Core Competencies for Serving Commercially Sexually Exploited Children (CSEC)

Developed by the Child Welfare Council CSEC Action Team
Introduction

Competencies refer to the skills, abilities, knowledge, and behaviors identified as critical for fulfilling one’s essential responsibilities.¹ The competencies outlined in this document will help providers recognize signs of commercial sexual exploitation as well as understand and address these children’s needs as related to their exploitation and underlying trauma. Commercially sexually exploited children (CSEC) require intensive treatment, services, and engagement. A multidisciplinary team is a promising approach to meet their needs and is a required element for participation in the state-funded CSEC Program.² Each team member should have a defined role for fulfilling certain needs, and should possess related competencies. As a whole, the multidisciplinary team should possess the full range of competencies outlined below.

It is worth noting that many of the competencies below represent knowledge and skills already held by those who work with abused and neglected children, and children with special needs. Enhancing these fundamental skills with training specific to the commercial sexual exploitation of children will increase the likelihood that victims of commercial sexual exploitation are provided the services and support they need.

Numerous factors not addressed in this document, such as race, socioeconomic status, and immigration status have significant implications on CSEC in terms of skills and understanding that should be applied while serving CSEC. The CSEC Action Team will explore providing further guidance to the state on these issues in the future.

This document briefly defines and outlines each competency and discusses how it relates to serving victims of commercial sexual exploitation. Resources for additional information on each competency are referenced in footnotes.

² See CAL. WELF. & INST. CODE § 16524.8(b).
I. Core knowledge

**Competency 1:** Basic understanding of the risk factors, indicators, and dynamics of commercial sexual exploitation.

**Competency 2:** Basic understanding of child-serving systems and how various agencies intersect.

II. Impact and dynamics of abuse, neglect, and trauma

**Competency 3:** Basic understanding of child abuse and neglect and its application to victims of commercial sexual exploitation.

**Competency 4:** Basic understanding of complex trauma, polyvictimization, and toxic stress, how they impact children, and their application to victims of commercial sexual exploitation.

**Competency 5:** Basic understanding of how trauma impacts providers serving victims of commercial sexual exploitation.

III. Informed application of skills

**Competency 6:** Application of the skills for working with children who have experienced trauma to child victims of commercial sexual exploitation.
I. Core knowledge

**Competency 1**: Basic understanding of the risk factors, indicators, and dynamics of commercial sexual exploitation.

1. **Definitions:**
   
   A. **Risk factors:**
      
      A body of research regarding CSEC is beginning to emerge, however currently it is in a nascent stage. Therefore, agencies and providers should exercise caution in labeling youth at-risk based on the following factors, as these factors are not based on empirical research. Measures should be taken when screening for CSEC to avoid profiling or unnecessarily pulling youth deeper into public systems. Further, many of the factors listed below are strongly associated with CSEC because they are overrepresented among homeless youth, a population highly vulnerable to exploitation. Generally, a combination of multiple risk factors, and not just one, may signal that the child is at-risk for commercial sexual exploitation.

   Below is a list of risk factors that *may* increase a youth’s vulnerability to exploitation.

   i. **History of**:
      
      1. Child welfare agency involvement
      2. Juvenile justice system involvement
      3. Emotional, physical, and particularly child sexual abuse
      4. Neglect and/or abandonment
      5. Sexual exploitation in the family and/or community
      6. Untreated mental health illness
      7. Exposure to domestic/intimate partner violence

   ii. **Poverty**

   iii. **Young age** (younger adolescents are more susceptible to manipulative tactics)

   iv. **School-related problems** (e.g., truancy, learning difficulties)

   v. **Homelessness and running away**

   vi. **Multiple placements**

   B. **Social and behavioral indicators:**
      
      Generally a combination of warning signs, and not just one, may indicate that a child has been commercially sexually exploited. A validated screening tool (e.g.,

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4 See Walker, supra note 3; Hyatt et al., supra note 3; Lloyd & Orman, supra note 3.
Commercial Sexual Exploitation Identification Tool (CSE-IT), is in the process of validation is needed to more accurately identify children who are confirmed and suspected victims of exploitation.

