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Department for Community Based Services
Office of the Commissioner

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Eric C. Friedlander
Secretary

Marta Miranda-Straub
Commissioner

October 29, 2021

Jay Hartz, Director
Legislative Research Commission
700 Capitol Avenue
Annex Room 300
Frankfort, Kentucky 40601

Dear Mr. Hartz,

The Cabinet for Health and Family Services, Department for Community Based Services, presents the ninth annual report regarding child victims of human trafficking in Kentucky. This report has been prepared in accordance with KRS 620.029(2)(b), created by the Human Trafficking Victims Rights Act of the 2013 Regular Session and reflects activities and services since enactment of the law.

If you have any questions, or if further clarification is needed, please contact Laura Begin in the DCBS Commissioner's Office at Laura.Begin@ky.gov or Melanie Taylor, Assistant Director of the Division of Protection and Permanency, at Melanie.Taylor@ky.gov.

Sincerely,

DocuSigned by:

Marta Miranda-Straub

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Marta Miranda-Straub
Commissioner



CABINET FOR HEALTH
AND FAMILY SERVICES
Department for
Community Based Services

Human Trafficking

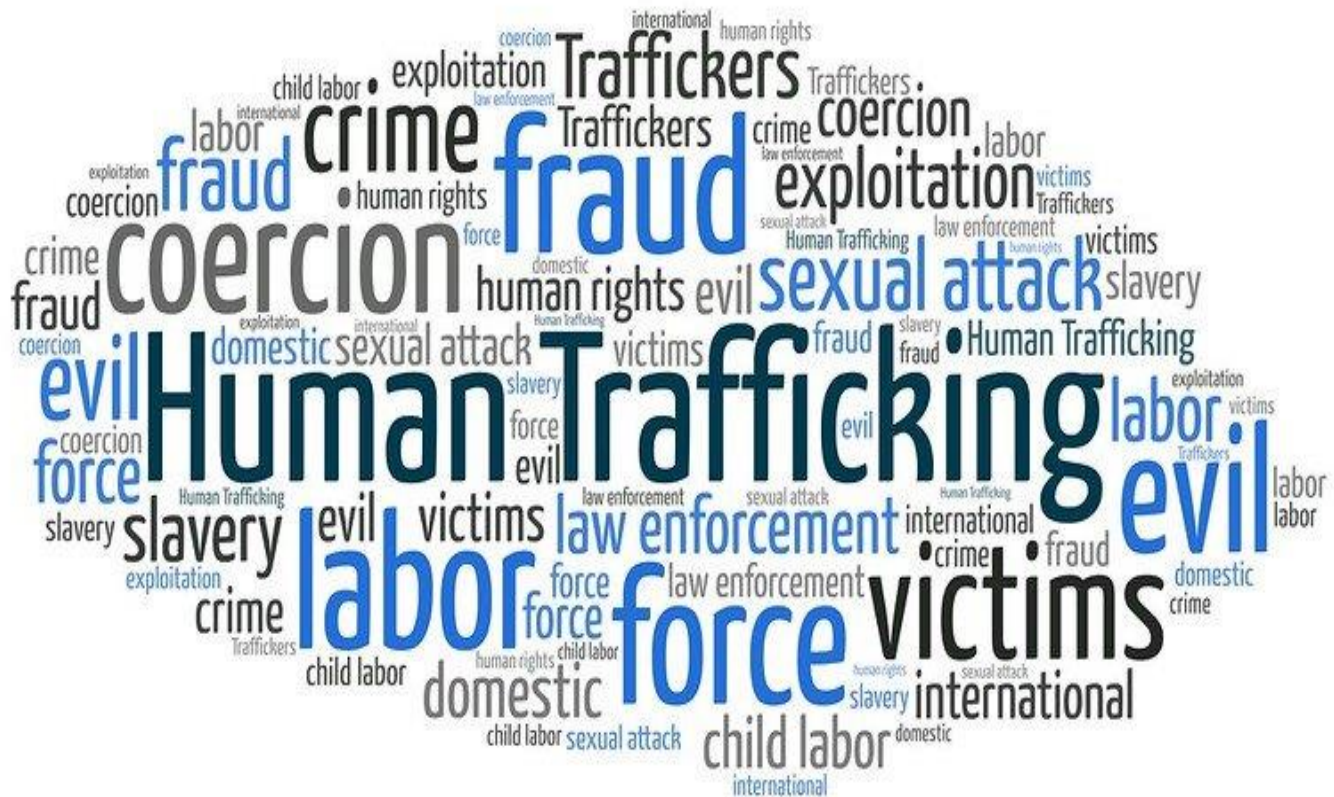
Report to the Legislative Research Commission

