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Identifying and Addressing Human Trafficking in Child Welfare Agencies

Compilation of Screening Tools

Domestic Human Trafficking and Child Welfare

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DISCLAIMERS

This compilation of resources is not meant to be a comprehensive source of all relevant information or tools related to identification and screening of children and youth who may have experienced human trafficking. We included screening tools that were provided to us by participants in the Identifying and Addressing Human Trafficking in Child Welfare study for inclusion in this compilation. Some of the screening tools included here while other provide the link to where they are available publicly online. Because there were many contributing partners, we cannot guarantee that the information is completely accurate, error free, or based on the most up-to-date knowledge of best practices. These tools were in use as of the time of study participation between March 2021 and February 2022. RTI is not updating these tools.

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California

West Coast Children's Clinic Commercial Sexual Exploitation – Identification Tool (CSE-IT)

Available at <https://www.westcoastcc.org/cse-it/>.

Colorado

Colorado High-Risk Victim Identification Tool

Youth Name:	DOB:
Screening Date:	Completed by:
Agency:	Case #:

Identifiers:	Source: (Indicate self-report or documentation)
<input type="checkbox"/> Three or more runs in 12 months	
<input type="checkbox"/> First run at the age of 12 or younger	
<input type="checkbox"/> Longest run more than 20 days	
<input type="checkbox"/> Credible report of commercial sexual exploitation	
<input type="checkbox"/> Found in a motel/hotel or area known for commercial sex. (See local guide for details)	

Enhancers:	Source: (Indicate self-report or documentation)
<input type="checkbox"/> Drug charges/substance abuse	
<input type="checkbox"/> Tattoos/Brands-unexplained, reluctance to explain	
<input type="checkbox"/> Truancy and/or not enrolled in school	
<input type="checkbox"/> In relationship/expressed interest in older men/women who may be intimate partner, friend or relative	
<input type="checkbox"/> Possession of expensive items, large amounts of cash, unexpected travel	
<input type="checkbox"/> Giving false info/no ID/lying about age/NOT in control of ID	
<input type="checkbox"/> Homeless, not living with adults, couch surfing, etc.	
<input type="checkbox"/> History of, or current concern about Sexual Abuse, Physical Abuse or Neglect	
<input type="checkbox"/> History of law enforcement contact related to prostitution or other charges that may occur while being trafficked (theft, drugs, assault). May have multiple curfew violations.	
<input type="checkbox"/> Stays with the individual(s) who require payment for housing. Payment could be sexual favors, drugs or money.	
<input type="checkbox"/> Family, friends, peers are known to be involved in illegal commercial sex and/or criminal activities	

Additional Red Flags:**Source: (Indicate self-report or documentation)**

<input type="checkbox"/> Sexually explicit social networking profiles/chat room engagement	
<input type="checkbox"/> Demeanor: unable to make eye contact, afraid to speak	
<input type="checkbox"/> Not in control of money earned owes a debt or has an intense sense of financial responsibility toward family or intimate partner.	
<input type="checkbox"/> Using the language of the commercial sex industry (“the life”). Ask local experts for examples	
<input type="checkbox"/> Relationships/found in the presence of older, non-related adults	
<input type="checkbox"/> STIs, pregnancy, abortions	
<input type="checkbox"/> Lack of support system or supportive relationships	
<input type="checkbox"/> Cannot identify address or residence	
<input type="checkbox"/> Gang Involvement	
<input type="checkbox"/> Family dysfunction	
<input type="checkbox"/> Bruises/unexplained marks	
<input type="checkbox"/> Mental health: Fear, anxiety, depression, paranoia, PTSD, suicidal, etc.	
<input type="checkbox"/> Physical: malnourished, poor hygiene, skin rash, exhaustion, etc.	
<input type="checkbox"/> Not in control of eating and/or sleeping	
<input type="checkbox"/> Inconsistent stories-different accounts of relationships, events, etc. to different people or at different times.	
<input type="checkbox"/> Has received threats to self, family or friends if they do not work or participate in criminal activity.	
<input type="checkbox"/> Appears to be monitored-unable to have private meetings, phone conversations, whereabouts are being monitored, fear of not sharing location/who they are with	

Labor Trafficking Indicators**Source: (Indicate self-report or documentation)**

If your MDT does not have this expertise, please call the CONEHT Hotline (866-455-5075) for assistance and resources.

<input type="checkbox"/> Recruited with false promises of work conditions or pay	
<input type="checkbox"/> Works long hours with few or no breaks	
<input type="checkbox"/> Pay is inconsistent	
<input type="checkbox"/> Some or all pay goes towards debt, housing, food, etc.	

<input type="checkbox"/> Some or all pay is given to someone else	
<input type="checkbox"/> Unexplained signs of injury or illness, possibly untreated	
<input type="checkbox"/> Shows anxiety in maintain job for duty to family, intimate partner or to pay a debt to employer	
<input type="checkbox"/> Desperation to make a sale (magazines, beauty products, etc) or for money while begging	
<input type="checkbox"/> Resides with a number of unrelated co-workers and others	
<input type="checkbox"/> Forced threatened or coerced to participate in illegal activities including drug sales	

Disclaimer: While this checklist can be a useful tool to improve identification of potential victims of exploitation, it is not a validated diagnostic tool. The checklist is intended to be used to supplement comprehensive screening, assessment and/or intake processes that explore a multitude of domains such as family, peers, school, employment, substance abuse, protective factors, etc. Even if a youth's profile suggests a presence of multiple indicators on the checklist, it does not confirm trafficking/victimization but highlights a need for further assessment. Information noted on this checklist will be part of a confidential database and only shared by professionals involved in the youth's care.

Connecticut

Child Trafficking Decision Map

Purpose: To determine risk level for child trafficking.

Directions: Please go through **all** of the below questions to determine risk level. The red flags are scaled with the first sections containing lower risk indicators and subsequent sections containing increasingly higher risk indicators. Children should be identified at the highest risk level category they fall into.

Risk levels include:

- At-Risk
 - Youth should be identified as "at-risk" if yes is indicated on any 1-6 red flags in Section A.
- High-Risk
 - Youth should be identified as "high-risk" if yes is indicated on any 7-14 red flags in Section A;
OR
 - Youth should be identified as "high-risk" if yes is indicated on any 1-3 red flags in Section B.
- Suspected
 - Youth should be identified as "suspected" if yes is indicated on any 4-11 red flags in Section B;
OR
 - Youth should be identified as "suspected" if yes is indicated on 1 or more red flags in Section C.
- Confirmed.
 - Youth should be identified as "confirmed" if yes is indicated on 1 or more red flags in Section D.