i. **Personal**: older friend(s) or partner(s); relationship with a controlling or dominating individual; lack of personal hygiene; signs of coercion and grooming\(^5\) of any kind; unexplained possession of large amounts of money and/or expensive jewelry; use of technology (internet, cell phone, social media) that involves social or sexual behavior that is atypical for the youth’s age (e.g., having multiple phones that may be paid for by others); contradictory personal information (e.g., name, address); chronic running away; homelessness; bruises or other forms of physical trauma; depression, anxiety, fear, withdrawal, or other manifestations of psychological trauma; history of frequent tests for pregnancy and/or sexually transmitted diseases/infections; sexually-provocative attire;\(^6\) tattoos;\(^7\) domestic/intimate partner violence; intra-familial sexual exploitation

ii. **Educational**: behind in grade level; chronically truant or tardy; tired and lethargic; behavioral problems; sudden change in performance

iii. **Legal**: frequent contact with the juvenile justice system; frequent status offenses (e.g., running away, truancy, curfew violations, possession of alcohol or drugs); arrests in areas known for prostitution; arrests for other offenses (e.g., burglary, assault, loitering, trespassing); use of false identification; possession of an exotic dance permit

C. **Dynamics**:

i. Commercially sexually exploited children may not initially self-identify as victims and will not necessarily seek or accept help. Many victims have had previous contact with public systems, such as child protective services, and may resist further involvement due to prior negative experiences with the systems. Many of these children may feel disconnected due to childhood trauma and a history of failed system engagement, which increases their vulnerability to exploitation.

ii. **Other dynamics to consider**:

1. **Domestic violence/intimate partner violence (DV/IPV)**
   a. Refers to the emotional, psychological, physical, and/or sexual abuse inflicted on an individual by his or her former or current spouse or intimate partner. The abuser leverages the relationship bond to manipulate, isolate, and control the

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\(^6\) “Sexually provocative” with regard to attire is difficult to define and should be understood in the context of mainstream society’s over-sexualization of young people, especially young women and girls.

victim. This bond makes it difficult for the victim to leave the abuser.

2. Trauma-bonding
   a. Refers to the emotional attachment to an abuser that forms over the course of cycles of abuse consisting of stages of violence and love. Stockholm Syndrome, an example of a trauma-bond, refers to the emotional bond a victim feels towards an abuser in the context of the victim’s coping mechanism meant to increase safety and minimize pain. The abuser showers the victim with affection thereby instilling an emotional bond; in turn the victim sees the abuser as a protector. The attachment is a psychological response to the “powerful mix of loving care alternated with violence, threats and dehumanizing behavior.”

2. Importance of this competency for CSEC:
   A. Lack of information and understanding of commercially sexually exploited children among child-serving agencies and organizations is one of the major barriers to helping this population. Providers with the tools to identify risks and warning signs associated with traumatized, exploited children will be more likely to intervene early and develop effective, individualized treatment plans.
   B. Children who identify as, or are perceived to be LGBTQ may be at increased risk for CSE due to a number of factors. Some of these factors include: their over-representation in the homeless youth population; history of adult/caregiver rejection based on the child’s sexual orientation, gender identity, and/or expression (SOGIE); and the limited number of LGBTQ competent and affirming youth shelters. This population, like other homeless youth