Department for Community Based Services
Cabinet for Health and Family Services

November 1, 2021

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Introduction

In accordance with Kentucky Revised Statute (KRS) 620.029(2)(b), the Cabinet for Health and Family Services (cabinet/CHFS) submits the annual report outlining the cabinet's response for child victims of human trafficking following the enactment of the Human Trafficking Victims' Rights Act (Act) during the 2013 Regular Session. This report details the cabinet's efforts to implement requirements of the Act to ensure the safety of child victims, collaborate among multiple agencies during investigations and response, and continue efforts to increase staff skill level to better serve victims. The report provides available statistics and data regarding the number of reports received involving an alleged child victim of human trafficking, investigative determinations, and services provided.

Section I: DCBS Human Trafficking Program Overview

The cabinet's Department for Community Based Services (DCBS) works closely with numerous community partners including law enforcement, victim service providers, and other professionals to build a stronger community-based response to human trafficking cases. DCBS staff regularly attend numerous Human Trafficking Task Force and Coalition meetings across the state, including the Kentucky Statewide Human Trafficking Task Force, Louisville Human Trafficking Task Force, and the Lexington Human Trafficking Coalition meetings. DCBS staff also participate in subcommittees related to victim services. The cabinet investigates all allegations of human trafficking regarding children under the age of 18, regardless if the perpetrator is a caretaker or non-caretaker, per KRS 620.030(3).

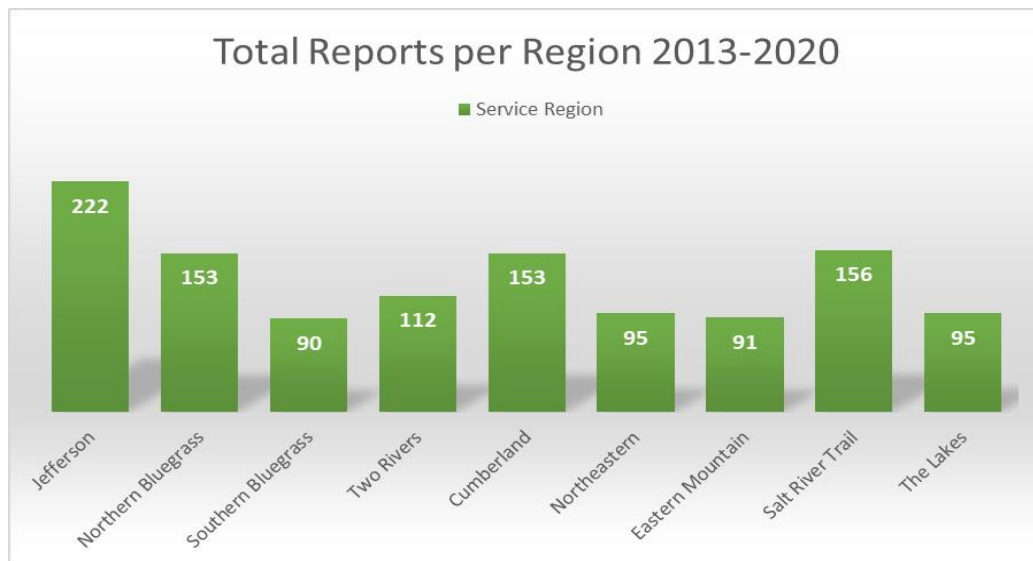
During this reporting year, the cabinet was awarded the Office for Victims of Crimes (OVC) Improving Outcomes for Child and Youth Victims of Human Trafficking Grant by the Office of Justice Programs, OVC. This is a three-year grant to assist in identifying victims of human trafficking and enhancing service provision to those victims, as well as those who are at risk of being trafficked. Through this grant, the cabinet is collaborating with numerous community partners including Catholic Charities Bakhita Empowerment Initiative, Center for Human Entrepreneurial Solutions (CHES), Threshold Services, and Dr. Jordan Greenbaum, Medical Director of the International Centre for Missing and Exploited Children and Medical Director for the Institute of Healthcare and Human Trafficking at the Stephanie V. Blank Center for Safe and Health Children, Children's Healthcare of Atlanta, as well as many other agencies in the state.

Section II: Kentucky Human Trafficking Child Victim Investigations

Historical Data:

Between 2013 and 2020, there have been 1,167 reports of alleged human trafficking involving 1,408 alleged child victims. Approximately 1,133 of reported incidents involved sex trafficking, 29 labor trafficking, and five contained elements of both labor and sex trafficking. Of the 1,167 reports, 126 of these reports resulted in criminal charges being filed, 906 reports resulted in no criminal charges being filed, and, at the time of completing this report, 135 reports had this information as pending/unknown.