Section A: Red Flag Indicators to Determine Risk Level for Child Trafficking

Red Flags	Yes	No	Unknown
Is there any sexually explicit material of the child being used to manipulate them?			
Has the child posted or sent sexually explicit material of themselves to others?			
Has the child self-disclosed or reported history of multiple and/or anonymous sex partners?			
Has the child been exposed to pornographic material?			
Does the child have a history of multiple/chronic sexually transmitted disease or pregnancies or vaginal and rectal injury?			
Is the child afraid of their employer/supervisor?			
Are there noticeable change in appearance (e.g., provocative clothing, wearing of out of season clothing, tight fitting clothing, unkept appearance) or behavior/attitude (e.g., increase in anxiety/depression, change in demeanor)?			
Has the child been found with knives or some form of weapon in their possession?			
In the last year has there been new or an increased substance or poly-substance use?			
Has the child reported numerous inconsistencies with his/her story?			
Has anyone threatened to cause harm to them or to their family?			
Has gang affiliation been disclosed, reported or suspected?			
Is the child reluctant to speak about injuries, bruises or tattoos?			
Does the child have multiple and or untreated dental or medical issues?			

Section B: Red Flag Indicators to Determine Risk Level for Child Trafficking

Red Flags	Yes	No	Unknown
Does the child have a history of multiple runaways?			
Has the child been in possession of money, cell phone or other items that cannot be explained or accounted for?			
Is the child known to associate with one or more confirmed or suspected trafficked youth?			
Is the child in a sexual relationship with a partner 3 or more years older than him/her?			
Does the child have a history of sexual abuse?			
Does a family member have a history of prostitution or human trafficking victimization?			
Has the child ever had to lie about their job duties?			
Is the child not being paid for hours worked (Labor)			
Has the child experienced working abnormal work hours, no breaks, vacations or is missing school as a result of work?			
Is someone else in control of the child's ID?			
Is there an older companion who answers for the youth who is not their legal guardian?			

Section C: Red Flag Indicators to Determine Risk Level for Child Trafficking

Red Flags	Yes	No	Unknown
Has the child utilized social media, apps, gaming systems or dating sites to engage in behaviors associated with human trafficking?			
Is the child utilizing "Language of the Life"?			
Has it been reported that the child is spending time in or has been recovered from a hotel known for prostitution, a trap house, or another known area for prostitution?			
Is the child known to associate with one or more confirmed or suspected traffickers?			
Has there been unauthorized travel across county or state lines?			
Was the child recruited through false promises concerning the nature and conditions of his/her work?			
Have there been reports of human trafficking by a mandated reporter or caretaker?			

Section D: Red Flag Indicators to Determine Risk Level for Child Trafficking

Red Flags	Yes	No	Unknown
Has law enforcement confirmed through an investigation that the child has been trafficked or engaged in any commercial, sexually exploitive activity?			
Has the child self-reported an exchange of a sex act for shelter, transportation, drugs, alcohol, money or other item(s) of value?			
Has child reported any exchange of labor through force, fraud, or coercion for something of value?			
Has there been an agreement made via electronic communication offering to exchange sex for something of value?			

Florida

[PDF begins on next page]



Human Trafficking Screening Tool – Administration Guide

Human Trafficking Screening Tool (HTST) Instructions

This guide¹ is designed to help child welfare and delinquency professionals screen for possible youth victims of human trafficking. The tool, in its entirety, should be used by the Department of Children and Families' Child Protective Investigators, the Sheriff's Offices Child Protective Investigators and Community-Based Care Lead Agency staff or their contracted providers as outlined below. Human trafficking may be suspected for a number of reasons.

Department of Children and Families

The following indicators will trigger Child Protective Investigators (CPI) to conduct the HTST with a child or victim listed in their report. Only staff who have completed the Specialized Human Trafficking training may complete the tool. A non-specialized CPI who recognizes any of the below indicators on a child or victim in an investigation is to request a specialized CPI to administer the screening tool. If the child is a current confirmed victim of human trafficking (within 6 months) and a new intake is received, the HTST does not need to be administered on that child unless needed to enhance the investigation.

Community-Based Care Lead Agencies

When a child on a Family Case Manager's (FCM) caseload has any of the following indicators, the FCM will refer the child to the Community-Based Care Lead Agency's designated specialized screener to conduct the HTST. If a dependent child already has a current designation in FSFN as confirmed commercially sexually exploited child (CSEC) involved on the person management page, the HTST does not need to be utilized on that child.

Indicators:

- Youth's acknowledgement of being trafficked.
- Report of human trafficking by parent/guardian, law enforcement, medical or service provider, teacher, child protective services, and/or juvenile probation officer.
- History of running away or getting kicked out 4+ times.
(Definition of running away or getting kicked out of home: Include times the youth did not voluntarily return within 24 hours, and include incidents not reported by or to law enforcement.)
- Child is 12 or older and has a history of allegations of sexual abuse (with or without findings) or a disclosure of sexual abuse by the child.
- Current incident or history of inappropriate sexual behaviors (not limited to prostitution).
- Child known to associate with confirmed or suspected CSEC youth.
- Child is recovered from runaway episode in a hotel or known area of prostitution.
- Child has no knowledge about the community he/she is located in.
- Child is not allowed or unable to speak for him/herself and may be extremely fearful.
- Child has no personal items or possessions (including identity documents if foreign born – labor trafficking).
- Child appears to have material items that he or she cannot afford (e.g., cell phones, expensive clothing, tablets, etc.).
- Child shows signs of being groomed (i.e., hair done, nails done, new clothing, etc.) that child cannot afford or justify how paid for.
- Suspicious tattoos or other signs of branding (e.g., tattoos of the trafficker's names, dollar signs, diamonds, stars, etc.). May also have certain designs/logos on nails, jewelry, etc.
- Child associates and/or has relationships with age-inappropriate friends, boyfriends, and/or girlfriends.
- Child has inappropriate, sexually suggestive activity on social media websites and/or chat apps.

¹ The contents of this guide and the screening tool were informed by the research and reporting of the Vera Institute (2014) *Screening for Human Trafficking: Guidelines for Administering the Trafficking Victim Identification Tool (TVIT)*, the Polaris Project (see www.PolarisProject.org), and the Covenant House (2013) *Human Trafficking Interview and Assessment Measure*.

