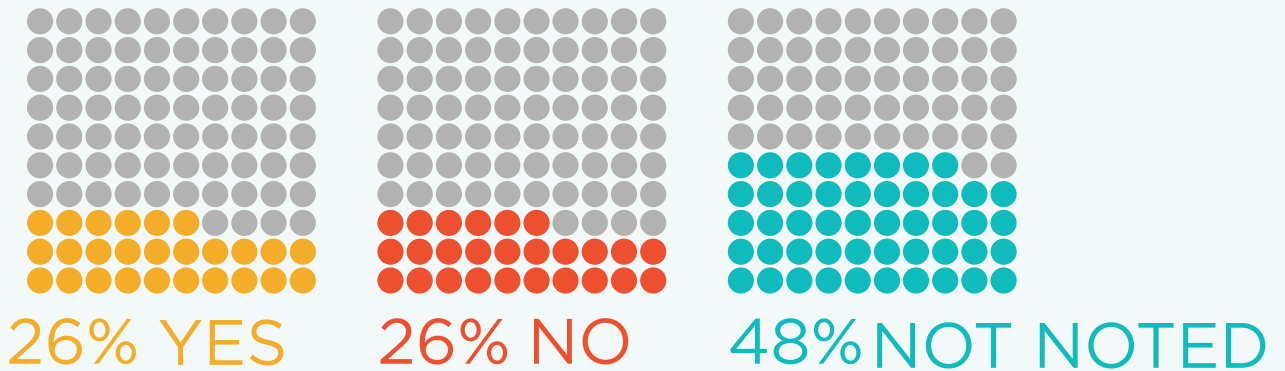
HOW/WHERE YOUTH WERE IDENTIFIED

18 YOUTH CONTACTED
LAW ENFORCEMENT
ON THEIR OWN



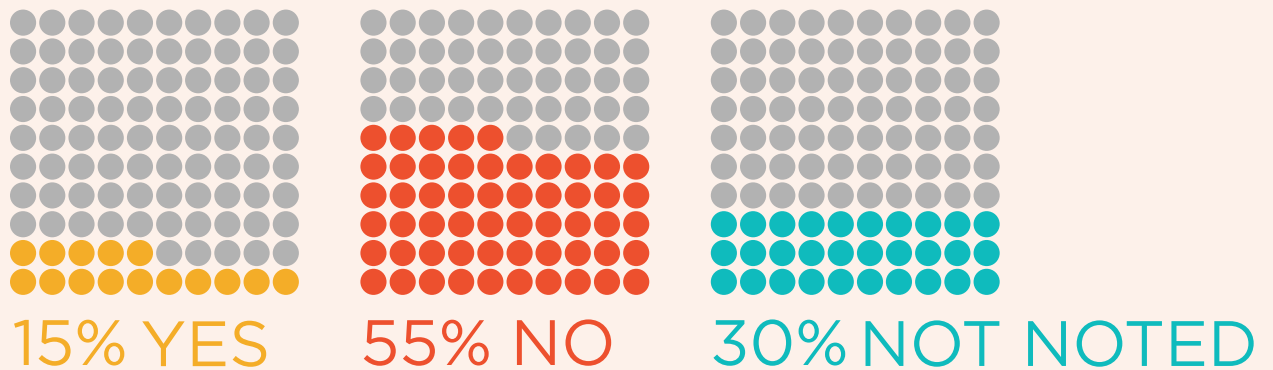
*Including 911 call, arrest, hospital call, traffic stop, train station, Metro, track missing phone, and unknown

DID YOUTH PROVIDE IDENTIFYING INFORMATION ABOUT THEIR TRAFFICKER?



*Youth identified trafficker by name or alias/AKA

WAS THE TRAFFICKER ARRESTED?



*This only includes on-the-spot arrests, and does not include arrests of traffickers following an investigation

HEALTH CARE PROVIDED

65.5% of youth received a medical evaluation in the first 72 hours

1% of youth refused a medical evaluation

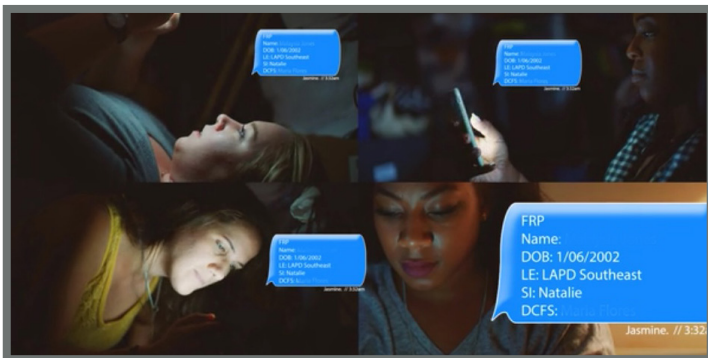
33.5% of youth did not receive a medical evaluation in the first 72 hours