The graph below compares the number of reports received per region from 2013-2020. Historically, the cabinet has received more reports out of the Jefferson Service Region. Reporting year 2020 was the first reporting year where another region had more reports of human trafficking than Jefferson, and this was the Northern Bluegrass Service Region.



Current Reporting Year:

During the 2021 reporting year, the cabinet received 312 reports of alleged human trafficking involving 379 alleged child victims. This is a 50% increase in reports from the 2020 to 2021 reporting year, and almost 61% increase in number of victims. The below chart shows the total number of reports per year, as well as the trending increase of reports.

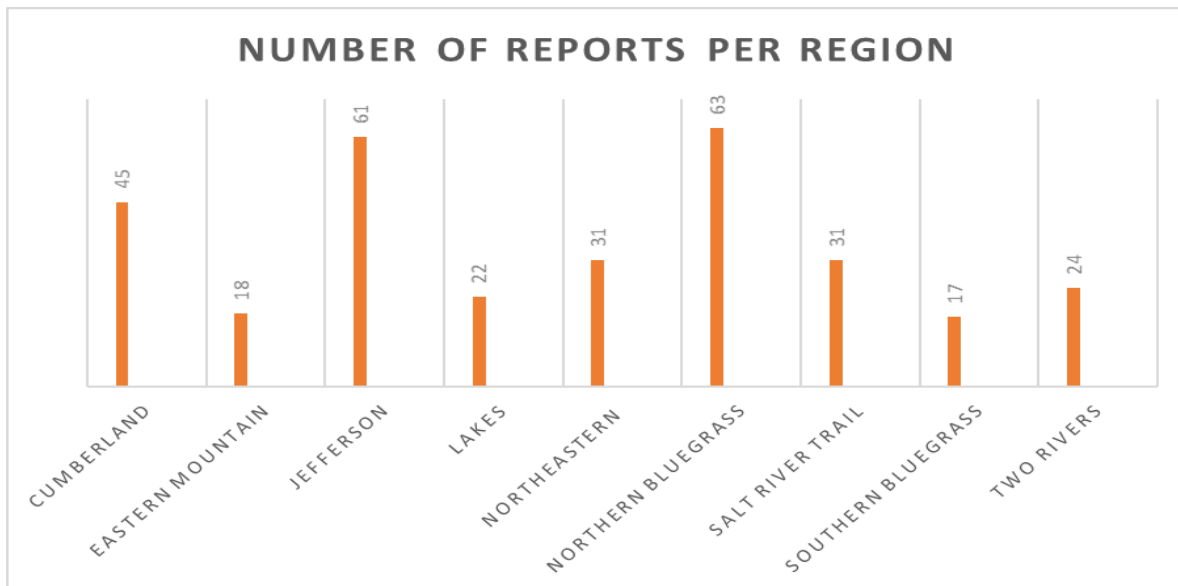
DCBS has received allegations involving both sex and labor trafficking of children during the current reporting year. Some of these allegations include:

- Familial sex trafficking involving drugs, money, or something else of value;
- Children forced to participate in “survival sex” activities;
- Children being solicited for child sexual abuse material (CSAM) through online platforms and social media;
- Children being forced to work, while their pay is withheld; and
- Children being defrauded in regards to work and other activities.



Geographic Area:

Reporting year 2021 is the second consecutive year that the Northern Bluegrass Service Region has received more reports than the Jefferson Service Region. The third most reports received is from the Cumberland Service Region. The data from 2021, demonstrated below for each region, shows the prevalence of trafficking in Kentucky affects not only the urban areas (Jefferson, Northern Bluegrass), but the rural areas of Kentucky (Cumberland) at a high rate as well.