To ensure that the tool is administered effectively, all screeners should follow the screening protocol set forth in this guide. It is important for screeners to understand that questions designed to screen for human trafficking are invasive by nature and may reveal that a youth is suffering from the effects of exposure to trauma. As such, screeners must take care to create a safe environment in which they establish rapport and trust with the youth. Additionally, screeners should be prepared to call upon therapeutic and legal staff in responding to the needs of trafficking victims.

Youth may be reluctant to respond due to a lack of trust, fear of consequences related to disclosure, and/or not viewing themselves as a victim. Strengths-based, non-judgmental, and trauma-informed approaches should be used to engage youth in a conversation to secure answers to the questions within the tool, rather than reading items verbatim. Motivational interviewing techniques may also be used to gently question inconsistencies and encourage disclosure. The guidelines that follow provide instruction for following the screening protocol for administering the HTST and should be adhered to each time a screening is conducted.

HTST Screening Protocol

Screening Preparation

The screening should be conducted in a safe and non-threatening environment. Screeners should be well-prepared, should be comfortable working with victims of trauma, and should recognize the need to ask questions in an appropriate manner that is sensitive to the needs of youth. The following guidelines should be followed when preparing to conduct a HTST screening:

- ➔ Read through the entire screening tool and this Administration Guide, so that you are familiar with the tool and able to conduct the screening in a conversational style, allowing the youth to direct the flow of discussion.
- ➔ Conduct the screening in a private, quiet environment designed to make the youth feel physically comfortable and safe.
- ➔ Be prepared to provide the youth with basic needs, such as an interpreter, tissues, drink, food, clothing, medical or therapeutic care, and/or access to services, as appropriate.
- ➔ If an interpreter is necessary, he/she should be trustworthy (unknown to the youth being interviewed) and able to use the same wording as the screener when asking questions and the same wording as the youth when answering questions. Use of an agency or certified interpreter is required (per DCF Operating Procedure 60-10, Chapter 3, in compliance with the laws governing ADA and Section 504 of the Rehabilitation Act).
- ➔ Do not interview a youth in front of a suspected trafficker or individual who is exhibiting controlling behavior over the youth. Do not allow this person to interpret for the youth if he/she does not speak fluent English.
- ➔ Recognize that dressing in uniforms, suits, or other formal attire may cause youth to fear that you are with immigration services or other enforcement agencies.
- ➔ Use strengths-based and trauma-informed care approaches during the screening, allowing youth to lead the direction of the conversation.
- ➔ The screening process may need to take place over multiple contact points if the screener judges that the youth needs more time. The screener may postpone the discussion to a later time when the youth is ready to discuss his/her experiences. When a youth displays acute signs of anxiety, the screener should consider contacting a trained mental health professional to complete a session with the youth.

The screening tool contains a number of techniques used to help screeners administer the tool properly. Screeners should be familiar with these techniques which include the following:

- ➔ Instructions to screeners are provided in the HTST in *italics* throughout the tool. These instructions guide screeners to sub-questions that may need to be asked, sections that require information to be filled in, and questions that include prompts for further explanation.
- ➔ Introductory comments and questions to youth are in **bold typeface**. Introductory comments should be read to the youth. Screeners should use a conversational approach to secure answers to the HTST questions, being sensitive to the needs of youth who may be suffering from the effects of exposure to trauma.
- ➔ Sections A, B, H, and I are preceded with the instruction – *(DO NOT READ TO YOUTH)* – these sections are intended to be completed by the screener and not asked of the youth.
- ➔ Please use the lines provided within the tool to record youth’s responses to open-ended questions or any additional information that has been disclosed to you that is specific to your determination of the child’s involvement.
- ➔ At the end of selected questions, you will see this symbol ➔ which asks that screeners code for the likelihood that the youth’s responses suggest any evidence of the problem targeted by the preceding item(s). An example is provided below:
 - ➔ Evidence of Unsafe Living Environment: *(Check one)* Yes No

Item-by-Item Guide for Administering the Tool

Section A is to be completed by the screener and not asked of the youth.

Section A – Background Information

(DO NOT READ TO YOUTH)

1. Date of Screening: ___ / ___ / _____ (MM/DD/YYYY)
2. Location of Screening: _____
3. Screener Name: _____
4. Reason for Screening (*check all that apply*):
 - Youth's acknowledgement of being trafficked.
 - Report of human trafficking by parent/guardian, law enforcement, medical or service provider, teacher, child protective services, and/or juvenile probation officer.
 - History of running away four or more times, or getting kicked out. (*Definition of running away or getting kicked out of home: Include times the youth did not voluntarily return within 24 hours, and include incidents not reported by or to law enforcement.*)
 - Child is 12 or older and has a history of allegations of sexual abuse (with or without findings) or a disclosure of sexual abuse by the child.
 - Current incident or history of inappropriate sexual behaviors (not limited to prostitution).
 - Child known to associate with confirmed or suspected CSEC youth.
 - Child is recovered from runaway episode in a hotel or known area of prostitution.
 - Child has no knowledge about the community he/she is located in.
 - Child is not allowed or unable to speak for him/herself and may be extremely fearful.
 - Child has no personal items or possessions (including identity documents if foreign born – labor trafficking).
 - Child appears to have material items that he or she cannot afford (e.g., cell phones, expensive clothing, tablets, etc.).
 - Child shows signs of being groomed (i.e., hair done, nails done, new clothing, etc.) that child cannot afford or justify how paid for.
 - Suspicious tattoos or other signs of branding (e.g., tattoos of the trafficker's names, dollar signs, diamonds, stars, etc.). May also have certain designs/logos on nails, jewelry, etc.
 - Child associates and/or has relationships with age-inappropriate friends, boyfriends, and/or girlfriends.
 - Child has inappropriate, sexually suggestive activity on social media websites and/or chat apps.
5. Mode of Screening:
 - Interview completed without need for an interpreter.
 - Interview completed with the assistance of a certified interpreter.
 - Interpreter needed, but unavailable

Section B is to be completed by the screener and not asked of the youth.

Section B – Demographic Information

(DO NOT READ TO YOUTH)

6. Youth's Name: _____
7. FSFN Child ID #: _____
8. Intake #: _____
9. DCF FSFN case ID #: _____
10. SSN (last four digits): _____
11. Sex: Male Female
12. Race/Ethnicity: _____
13. Preferred Language: _____

Begin the screening by reading the following introductory comments to the youth: This is an interview to better understand your current situation and experiences. I will be asking you questions about yourself. Try to be as honest as you can. This might be a difficult conversation. You do not have to answer anything you don't want to answer. You can take a break at any time, ask to finish at a later time, or stop the session. I want you to know that you can trust me and that your safety is my priority. The only individuals who will have access to the information you provide are professionals who are working to help you. Before we get started, do you have any questions?