CSE MEDICAL CLEARANCE:

- Offer sexual assault evidence collection exam, if indicated
- Brief medical history
- Symptom-targeted physical exam
- Sexually Transmitted Infection testing
- Presumptive treatment for gonorrhea and chlamydia
- Offer emergency contraception, if indicated
- Offer HIV post-exposure prophylaxis, if indicated
- Provide condoms
- Begin discussion of contraception options

Note: the youth can consent or withhold consent for any aspect of the clearance exam

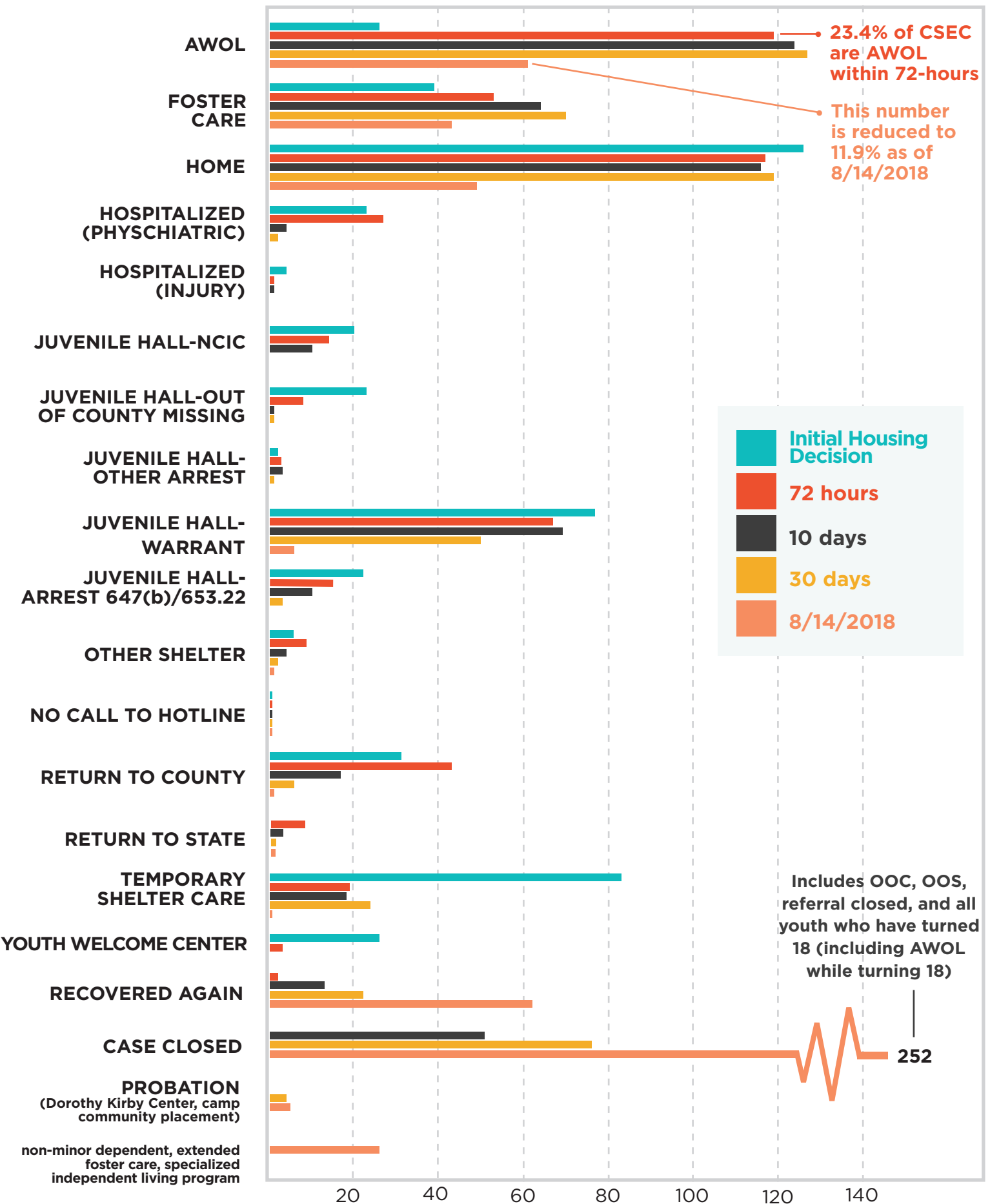


“Working with the CSEC MARC has been an incredibly collaborative experience, with professionals from different agencies coming together ready to think outside the box and break down any bureaucratic barriers that keep us from meeting the needs of the human trafficking victims we serve. We have made great strides in ensuring these youth receive the preventative care and medical treatment they need as quickly as possible.”