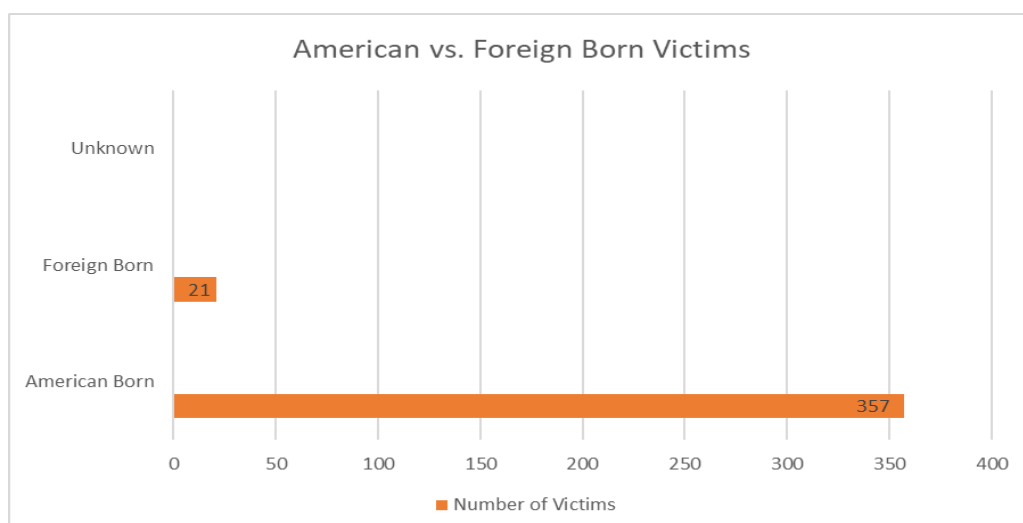
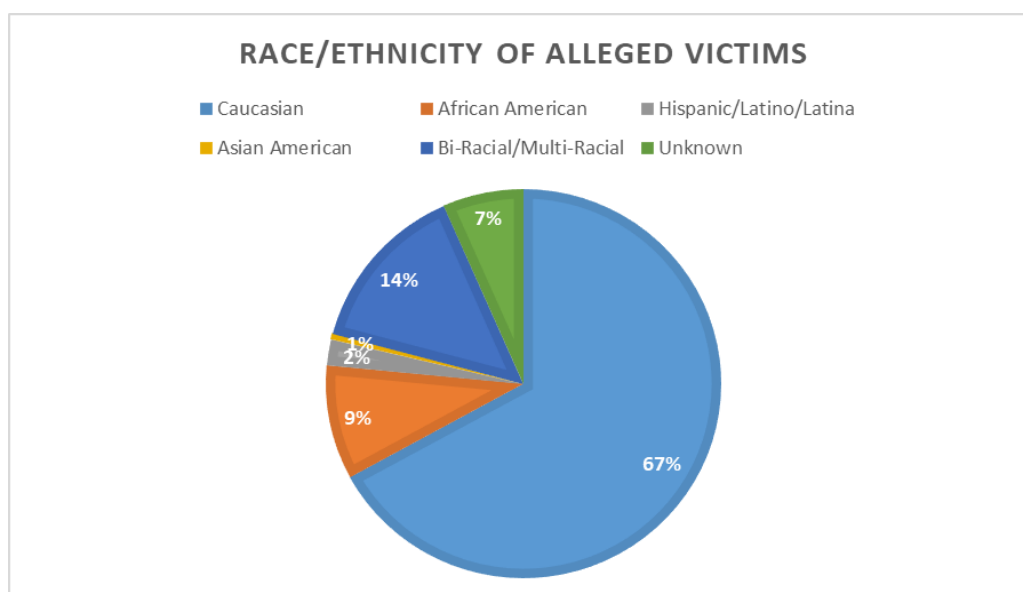
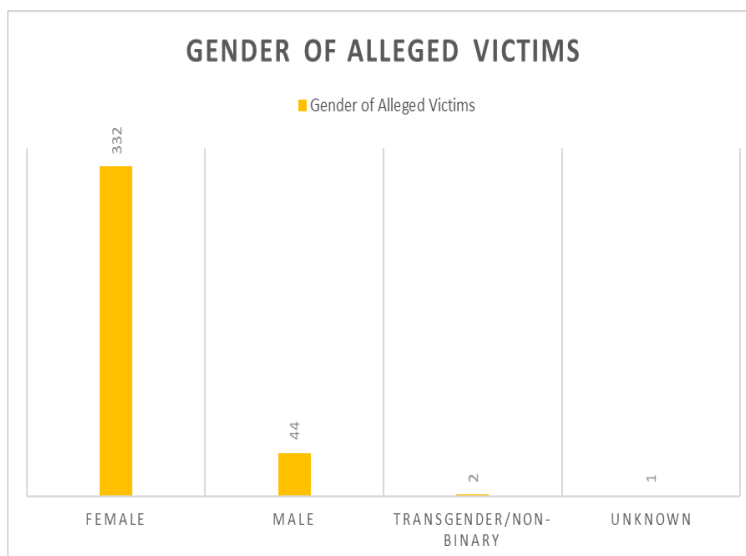


Victim Demographics:

The following graphs break down the data from this reporting year by the victims' gender, race/ethnicity, and country of origin. For this reporting year, there were approximately 332 female victims, 44 male victims, two transgender victims, and one victim where this information is still pending. Most of the reports concerned American born victims; however, the cabinet also received several reports regarding children who were foreign born.