Section C – Youth Personal Background

I'd like to begin with some general questions about you and your personal background.

14. What is your date of birth? ___ / ___ / _____ (MM/DD/YYYY)
- 14a. *(If youth does not know, ask:)* Approximately how old are you? _____
15. Where were you born? _____
16. What city do you currently live in? _____
- 16a. *(DO NOT READ TO YOUTH)* Was youth arrested outside the city in which he/she resides?
- No
- Yes
17. Do you go to school?
- No *(If "no," skip to Item 18.)*
- Yes *(If "yes," proceed to Item 17a below.)*
- Refused to answer

17a. **Where do you go to school?** *(Fill in. If school entered, ask item 17b.)*

17b. **How many days have you attended school in the last two weeks?**

- 0 days
 1-5 days
 6-10 days
 Not applicable/school not in session

Section D – Living Conditions

Next, I'd like to talk to you about where you live and the people you live with.

18. **So, tell me about your current living situation. What type of place do you live in?**

(Screener may prompt the youth by listing examples from below) (Check all that apply)

- House
 Apartment
 Group/foster home
 Car/van
 Shelter
 Rehabilitation facility
 Hotel or motel
 Part of a residence – garage, basement, shed
 Squat
 Traveling/in-between residences
 Homeless
 Refused to answer
 Other *(Fill in)* _____

19. **Who lives with you?** *(Check all that apply)*

- Father
 Mother
 Both parents
 Guardian
 Step-parent
 Relative(s)
 Friend(s)
 Romantic partner (girlfriend/boyfriend)
 By myself
 Refused to answer
 Other *(Fill in)* _____

20. Do you pay for where you live?

- No (If “no,” skip to Item 21.)
- Yes (If “yes,” ask Item 20a below.)

20a. How do you pay for where you live? (Check all that apply.)

- Parents/relatives
- Friends
- Romantic partner
- Myself through employment/job
- Myself through selling drugs
- Myself through stealing
- Myself through engaging in sexual acts for money/material gain
- Panhandle/beg
- Refused to answer
- Other (Fill in) _____

21. Have you ever had any contacts or visits from the Department of Children and Families? (NOTE: Youth may use other terminology including HRS, CPS, CBC, and/or The State.)

- No
- Yes
- Refused to answer

➔ Evidence of Unsafe Living Environment: (Check one) Yes No

Section E – Work Information

Now, I'd like to ask you some questions about work situations. What I mean by “work” is anything you have done where you have received something of value, like money, food, clothing, a place to stay, drugs, or gifts, in exchange for your efforts. This could include a more typical job like working at a fast-food restaurant or store, but may also include things that some kids have to do to survive when away from their homes, anything where you were given something of value for your efforts. So, your boss may have been a typical employer or may have been a family member, friend, boyfriend or girlfriend, or someone you lived with or had a relationship with.

22. So, do you have a job or did you have one before coming here?

- No (If “no,” skip to Item 30.)
- Yes (If “yes,” continue to Item 23 below.)

23. **What type of work do you do?** *(Check all that apply.)*

- Agricultural/farm work
- Housekeeping/janitorial work
- Door-to-door sales
- Restaurant work
- Construction
- Retail
- Nails/hair
- Massage
- Personal dancing, stripping, or similar activity
- Refused to answer
- Other *(Fill in)* _____

24. **How much money do you make an hour?** *(Screener may ask relative to the minimum wage rate.)*

- Below minimum wage *(Minimum wage is \$8.05/hour in Florida.)*
- At or above minimum wage but less than \$15 an hour
- \$15-\$25 an hour
- More than \$25 an hour
- Does not know
- Refused to answer

25. **Does your boss or supervisor owe you money?**

- No
- Yes
- Refused to answer

26. **Do any of your family members owe your boss money?**

- No
- Yes
- Refused to answer

Screener may prompt for something else that is owed like a favor, house, property, or land.

27. **Have you ever worked or done something for your boss without getting the payment that you thought you would get?**

- No *(If "no," skip to Item 28.)*
- Yes *(If "yes," ask Item 27a through Item 27c below.)*
- Refused to answer

27a. What kind of work was it? _____

27b. What payment did you expect? _____

27c. What did you receive? _____

➔ Evidence of Deceptive Payment Practices: (Check one) Yes No

28. Do you live and work at the same place?

- No
- Yes
- Refused to answer

29. Can you quit or could you have quit your job at any time without punishment from your boss or supervisor?

- No
- Yes
- Refused to answer

➔ Evidence of Forced Labor: (Check one) Yes No

30. So, do you currently have a boyfriend or girlfriend?

- No (If "no," skip to Item 31.)
- Yes (If "yes," ask Item 30a and Item 30b below.)
- Refused to answer

30a. How old is he/she?

- Less than 10 years old
- 10 to 15 years old
- 16 to 17 years old
- 18 to 21 years old
- 22 years or older
- Refused to answer

30b. How did you meet?

- Through a friend
- At school
- Through a family member
- Online (Facebook, Internet, game console)

- Public place (mall, movies, sports event)
- Work
- Other (*Fill in*) _____
- Refused to answer

31. **Do you get on the Internet, Wi-Fi, or use phone or tablet apps?**

- No (*If "no," skip to Item 32.*)
- Yes (*If "yes," ask Item 31a below.*)
- Refused to answer

31a. **What kind of sites or apps do you use?** (*Check all that apply.*)

- Twitter
- Instagram
- Snapchat
- Online game chat
- Instant messaging
- Facebook
- Tinder
- Craigslist
- Backpage
- Other apps or sites (*fill in*) _____
- Refused to answer

32. **Have you ever agreed to meet someone you met online or through the Internet or through a phone app?**

- No
- Yes (*If "yes," prompt by saying, Tell me more about that.*)
- Refused to answer

 **Evidence of Unsafe Online Activity:** (*Check one*) Yes No

33. **Do you have any tattoos?**

- No (*If "no," skip to Item 34*)
- Yes (*If "yes," ask Item 33a through Item 33c below.*)
- Refused to answer or responded no, but staff observed tattoos (*If selected, ask items 33a through 33c below.*)

33a. **What is the tattoo(s)?** *(Screener may respond to this item based on youth response and/or based on observation of the tattoo.) (Check all that apply.)*

- Dollar/currency sign, money bags
- Star/hearts
- Male name
- Female name
- Nickname or street name
- Refused to answer
- Other *(Describe)* _____