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9 WESTCOAST CHILDREN’S CLINIC, supra note 7, at 11-12.
10 Sexual orientation, gender identity and expression (SOGIE) represents the intersections of these three important identities while also serving as a reminder that they are distinct and should not be conflated. Sexual orientation refers to a person’s emotional, romantic, and sexual attraction to individuals of the same sex and/or a different sex (straight, lesbian, gay, bisexual, asexual, etc.); gender identity refers to a person’s internal, deeply felt sense of being male, female, both, or neither, regardless of the person’s assigned sex at birth; and gender expression is the manner in which a person expresses gender through clothing, appearance, speech, and/or behavior. See Sexual Orientation and Gender Identity Definitions, Human Rights Campaign, http://www.hrc.org/resources/entry/sexual-orientation-and-gender-identity-terminology-and-definitions (last visited May 18, 2015); HYATT ET AL., supra note 3; MEREDITH DANK ET AL., URBAN INST., SURVIVING THE STREETS OF NEW YORK: EXPERIENCES OF LGBTQ YOUTH, YMSM, AND YWSW ENGAGED IN SURVIVAL SEX (2015), available at www.urban.org/research/publication/surviving-streets-new-york-experiences-lgbtq-youth-ymsm-and-ywsw-engaged-survival-sex/view/full_report.
populations, frequently engages in “survival sex,” meaning they exchange sex for basic necessities needed for survival, such as food or shelter.\textsuperscript{12}

C. Understanding the bond a commercially sexually exploited child forms with his/her exploiter through an intimate partner violence or trauma bond/Stockholm Syndrome lens helps illustrate why identifying exploited children, engaging them in services, and helping them remain stable away from their exploiter or from trading sex to survive can be so challenging.\textsuperscript{13} Additionally, understanding these bonds will offer providers the context they need to incorporate safety and mental health resources into every stage of the plan. Commercially sexually exploited children are also more likely to respond to interventions and services by providers who embody a non-judgmental approach.

\textit{Competency 2: Basic understanding of child-serving systems and how various agencies intersect.}

1. Definition:
   A. Child-serving agencies and community-based partners each have distinct requirements and mandates to fulfill. For example, the child welfare agency is mandated to investigate allegations of abuse and neglect; determine whether there is safety risk to the child; and in certain circumstances, remove the child from the home. Juvenile probation is charged both with rehabilitating youth and protecting the community. Child-serving agencies have historically operated independently, which has led to a lack of coordination and a failure to holistically address system-involved children’s needs.\textsuperscript{14} Numerous jurisdictions now employ a teaming approach to serving an individual child or a case review approach to coordinate the services of multiple children. These approaches are more effective if the roles of each agency are clearly defined, each agency understands the others’ legal mandates, and the responsibility of serving and supporting the child and his/her family is shared among the providers within the existing mandates.\textsuperscript{15}

B. In 2014, California law (SB 855, Chapter 29, Statutes of 2014) clarified that a child who is sexually trafficked and whose parent or guardian is unable to protect him or her may be served through the child welfare (dependency) rather than the juvenile justice (delinquency) system.\textsuperscript{16}

\textsuperscript{12} See \textit{DANK ET AL.}, supra note 10.
\textsuperscript{13} Id.
\textsuperscript{14} See \textit{CAL. CHILD WELF. COUNCIL, CSEC ACTION TEAM, HOLISTIC NEEDS OF COMMERCIALY SEXUALLY EXPLOITED CHILDREN} (2015) (on file with the CSEC Action Team); \textit{hereinafter HOLISTIC NEEDS}.
\textsuperscript{16} \textit{CAL. WELF. & INST. CODE} § 300(b)(2) (“The Legislature finds and declares that a child who is sexually trafficked, as described in Section 236.1 of the Penal Code, or who receives food or shelter in exchange for, or who is paid to perform, sexual acts described in Section 236.1 or 11165.1 of the Penal Code, and whose parent or guardian failed to, or was unable to, protect the child, is within the description of this subdivision, and that this finding is declaratory of existing law. These children shall be known as commercially sexually exploited children”); \textit{California Governor Signs Legislation to Protect Commercially Sexually}
C. The state-funded CSEC Program requires the development of an interagency protocol that utilizes a multidisciplinary approach to “provide coordinated case management, service planning, and services to children.”