During this reporting year, the victims' ages ranged from under one year to 17. There were two reports concerning two children, who upon initiation of the investigation, the cabinet learned the alleged victims were adults. There are five cases where the age of the victim is still unknown, indicating the allegations contained unknown children with unknown ages. The chart below illustrates gender distribution.

The graphs also break down American and foreign born victims, with the cabinet receiving reports on approximately 357 American born victims, 21 foreign born victims, and one victim where this information was unknown at the time of this report.



Victim Placement:

Approximately 237 victims were in their home of origin when the allegations of trafficking were received, two were in DCBS foster care, 27 were in private child-placing foster care, 49 were with a relative or fictive kin caregiver, 12 were in detention, 18 were in a private child-caring placement, 21 were in a hospital, and 13 were listed as runaway/missing from their placement at the time the allegations were received.

Throughout the reporting year, 11 alleged victims were removed from the home due to human trafficking allegations. There were 301 children who were not removed; however, some of those alleged victims were already in alternative placements when the information was disclosed. Placement information is still pending for 67 victims. Placement settings for the children who were removed consist of relative or fictive kin caregivers, DCBS foster care, private child-placing foster care, and private child-caring facilities.

Assessment Findings:

The commercial exchange of illegal substances was identified in the trafficking of 123 children. The substances included in the exchange ranged from alcohol, marijuana and marijuana/THC related products, nicotine products, as well as illegal substances such as methamphetamine, etc.

As of the date of this report, criminal charges have been filed against perpetrators in 29 cases of reported human trafficking, 154 cases did not have criminal charges filed, and 129 cases are still pending this information due to the nature of these investigations. Some of the criminal charges in these cases include promoting human trafficking, rape, sexual abuse, possessing/viewing matter portraying sexual performance by a minor, unlawful transaction, attempting to promote sexual performance by a minor, and more.

The cabinet has worked jointly with numerous law enforcement agencies, including local police departments, state police, and the Federal Bureau of Investigations utilizing a multidisciplinary approach to ensure the safety of the victims, integrity of the joint investigations, and ensure the most appropriate services are offered to the victims and families.

A caretaker was alleged to be the perpetrator of human trafficking in 168 cases. Examples of caretakers include parents, relatives, a non-relative caretaker, older siblings, babysitters/care providers, parent paramours, etc. A non-caretaker was alleged to be the perpetrator of human trafficking in 224 cases. Examples of non-caretaker perpetrators include parent paramours, other children/peers, non-relatives, child's significant other, siblings, family member's substance dealer, family friends, traffickers, buyers, etc. It should be noted this is not an exhaustive list of the perpetrators and their relationships with the child and/or family seen this reporting year. The cabinet assesses the relationship of the trafficker to the child and family to ensure the most appropriate determination is made in regards to caretaker vs. non-caretaker status. In some cases, there are multiple perpetrators identified, as well as some cases where both caretaker and non-caretakers are the alleged perpetrators. The below graph shows the findings as of this report date.

Human Trafficking Investigative Findings:

Caretaker		Non-Caretaker	
Substantiated	35	Human Trafficking Confirmed	43
Unsubstantiated	70	Human Trafficking Not Confirmed	103
Pending	61	Pending	75
Unable to Locate	2	Unable to Locate	2
No Findings	0	No Findings	1
Total	168	Total	224

It should be noted that there is one case with a finding of No Findings, as after receiving the report, the cabinet learned the child was not located in Kentucky and had never visited Kentucky.

The cabinet attributes the increase in the number of reports during this reporting year as compared to previous reporting years to various circumstances. The cabinet and other community partners have provided several trainings regarding identifying and reporting suspected human trafficking. In turn, these trainings have brought awareness to communities across the state and more citizens are more confident in their abilities to identify possible trafficking situations, victim behaviors, and other red flags to make a report to law enforcement and to the cabinet.

As a result of the cabinet's investigations, numerous services have been provided to families and children. Some of these services include residential placement, placement with alternative caretakers, forensic interviews and medical exams through the Child Advocacy Centers, referrals for additional evaluation and/or counseling services, and domestic violence services for the caretaker and family. Law enforcement agencies have also collaborated with other community partners to provide education regarding online safety.