33b. **What does your tattoo(s) mean?** *(Check all that apply.)*

- Family connection
- Personal meaning *(Fill in)* _____
- Romantic partner's name
- Gang-related
- Suspected trafficker's name/initials
- Forced branding/ownership
- No meaning
- Don't know the meaning
- Refused to answer
- Other *(Fill in)* _____

33c. **Who was with you when you got your tattoo(s)?** *(Check all that apply.)*

- Family member
- Friend
- Romantic partner
- No one
- Suspected trafficker
- Gang member
- Refused to answer
- Other *(Fill in)* _____

34. **Do you have any scars or brands that were made intentionally, not from an accident or injury?** *(Screener should respond based upon youth answer and/or observation of visible scars.)*

- No *(If "no," skip to Item 35.)*
- Yes *(If "yes," ask Item 34a.)*
- Refused to answer
- Screener observes mark(s), but youth denies mark(s) made intentionally

34a. **Who was with you when you got your brand(s) or when you received the scar?** *(Check all that apply.)*

- Family member
- Friend
- Romantic partner
- No one
- Suspected trafficker
- Gang member
- Refused to answer
- Other *(Fill in)* _____

 **Evidence of Forced Tattooing/Branding:** *(Check one)* Yes No

Section F – Leaving or Running Away from Home

I'd like for you to think about the past 12 months and times when you have been away from home.

35. **Have you run away, stayed away, or left your home without permission in the past year?**

- No *(If "no," skip to Item 36.)*
- Yes *(If "yes," ask Items 35a through 35k below.)*
- Refused to answer

35a. **How many times have you run away or left without permission?**

- 1 to 5 times
- 6 to 10 times
- 11 to 20 times
- More than 20 times
- Refused to answer

35b. **How long were you gone the last time you left home?**

- 1 to 6 days
- 1 to 4 weeks
- 2 to 3 months
- 4 months or longer
- Refused to answer

 **Evidence of Excessive Running Away:** *(Check one)* Yes No

35c. **Where did you go when you left?** *(Check all that apply.)*

- Friend's place
- Relative's place/other biological parent's place
- Romantic partner's place
- Motel/hotel
- Street
- Out of town
- Pro-social adult's place
- Anti-social adult's place
- Street gang
- Refused to answer

35d. **While you were away, how did you support yourself?** *(Check all that apply.)*

- Family/relatives took care of me
- Friend(s) took care of me
- Romantic partner helped
- Worked (legal employment/jobs)
- Money through drugs
- Money/material gain/favors from prostitution, stripping or similar activities
- Didn't stay away long enough to need support
- Stealing
- Government assistance
- Panhandling
- Borrowed money from friends
- Trafficker/pimp
- Refused to answer
- Other *(Fill in)* _____

35e. **While you were away, were you in control of your own money?**

- No
- Yes
- Refused to answer

35f. **Who were you with while you were away?** *(Check all that apply.)*

- No one
- Friends
- Romantic partner
- Suspected trafficker/pimp

- Guardian
- Family/relatives
- Street gang
- Refused to answer

35g. **Did that person(s) ever give you things like money, drugs or clothes?**

- No
- Yes
- Refused to answer

➔ Evidence of Questionable Support While Away: *(Check one)* Yes No

35h. **Did you leave town while you were away from home?**

- No
- Yes
- Refused to answer

35i. **While you were away, did anyone you were with not allow you to go back home?**

- No
- Yes
- Refused to answer

➔ Evidence of Coercion to Stay on the Run: *(Check one)* Yes No

Sometimes, people find themselves in situations where they feel unsafe, threatened, controlled or even tricked into doing something they didn't want to do. I am going to ask you a few questions about things that might have made you feel unsafe, threatened, controlled or tricked into doing something you didn't want to do.

35j. **While you were away, did you experience anything that made you uncomfortable?**

- No
- Yes; **if so, what?** *(Fill in)* _____
- Refused to answer

35k. **Sometimes, young people who are away from home can be taken advantage of and asked to do sexual activities in exchange for something of value. These activities can include dancing, stripping, posing for photos, or sex of any kind. While you were away, did anyone ever ask you to do something like that?**

No

Yes

Refused to answer

➔ Evidence of Sexual Activities for Money, Support or Gifts: *(Check one)* Yes No

36. **Have you or someone else received something of value like money, a place to stay, food, clothes, gifts, favors, or drugs in exchange for you performing a sexual activity?**

No

Yes

Refused to answer

➔ Evidence of Compensation for Sexual Activity: *(Check one)* Yes No

Section G – Sexual Exploitation/Coercion/Control

37. **In thinking about your past experiences, has anyone ever locked doors or windows or anything else to stop you from leaving work or home?**

No

Yes

Refused to answer

➔ Evidence of Inability to Leave: *(Check one)* Yes No

38. **Has anyone ever forced you to get or use false identification, like a fake ID or fake green card?**

No

Yes

Refused to answer

➔ Evidence of Forced Identity Deception: *(Check one)* Yes No

39. Has anyone ever pressured you to touch someone physically or sexually when you didn't want to?

- No
- Yes
- Refused to answer

40. Has anyone ever asked/made you do anything sexually that you didn't want to do?

- No
- Yes
- Refused to answer

41. Has anyone in your home ever done anything sexually to you that you didn't want?

- No
- Yes
- Refused to answer

➔ Evidence of Sexual Exploitation: (Check one) Yes No

When you think about the future, what do you want to do when you get older? (Fill in)

Screener, close out the interview by saying the following to the youth:

I want to thank you for being open with me and answering these questions. Do you have any questions, or is there anything that you would like to talk about?

Section H – Parent/Guardian Information

(DO NOT READ TO YOUTH)

Section H is to be completed by the screener.

42. Did you speak with the child's parent(s) or guardian(s)?

- No
- Yes (If yes, to whom did you speak? _____)

If yes, then ask parent/guardian items 43-46.

- 43. Does the parent/guardian report that youth has a cell phone that a third party/trafficker pays for or might be paying for?
 No
 Yes

- 44. Does the parent/guardian report that youth returns home from running away with hair/nails done, new clothing or money that were not provided by the parent/guardian?
 No
 Yes

- 45. Does parent/guardian report that youth has internet postings or text/cell phone messages that indicate youth may be exchanging sex for something of value to him/her?
 No
 Yes

- 46. If youth has a tattoo of someone else's name, does guardian verify this person is who youth says the person is?
 No
 Yes

➔ Evidence of Potential Trafficking: *(Check one)* Yes No

Section I – Post-Screening Assessment

(DO NOT READ TO YOUTH)

Section I is to be completed by the screener.