2. Importance of this competency for CSEC:
   A. Commercially sexually exploited children typically have had experience with and/or are currently involved in one or more of the many child-serving systems. In particular, this population has been or is involved with the child welfare (for child abuse and neglect) and the juvenile justice (for status offenses or “delinquent” acts) systems. Youth also regularly encounter teachers and school counselors, doctors and other medical professionals (e.g., for regular check-ups, urgent care), and other agents who have the opportunity to identify the child as confirmed or at-risk of commercial sexual exploitation. These different agencies and departments have varying levels of awareness of, and ability to meet this population’s needs and are currently adapting their practices to more effectively serve these children. It is critical that providers working with the population have a basic understanding of: CSEC system-involvement, each other’s systems, how the child moves through them, the supports and services children receive in these systems, and how providers serving the same child might work together to comprehensively address his or her needs while fulfilling their own agency/departmental requirements. By combining the shared knowledge of all of the systems and ensuring that a multidisciplinary approach is utilized, these children will be more effectively identified and served.

II. Impact and dynamics of abuse, neglect, and trauma

**Competency 3: Basic understanding of child abuse and neglect and its application to victims of commercial sexual exploitation.**

1. **Definition:**
   A. Child abuse refers to the physical, sexual, emotional, and/or psychological maltreatment of a child. Child abuse can increase a child’s vulnerability to exploitation.

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17 CAL. WELF. & INST. CODE § 16524 et seq.
18 CAL. WELF. & INST. CODE § 16524.8(b).
21 See Learn, SF CHILD ABUSE PREVENTION CTR. (providing resources for identifying and understanding child abuse), http://sfcapc.org/learn.
B. Neglect refers to the negligent treatment or the maltreatment of a child by a person responsible for the child’s welfare under circumstances indicating harm or threatened harm to the child’s health or welfare. The term includes both acts and omissions on the part of the responsible person.22

2. Importance of this competency for CSEC:
   A. Most commercially sexually exploited children have a history of childhood abuse or neglect that began prior to their commercial exploitation.23 As a result of this abuse, some children have formal involvement with the child welfare system and may be removed from their homes and placed in the foster care system or may even leave their home on their own to avoid further abuse.
   B. Commercially sexually exploited children endure ongoing abuse during their exploitation as exploiters frequently use physical beatings, substance dependency, sexual violence, and psychological manipulation to control their victim. These children also frequently experience abuse and violence at the hands of the individuals purchasing sex.
   C. Providers working with this population should understand the impact that childhood abuse and neglect have, and why it increases vulnerability to exploitation and may make children resistant to services and support. Providers should also understand the likelihood of additional abuse during exploitation, and should have the ability to address each, both individually, and as they relate to one another. It is also important for providers to recognize that many of the youth they serve will be currently experiencing trauma, abuse, and violence, and that contemporaneous exploitation should be accounted for in safety planning for the youth and the provider. It is also important to incorporate services and supports, such as family therapy, to ensure the youth and family can rebuild bonds and connections, if appropriate.
   D. Children who have experienced sexual abuse are at an increased risk of developing sexually reactive behavior, distinct from healthy sexual exploration, which could potentially lead to physical or emotional harm to themselves or others.24

**Competency 4: Basic understanding of complex trauma, polyvictimization, and toxic stress, how they impact children, and their application to victims of commercial sexual exploitation.**

1. Definition:
   A. Complex trauma “describes both children’s exposure to multiple traumatic events, often of an invasive, interpersonal nature, and the wide-ranging, long-term impact of this exposure. These events are severe and pervasive, such as abuse or

22 See also CAL. PENAL CODE § 11165.2; CAL. WELF. & INST. CODE § 300(b)(1); 42 U.S.C. 5106 et seq.
23 See Smith, supra note 5, at 31-32.
profound neglect. They usually begin early in life and can disrupt many aspects of the child’s development and the very formation of a self. Since they often occur in the context of the child’s relationship with a caregiver, they interfere with the child’s ability to form a secure attachment bond. Many aspects of a child’s healthy physical and mental development rely on this primary source of safety and stability.”

Trauma often has a long-term impact on a child’s mental, behavioral, and physical health, interfering with daily functions, decision-making, and social and emotional development. Traumatic stress can bring about intense emotional and behavioral responses, including, but not limited to, maladaptive behaviors and somatic disorders. This can lead to challenges in school, at home, and in personal relationships; substance use and abuse; and detrimental physical health outcomes.