Section III: Conclusions and Program Enhancement

The cabinet continues to collaborate in a multidisciplinary approach regarding allegations of human trafficking with numerous community partners ranging from law enforcement, mental health professionals, treatment providers, etc. to ensure that victims receive the most appropriate services. Specialists with the Child Protection Branch consult with field personnel, as needed, to provide guidance and technical assistance during the assessment process. Forensic interviews at Child Advocacy Centers are completed, as necessary, for trafficking cases per KRS. Law enforcement is notified of every human trafficking investigation the cabinet receives. Law enforcement was involved in 220 cases during the current reporting year.

The Child Protection Branch offers a specialized investigations training to field personnel who complete human trafficking and other high-risk assessments and investigations. This training includes an overview of the human trafficking program, as well as reviewing the assessment/investigative process as it pertains to human trafficking cases. The Child Protection Branch also offers refresher trainings to central intake staff as requested, to review the process of screening potential human trafficking

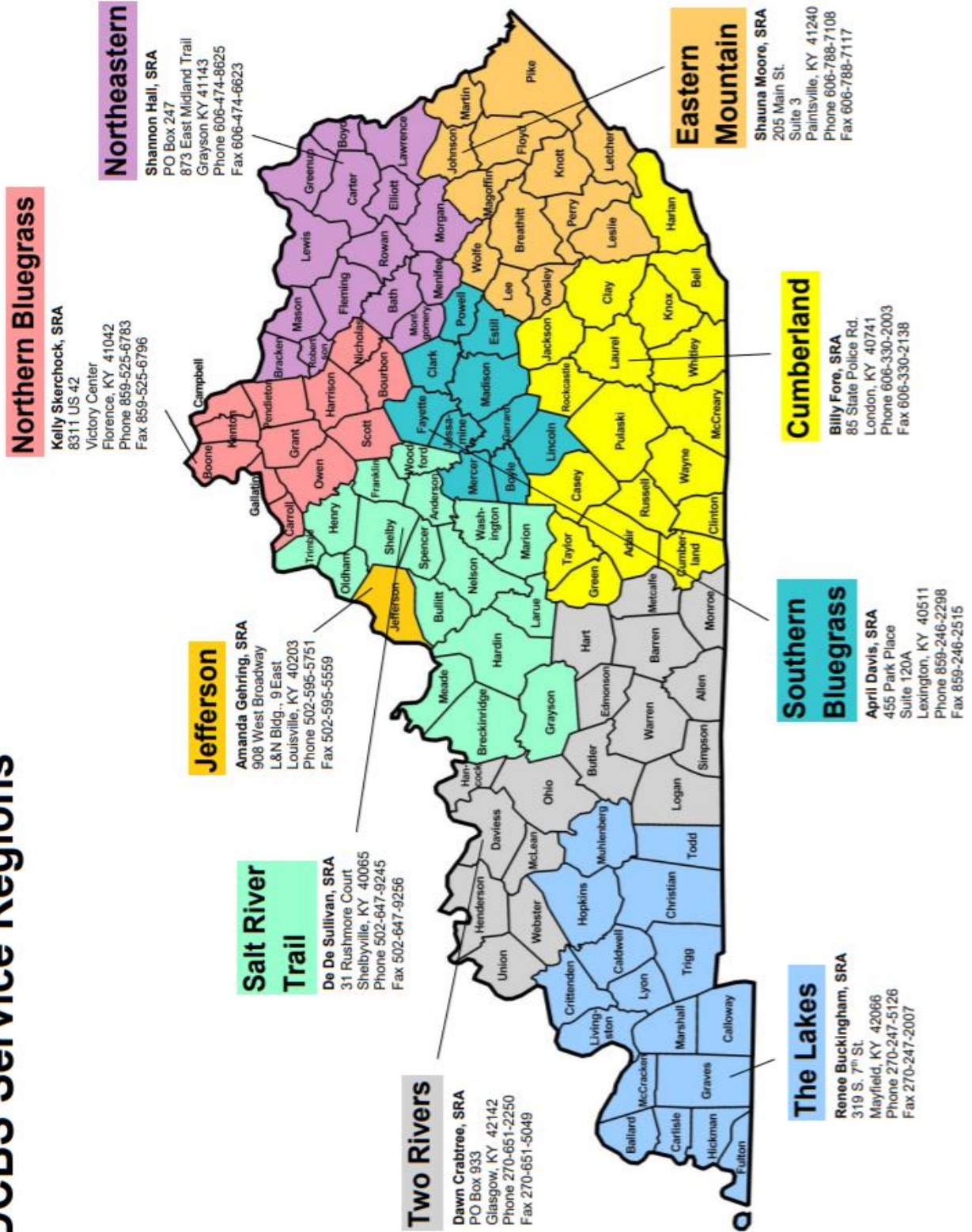
cases. This refresher training has been provided to specialized investigations teams and has been offered to other teams who expressed interest.