47. Did you observe any nonverbal indicators of past victimization? *(If so, explain.)*

48. Did you observe any indicators that the youth's responses may have been false? *(If so, explain.)*

49. Indicate the likelihood that the youth is a victim of trafficking:

- Definitely not
- Likely not
- Not sure
- Likely is
- Definitely is

50. Provide at least three reasons for your answer in Item 49:

- 1.
- 2.
- 3.

If you answered “not sure,” “likely is,” or “definitely is”:

For CBC staff – call the Florida Abuse Hotline at 1-800-962-2873 and schedule a Multidisciplinary Team (MDT) staffing as soon as possible or as is required by CFOP 175-14. If the child is a possible or confirmed CSEC victim, place the appropriate designation in FSFN.

For DCF staff – schedule an MDT staffing as soon as possible or as is required by CFOP 175-14. Please add the appropriate human trafficking maltreatment code to your investigation, if not already included.

Reminder: If you have personal knowledge that the youth is a victim of human trafficking, you must call the Florida Abuse Hotline.

51. What kind of service referrals, if any, will you make for the youth? (You may include MDT service referrals.)

- 1.
- 2.
- 3.
- 4.
- 5.

Hawaii

RAPID SCREENING TOOL (RST) FOR CHILD TRAFFICKING

CHILD'S NAME: _____ CPSS #: _____ DATE: _____
WORKER: _____ UNIT: _____

Process-Action

Potential victim was or is currently being recruited, enticed, induced, harbored, transported, or obtained by family member, stranger, employer, or acquaintance.

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Child has been accompanied OR transported to current location from anywhere in the U.S. or from another country; OR |
| <input type="checkbox"/> | <input type="checkbox"/> | Child has been promised things (e.g., job, payment, housing, school, legal status, improved circumstances/better life) in exchange for movement from one residence/community/city/state/country to another; OR |
| <input type="checkbox"/> | <input type="checkbox"/> | Child is being kept or has been kept in someone's home or place of business without (or with undetermined) legal status, or lives with employer; OR |
| <input type="checkbox"/> | <input type="checkbox"/> | Child appears to have been "bought" or "sold." (If "yes" to this particular action, consult with a supervisor for next steps) |

Means

Potential victim has suffered physical harm, physical restraint, abuse of legal process, withholding or control of identification documents, financial harm/control, enticement, coercion, verbal threats, threats to harm (physically or financially) family members, scheme or plan, intimidation.

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Evidence or physical harm OR threats of harm to child or child's family or friends; OR |
| <input type="checkbox"/> | <input type="checkbox"/> | Child told to distrust authority figures; OR |
| <input type="checkbox"/> | <input type="checkbox"/> | Identification documents (legitimate or fraudulent) have been taken away or manipulated; OR |
| <input type="checkbox"/> | <input type="checkbox"/> | Child is isolated (from family, friends, or community); OR |
| <input type="checkbox"/> | <input type="checkbox"/> | Child is not receiving payment for employment or services, or has "quota" of money to be earned for labor or (sexual) services, or not in control of money earned; or broken promises over type of work (sexual or labor) engaged in. |

Purpose

Potential victim has been forced into involuntary servitude, commercial sexual activity, debt bondage, or forced labor.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Child has engaged in any labor or services (e.g., retail, factory, farm, household, babysitting, cooking, restaurant, hotel, massage/spa, construction, exotic dancing, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Evidence of prostitution or pornography (if “yes” to this particular action, consult with a supervisor for next steps)
<input type="checkbox"/>	<input type="checkbox"/>	Child owes a debt (for any reason)

AFTER COMPLETING THE RAPID SCREENING TOOL:

If you answered YES at least once in two or more sections, there is a good chance human trafficking is involved. Always consult with a supervisor for next steps based on the circumstances of the situation and your agency’s protocol.

Adapted from Center for the Human Rights for Children, Loyola University Chicago & International Organization for Adolescents (IOFA)

cc: Case file
Program Development

Hawaii

CSEC Identification Scale

Available at <https://ittakesanohana.org/wp-content/uploads/2017/08/CSEC-Identification-Scale.pdf>

Kentucky

Vera Institute of Justice Trafficking Victim Identification Tool (TVIT)

Available at <https://www.vera.org/downloads/publications/human-trafficking-identification-tool-and-user-guidelines.pdf>

Minnesota

[PDF begins on next page]

Child protection screening of sexual exploitation and sex trafficking

A screener or screening team can use this tool when they believe a reporter may be sharing information related to sex trafficking or sexual exploitation. In combination with supervisory discretion, this tool can help determine if a report meets criteria and which response path should be selected. Screen in all sex trafficking reports for child protection investigation regardless of child's relationship to the alleged offender [[Minn. Stat. 626.556 subd. 2\(n\)](#)]. Screen out sexual exploitation reports involving non-caregiver alleged offenders and refer them for a child welfare response.

Terms used in this tool:

Exchange for anything of value: Trading money, drugs, shelter, food, protection, etc.

Facilitate: Receiving or obtaining (getting from someone), recruiting (inviting, asking), grooming (befriending, talking into, persuading), harboring (keeping in a place), providing (bringing)

MAARC: Minnesota Adult Abuse Reporting Center (1-844-880-1574)

Profit: Receiving money or anything of value, which may include drugs, alcohol, food, shelter, transportation

Pornography: Depiction of actual or simulated sexual conduct [[Minn. Stat. 617.246 subd. 1\(f\)](#)]

Regional Navigator: Regional point of contact for sexual exploitation and sex trafficking, including connecting exploited, trafficked or at-risk youth with appropriate services, outreach or education

Sexual assault: Non-consensual sexual contact or certain sexual conduct between an adult and a child [[Minn. Stat. 609.342-609.3451](#)]

Sexual contact or penetration: Intentional touching of one's intimate parts, or any intrusion into body openings [[Minn. Stat. 609.341, subd. 11 and 12](#)]

Sex trafficking: Defined in Minnesota as the act of a third party, not the purchaser or the victim, facilitating or profiting from a commercial sex act performed by another person [[Minn. Stat. 609.321 -609.322](#)]

Sexual exploitation: Includes all commercial sex acts and non-commercial sexual abuse [[Minn. Stat. 260C.007 subd. 31](#)]

Sexual performance: Any play, dance or other exhibition presented before an audience or for purposes of visual or mechanical reproduction that uses a minor to depict actual or simulated sexual conduct [[Minn. Stat. 617.246, subd. 1\(d\)](#)]