B. Polyvictimization refers to exposure to multiple forms of victimization, such as family violence, sexual violence, and bullying. Polyvictimized youth may have particularly severe, persistent, and ongoing symptoms. These youth suffer from worse physical and mental health outcomes and greater revictimization than youth who experience repeated exposure to a single type of trauma. Adverse childhood experiences (ACEs) have been linked to numerous negative outcomes such as alcohol and drug abuse, depression, and suicide attempts.

C. Toxic Stress is “the excessive or prolonged activation of the physiological stress response systems in the absence of the buffering protection afforded by stable, responsible relationships.” Toxic stress can undermine healthy development of the brain circuitry and regulatory responses. The physiological stress response in children that experience toxic stress is chronically activated. Such chronic activation may manifest in a number of ways including challenges with learning, inability to identify dangerous situations, mood disorders, or serious health

26 See generally Julian D. Ford et al., Complex Trauma and Aggression in Secure Juvenile Justice Settings, 39 CRIM. JUST. & BEHAV. 694 (2012); Alexandra Cook et al., Complex Trauma in Children & Adolescents, 21 Focal Point 4, 34 (2007), available at http://pathwaysrtc.pdx.edu/pdf/fpW0702.pdf.
29 David Finkelhor et al., Revictimization Patterns in a National Longitudinal Sample of Children and Youth, 31 CHILD ABUSE & NEGLECT 479 (2007).
32 Id.
challenges. Both polyvictimization and complex trauma can increase the risk for toxic stress.

2. Importance of this competency for CSEC:
   A. Understanding that a CSE child’s behavior is impacted by trauma enables providers to accurately assess and serve the needs of traumatized children in order to minimize further harm. Providers should not take these behaviors personally and should be able to meet the child where they are in that moment. They should be willing and able to engage the child on a long-term basis in order to address the complex trauma the child has endured. They should be asking “What happened to you?” as opposed to “What is wrong with you?”
   B. Providers should employ a trauma-informed approach to serving children, which:
      i. “Realizes the widespread impact of trauma and understands potential paths for recovery;
      ii. Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
      iii. Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and
      iv. Seeks to actively resist re-traumatization.”
   C. Commercially sexually exploited children may not initially engage with and commit to treatment. By addressing the child’s complex trauma, a child may become ready to make a stronger commitment to treatment and may be able to envision a life outside of exploitation. Providers must understand that victim readiness for leaving the relationship is critical, and that the provider’s role is to help the child understand and overcome his or her complex trauma. Working with victims of commercial sexual exploitation is a long-term commitment and assuming the youth and provider have a good connection, every effort should be made to ensure consistency of the providers working with youth.

Competency 5: Basic understanding of how trauma impacts providers serving victims of commercial sexual exploitation.

1. Definitions:
   A. Secondary traumatic stress is a significant issue for providers serving traumatized children. Symptoms exhibited are very similar to Post Traumatic Stress Disorder.

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33 Id.
i. Vicarious trauma, a variant of secondary traumatic stress, occurs when an individual who was not an immediate witness to the trauma absorbs and integrates disturbing aspects of the traumatic experience into his or her own functioning.  

ii. Compassion fatigue, also a manifestation of secondary traumatic stress, is a form of physical, emotional, and psychological burnout in which the individual suffers a decreased capacity for empathy. It is often considered a precursor to vicarious trauma and may lead to high turnover among providers.

2. Importance of this competency for CSEC:
   A. Professionals working with victims of commercial sexual exploitation and other abused and neglected children should have access to mental health and ancillary resources in order to address compassion fatigue and vicarious trauma. A formal supervision structure should be in place that incorporates guidance on vicarious trauma and compassion fatigue. Providers should be trained both on how to identify the symptoms and how to access services. Individuals reaching out for help to address their complex trauma should not be stigmatized.