The cabinet was awarded a \$1,000,000 Improving Outcomes for Child and Youth Victims of Human Trafficking grant through the Office of Victims of Crime (OVC) in September 2020. During this past reporting year, numerous trainings and tip sheets were developed to assist staff regarding human trafficking assessments and investigations, screening, and service provision for children. A specialized training for numerous community partners that work with this population was included in these efforts. Currently, the cabinet, community partners, and OVC are finalizing the trainings.

The cabinet believes there will continue to be an increase in the amount of human trafficking reports made to central intake as more children are screened based on the work produced through the OVC grant and other awareness efforts statewide.

Attachment A: DCBS Service Regions Map

DCBS Service Regions



January, 2021



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Department for Community Based Services
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October 29, 2021

Jay Hartz, Director
Legislative Research Commission
700 Capitol Avenue
Annex Room 300
Frankfort, Kentucky 40601

Dear Mr. Hartz,

Pursuant to KRS 620.032, the Cabinet for Health and Family Services, Department for Community Based Services, has compiled its first report on child victims of female genital mutilation. This report is enclosed for your review.

If you have any questions, or if further clarification is needed, please contact Laura Begin in the DCBS Commissioner's Office at Laura.Begin@ky.gov or Melanie Taylor, Assistant Director of the Division of Protection and Permanency, at Melanie.Taylor@ky.gov.

Sincerely,

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CABINET FOR HEALTH
AND FAMILY SERVICES
— Department for —
Community Based Services

FEMALE GENITAL MUTILATION

REPORT TO THE LEGISLATIVE RESEARCH COMMISSION

Department for Community Based Services
Cabinet for Health and Family Services
November 1, 2021

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Introduction

In accordance with Kentucky Revised Statute (KRS) 620.032, the Cabinet for Health and Family Services (cabinet/CHFS) submits an annual report to the Legislative Research Commission (LRC) outlining the cabinet's response to reports of female genital mutilation (FGM) following the enactment of legislation during the 2020 Regular Session.

This report details the cabinet's efforts to implement requirements of the Act to ensure the safety of child victims of FGM, collaborate among multiple agencies during investigations and response, and continue efforts to increase staff skill level to better serve victims. The report provides available statistics and data regarding the number of reports received involving an alleged child victim of FGM, investigative determinations, and services provided.

Section I: DCBS Female Genital Mutilation Program Overview & Implementation

During the 2020 legislative session, amendments were made in the KRS to include FGM in the definition of an abused or neglected child and require that if a person knows or has reasonable cause to believe that a child is a victim of FGM, then that person shall immediately make a report to the appropriate authorities. As a result, the Department for Community Based Services (department/DCBS) amended Kentucky Administrative Regulations (KAR), and developed and implemented new policy and procedures concerning reports of FGM. Additionally, any investigation of FGM is to be conducted with the assistance of law enforcement. The cabinet's child welfare database, The Worker's Information SysTem (TWIST), was updated to capture an individual's status as a victim of FGM and physical abuse, and changes were made to the investigative and assessment tools to include FGM.

SECTION II: Female Genital Mutilation Investigations in Kentucky

Since October 2020, there have been two reported incidents that met criteria for investigation. Both reports involved the same alleged victim.

Geographic Area

The two reported incidents alleging FGM were from the Cumberland Service Region. The Cumberland Service region includes Adair, Bell, Casey, Clay, Clinton, Cumberland, Green, Harlan, Jackson, Knox, Laurel, McCreary, Pulaski, Rockcastle, Russell, Taylor, Wayne, and Whitley counties.

Victim Demographics

Both reports received involved the same alleged victim. The alleged victim is an eight year old female, American born, who is English speaking, and has no known association with any immigrant or refugee communities.

Reporting Sources

DCBS receives reports from various sources, including law enforcement, schools, friends, neighbors, relatives, community partners, and medical and mental health professionals, as well as anonymous reports. Current data indicates the only reporting source was from a mental health professional.