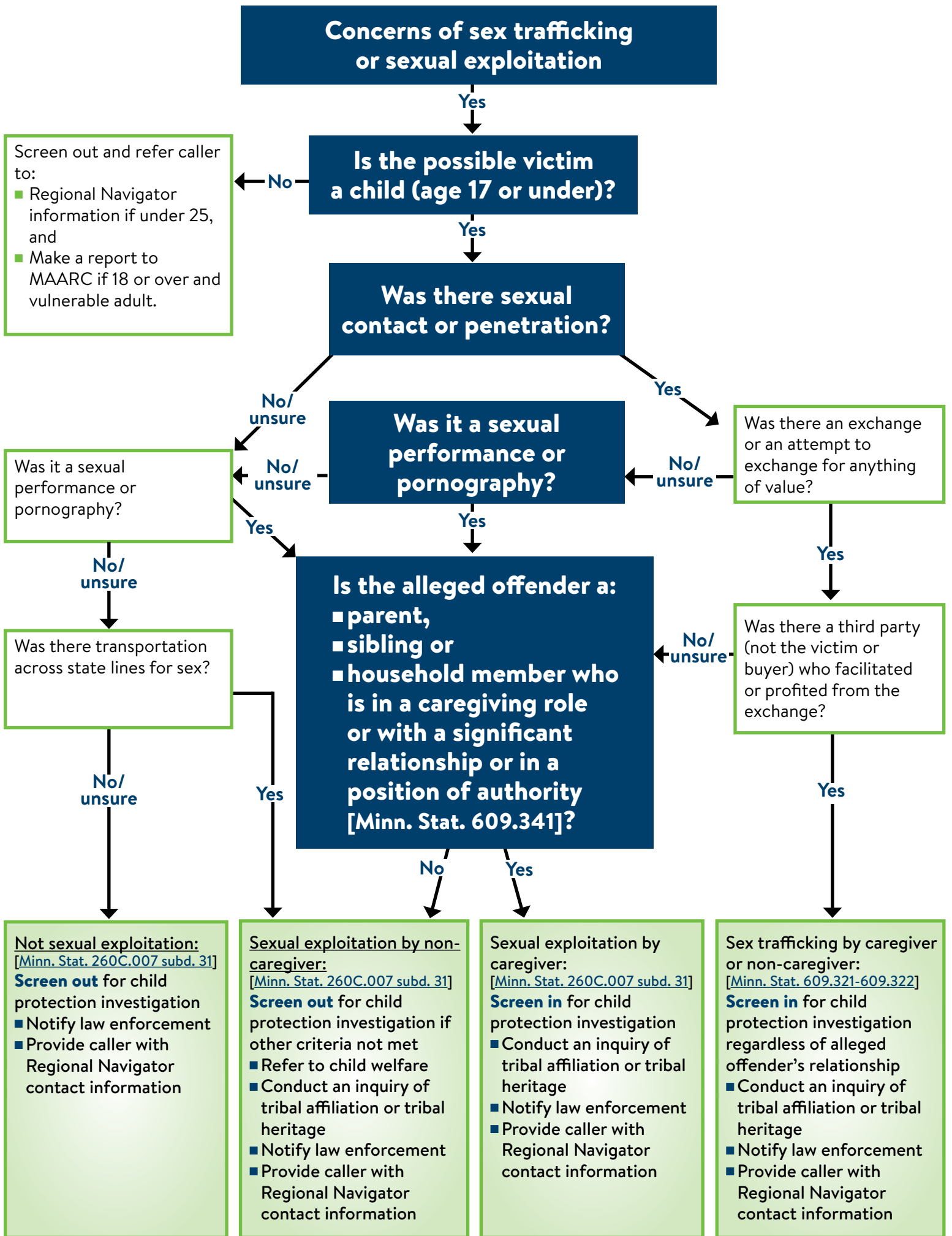
Indicators of sexual exploitation or trafficking

Each situation is unique and indicators alone should not be used to make a screening determination.

- Missing from home for extended time and unaccounted for; running away multiple times; kicked out of home
- Signs of a controlling relationship or intimate partner violence
- Access to money/large amounts of cash, clothes or other expensive belongings youth could not afford on their own
- Use of social media and apps commonly associated with sex trading
- Multiple hotel cards; staying in hotels known for trafficking; pictures taken in hotel rooms
- Branding tattoos or markings; may be name of trafficker or other ways of being marked by a trafficker
- Association with others known to be involved in trafficking, exploitation or sex trading
- Family members involved in sex or labor trafficking, prostitution or promotion of prostitution
- Involvement in law enforcement stings or investigations related to prostitution, solicitation or sex trafficking



For accessible formats of this information or assistance with additional equal access to human services, write to dhs.info@state.mn.us, call 651-431-4670, or use your preferred relay service. ADA1 (2-18)



(This page includes all of the necessary information for accessibility purposes regarding the chart on previous page)

Minnesota

[PDF begins on next page]

Identifying and responding to labor trafficking of children

What is labor trafficking?

Labor trafficking is when a person is compelled to work for the benefit of another person by use of force, threats, intimidation, blackmail or debt bondage [[Minn. Stat. 609.281, subd. 5](#); [22 U.S.C. 7102\(9\)\(B\)](#).] Work includes formal employment and informal services including illegal activities.

How can child welfare staff identify labor trafficking?

Early identification of sex and labor trafficking is the key to establishing the local child welfare agency response, and connecting children and families to services. Many children experience labor trafficking at the same time as sex trafficking or other maltreatment. The indicators on the right are common signs that a child may be experiencing labor trafficking. The screening tool provided on the back of this document should be completed whenever indicators of labor trafficking are present.

What is the child welfare system response to labor trafficking?

Labor trafficking is not a mandated report in Minnesota. However, labor trafficking is a serious crime and can be very dangerous for children. When labor trafficking is identified, consider immediate safety risks and cross report to law enforcement. All victims of labor trafficking should be offered voluntary child welfare services. Visit www.mn.gov/dhs/safe-harbor for more guidance on the child welfare system response.