III. Informed application of skills

**Competency 6: Application of the skills for working with children who have experienced trauma to child victims of commercial sexual exploitation.**

1. **Definition:**
   A. Skills to be applied while working with commercially sexually exploited children:
      i. **Rapport-building:** focus on establishing a foundation of trust
      ii. **Immediate engagement:** commit to engaging the child early and often after he or she has been identified as a victim of commercial sexual exploitation or at-risk of becoming victimized
      iii. **Trauma-awareness:** employ a trauma-informed approach to avoid re-traumatizing the child
      iv. **Child-focused:** engage the child in developing his or her individualized safety and case plans so he or she feels empowered throughout the process

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37 Id.
38 Id.
v. *Strengths-based:* build on the youth’s strengths while also addressing the youth’s needs.

vi. *Clear communication about healthy relationships and sexuality:* discuss healthy relationships and sexuality openly with youth, acknowledging and affirming each child’s SOGIE.

vii. *Flexibility/adaptability:* be flexible when developing an individualized approach as a child goes through the Stages of Change at his or her own pace.

viii. *Cultural humility:* exhibit openness and emphasize an understanding of the child from within his or her own worldview as informed by his or her personal identities/experiences with culture, race, ethnicity, class, gender, SOGIE, etc.

ix. *Recognition of implicit bias:* identify and act against implicit biases; avoid drawing conclusions or defining case planning based on stereotypes of a child’s culture, race, ethnicity, class, gender, and/or SOGIE.

x. *Commitment to self-care:* seek counseling support to prevent or overcome compassion fatigue/secondary trauma.

**B. Important considerations include:**

i. Address youth’s basic needs including food, shelter/placement, and clothing before moving forward with case planning.

ii. Prioritize safety for the child and the staff caring for the child.

iii. Involve the child in key decision-making including the development of his or her safety and treatment plans.

iv. Attempt to make a personal connection with the child as, often times, that personal relationship is the driving force behind a child engaging with treatment.

v. Follow through with what you say you will do and do not make promises that you cannot keep.

vi. Individualize treatment to meet the child’s unique needs and build on his or her strengths.

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42 See ALBERT, supra note 3.


46 See HUGHES, supra note 40, at 86 (providing more tips on appropriate engagement with CSEC).
vii. Be genuine, as these children have difficulty trusting people and are more likely to engage in services if they come to trust the sincerity of the provider
viii. Refer to a child using preferred names and pronouns
ix. Use age and developmentally-appropriate interview skills
x. Have realistic expectations and understand that progress looks different for every child, and different from other types of child abuse and neglect
xi. Understand where the child is in the stage of exploitation to inform treatment
xii. Work with an multidisciplinary team of providers to identify the child’s needs and strengths and tailor services to those needs and strengths
xiii. Provide access to a survivor advocate who can act as a liaison to bridge any relationship gaps between the provider and child
xiv. Create appropriate boundaries between the service providers and the youth
xv. Cultivate community-based supports
xvi. Encourage the youth to develop independent living and self-advocacy skills

C. Understanding the dynamics of exploitation and meeting the child where he or she is:
   i. Accept where the child is in his or her stage of exploitation,\(^47\) recognizing that some children may not understand that they are being exploited. Others may know they are being exploited, but may not see another way to survive, while others may want to leave the exploitative situation. Some CSEC providers utilize the Stages of Change model\(^48\) (pre-contemplation, contemplation, preparation, action, and maintenance) to frame the child’s status, needs, and approach to intervention. Providers should use the knowledge of the stage the child is in to build a trusting relationship and provide the right resources and services at the appropriate time.
   ii. Allow the child to tell his or her story. Children may justify and rationalize the exploitative relationship. Frequent interjections by the service provider can derail the child’s thought process. Often, the stories that begin as good memories, eventually lead to the underlying traumas, which is where the clinical work begins.
   iii. Create a child-centered, strengths-based, non-judgmental approach that empowers the child to progress towards permanent exit from the exploitative relationship(s) or situation.

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\(^{48}\) See Walker, supra note 3, at 78.