Assessment Findings

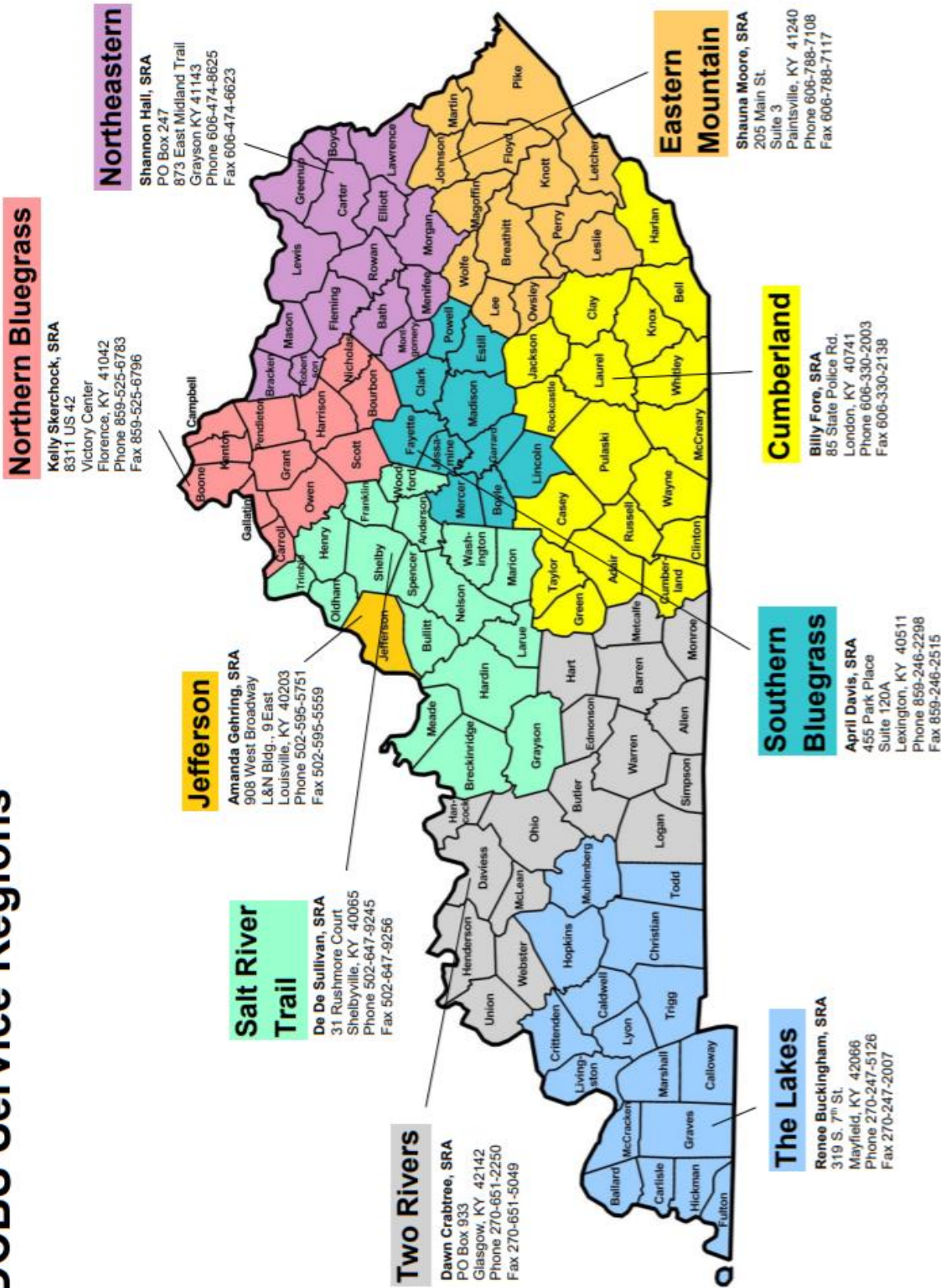
Assessment findings indicate that the two reports containing allegations of FGM by a perpetrator who was in a caretaking role were both unsubstantiated. As a result of the investigation, services were provided to the alleged victim, including a referral for therapeutic services provided by a community mental health agency and recommendations for ongoing counseling for the alleged victim based on other needs identified through the assessment.

SECTION III: Conclusion

DCBS representatives continue to collaborate with community providers to ensure that FGM victims receive trauma-informed care and other supportive services to address the multiple needs of victims. In addition, staff from the DCBS Child Protection Branch consult with field personnel, as needed, to provide guidance and technical assistance during the assessment or investigative process. The Eastern Kentucky University (EKU) Training Resource Center has also implemented a new training regarding FGM into the new DCBS employee training academy. Children's Advocacy Center services will be obtained, as necessary, for FGM cases. Law enforcement is notified of every investigation regarding FGM.

Attachment A: DCBS Service Regions Map

DCBS Service Regions



January, 2021