-Department of Health Services



CHILD LOCATION OVER TIME



LESSONS LEARNED

LAW ENFORCEMENT TRAINING

Law enforcement may miss opportunities to identify potential victims and develop relationships that can support future safety and stability, without an adequate understanding of the common risks, vulnerabilities, and resiliencies of exploited children and youth, how trauma and trauma bonding manifest in youth, and how to engage and respond to youth in different stages of change.

COORDINATED AND IMMEDIATE ENGAGEMENT

Ensuring early engagement of youth immediately upon identification to begin to build rapport and trust is essential. Successful engagement with youth at the time of identification requires a commitment to meeting the youth where they are and addressing their immediate needs. For many youth, the time immediately preceding and following their identification can be very stressful - it may be their first interaction with law enforcement, they may be hungry, tired, confused, or scared about what is to come. They may feel upset or ambivalent about being separated from their exploiters, to whom they often feel attached as a result of trauma bonding, and who likely instructed them not to cooperate or trust law enforcement. Providing a coordinated response by both public agencies —law enforcement, and DCFS or Probation— and community-based advocates orients the youth to a teaming approach and helps support youth during the immediate post-identification period and beyond.



Los Angeles County created a “soft room” in the Human Trafficking Bureau, which is used as a landing place for children and youth recovered through the Protocol. The soft room has comfortable furniture, including a couch, and youth-friendly decorations. The soft room is a place for youth to rest, get a change of clothes and a snack, and meet with their advocates and specialized workers.



COORDINATED AND REALISTIC EXPANSION

Another important lesson learned is that expansion must be realistic. The sheer size of Los Angeles County offers unique challenges. Meeting the 90-minute response time will likely prove to be more difficult as the Protocol expands. Additionally, partnering with not just one, but two very large law enforcement agencies, along with 46 independent police departments, each with pre-established processes, is cumbersome. Ensuring all partner agencies including DCFS, Probation, and the various advocacy agencies have the capacity to scale is also vital.

Further, once the Protocol was rolled out in pilot areas, it became clear that traffickers shifted some of their operations to other parts of the County to avoid detection and intervention. This highlighted the need for expansion of the Protocol to the entire County, as well as constant communication and collaboration across the County agencies and between counties and states.

LEADERSHIP AND CAPACITY BUILDING

On a systemic level, implementation of the Protocol requires an emphasis on building capacity within and across systems, not focusing on individuals to guide the process. This requires both buy-in from leadership, as well as support of staff on the ground. In addition, memorializing processes is critical to ensure that they are carried out consistently over time, even when there are personnel changes. To promote sustainability, staff must receive thorough training and supervision, as well as ongoing support to address vicarious trauma and burnout.

PARTNERSHIP AND SHARED ACCOUNTABILITY

The First Responder Protocol recognizes that no one agency can meet the needs of a child or youth who has been commercially sexually exploited. The response draws on the expertise of each of the agencies and community-based partners to address the holistic needs of the children and youth. Successful implementation requires relationship building and partnerships among the many agencies and community-based organizations. These close relationships allow partners to be frank and honest about unmet needs and challenges they are facing in implementation, and where they need more support from other partners or external actors. Close partnerships and defined roles and responsibilities in an operational agreement also help to keep all those involved accountable to their roles. In addition, the coalition of partners has been broad, ensuring the range of needs that youth have can be addressed. For example, DHS' commitment to providing medical assessment to all identified youth within 24 hours ensures that a critical opportunity to address urgent medical needs is not missed.

PROTOCOL OPEN FOR ADAPTATION

Throughout implementation, numerous unanticipated needs and obstacles have surfaced. This has required flexibility and creative problem solving, as well as a willingness to adapt rather than be wedded to a particular approach. This has allowed for amendments and adaptations to improve the way we engage and service children and youth who are at risk of and have been commercially sexually exploited.

“The monthly Multi-Agency Review Committee (MARC) meetings have been a critical part of the Protocol’s success. Recognizing that we are all here for the same reason - to identify and support youth who have been commercially sexually exploited - we have worked together to identify what is working about the Protocol and put our heads together to adapt and improve the Protocol as necessary.”

-National Center for Youth Law

ACKNOWLEDGEMENTS

COLLABORATIVE AGENCIES



THANKS TO MEMBERS OF THE MULTI-AGENCY REVIEW COMMITTEE

Adela Estrada	DCFS
Allison Newcombe	National Center for Youth Law
Amber Davies	Saving Innocence
Casey Grace	LAPD Southeast
Dan Stanley	LA County Sheriff's Department
Ed Fithyan	DCFS
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Gina Hamilton	DCFS - Hotline
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Jasmine Edwards	Saving Innocence
Jeff Walker	LA County Sheriff's Department
Jennie Feria	DCFS - Hotline
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Lina Teague	LAPD DSVD
Loretta Worthington	Department of Health Services
Mae Ackerman-Brimberg	National Center for Youth Law
Michelle Guymon	Department of Probation
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Violet Dawson	Department of Probation

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SUGGESTED CITATION

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CREATED BY