Indicators of a child at risk for labor trafficking

Victims may be any gender or race/ethnicity, or have any immigration status. They may be experiencing any of the following:

- Can't move freely or not allowed to come and go at will
- Accompanied by a person who speaks for them
- Not permitted to use phone or other communications, especially if restricted from contacting family
- Someone controls their transportation
- Unsure of day, date, month or year
- Frequent moves or doesn't know where they live
- Unusual living/work space (may include tinted windows, security cameras, barbed wire, people sleeping/living at worksite)
- Wears the same clothes over and over, or routinely wears clothes not in season
- Not in control of personal identification
- Someone else controls their money or collects their earnings from work
- Explanation of work situation doesn't make sense; seems scripted
- Seems afraid to answer questions
- Fearful of employer
- Long work hours; exhausted; hungry
- Owes a debt to employer
- Foreign national children who are living with people who are not their parents or guardians, and their relationship is unclear

See signs? Continue to the labor trafficking screening tool on the other side of this page.

Labor trafficking screening tool

The screening tool consists of two questions. The first question is about whether the child is working for someone else and the second is about whether the child has been compelled to work. If the answer to both questions is yes, the child in question may be a victim of labor trafficking. The screening tool is intended for the screener, screening team, assigned worker or supervisor to use in reviewing information known about a child who shows signs of labor trafficking. It should not be used to conduct an interview of a child or family, nor is it intended as a self-assessment. Document responses to both questions in the Social Service Information System (SSIS).

1. Is the alleged victim providing labor or services for another person?

Yes No Unsure

Examples:

- The alleged victim is formally employed by the alleged trafficker.
- The alleged victim is formally employed by another person and the alleged trafficker is benefiting.
- The alleged victim is engaged in illegal activities for the benefit of the alleged trafficker, such as theft, panhandling, drug trafficking or identity theft.
- The alleged victim provides informal services for the benefit of the alleged trafficker, such as babysitting, housework, home health care, day labor or working “off the books.”

2. Does the alleged victim appear to be compelled in any way to provide the labor or services?

Yes No Unsure

Examples:

- The alleged victim cannot access their personal documents.

- The alleged victim owes money to their boss, the person who hired them, the person who is housing them or the person who helped them find the job, and are unable to reduce their debt through reasonable work. For instance, when money is taken directly from their pay to cover a debt or for travel, and the amount they owe increases or does not decrease.
- The alleged victim is afraid something bad will happen to them or someone else if they stop providing the labor or services. This includes actual or threatened physical harm or death, loss of housing and blackmail.
- The alleged victim is physically confined, monitored or isolated to keep them working.
- The alleged victim has been threatened with legal consequences such as arrest, immigration enforcement actions, reports to child protection, or other civil actions.
- The alleged victim is providing labor or services as a result of a false promise of a benefit such as pay, education, immigration status or a better life.
- A close emotional or familial relationship is being used to manipulate the alleged victim into providing labor or services (beyond standard family relationships and expectations).

For accessible formats of this information or assistance with additional equal access to human services, write to dhs.info@state.mn.us, call 651-431-4670, or use your preferred relay service. ADA1 (2-18)

Nevada

NEVADA RAPID INDICATOR TOOL

*To Identify Children Who May Be Sex Trafficking Victims
Or Are At Risk of Being a Sex Trafficking Victim*

The indicators listed on page two help to determine whether a child may be a victim of sex trafficking, or is at risk of being a victim of sex trafficking. These factors are to be considered as a means to determine where there is reasonable cause to believe the child is a victim or at risk of being a victim, in which case a more comprehensive assessment of the child's experiences and service needs are required.

Do not directly ask the child or family the questions. This is not a questionnaire.

Population:

- This tool should be completed prior to closing an investigation involving youth age 10 or older
- This tool should also be completed upon the recovery of a youth in custody that has been on runaway status

Deadlines:

- The tool should be completed prior to an investigation/case closure
- The tool should be completed within 24 hours or 1 business day upon the recovery of a youth from runaway

Completion of the Tool:

The information about the indicators is to be collected through the routine process of investigation or case work. The tool should be completed based on the information already gathered as part of the investigation for CPS cases or in the case record.

Runaway policy outlines the importance of timely (w/i 24 hours) face to face contact with youth to ensure their well-being and communication from a caring/supportive adult. Information collection for this tool will come from a variety of sources including the youth, caregivers, LEA, etc.

Next Steps:

- If the tool indicates a confirmed victim proceed with collaborative efforts to meet youth's immediate safety needs and development of a long term recovery plan.
- If the tool indicates 2 or more high risk factors, case should be staffed for possible referral to a victim support mentor and a personal safety plan should be completed with the youth.
- In both instances the completed tools should be filed in the case record and a copy of the tool sent to ss-runaways.

NEVADA RAPID INDICATOR TOOL

To identify children who may be sex trafficking victims or are at risk of being a sex trafficking victim.

Name of youth: _____ DOB: _____

UNITY/Unique ID #: _____

Name of Person Completing Form: _____

Agency: _____ Date: _____

Do not directly ask the child or family the questions. This is not a questionnaire.

Confirmed Victim: if one or more yes' are checked, please record confirmed victim in data record and proceed with further assessment for safety planning/case planning. **Yes**

Has the child self-reported being forced or coerced into sexual activity or labor for the monetary benefit of another person?	<input type="checkbox"/>
Has law enforcement confirmed through an investigation that the child has been trafficked or engaged in any commercial, sexually-exploitive activity?	<input type="checkbox"/>
Has the child participated (forced, coerced, or consensual) in a sexual act in exchange for shelter, transportation, drugs, alcohol, money or other items of value?	<input type="checkbox"/>
Has the child used the internet for posting sexually explicit material or have other posted pictures of the child with/without their consent for monetary benefit?	<input type="checkbox"/>

High Risk: The following factors (2 or more) are red flags that might indicate a child may be a sex trafficking victim or are at high risk and require more in depth assessment or monitoring. **Yes**

Does the child have unaccounted for injuries, marking or tattoos (i.e. branding) that suggest ownership that he or she does not have an explanation for? (e.g. daddy's girl, property or someone's name, symbols, etc.)	<input type="checkbox"/>
Does the child have a history of multiple runaways/AWOLS or episodes of homelessness/couch surfing in the past?	<input type="checkbox"/>
Has the child had a sexual relationship with an older person who is controlling and/or whom the child appears to be afraid of?	<input type="checkbox"/>
Does the child have a history of multiple or chronic sexually transmitted infections, or pregnancies/abortions, or report multiple anonymous sexual partners?	<input type="checkbox"/>
Does the child have money, a cell phone, hotel keys, or other items that he or she does not have the resources to obtain and cannot account for?	<input type="checkbox"/>
Has a gang affiliation been disclosed, reported, or suspected?	<input type="checkbox"/>
Confirmed or reported uses of hotels for parties or sexual encounters in which trafficking is suspected	<input type="checkbox"/>
Do you have any other reason to believe the child may be a sex trafficking victim?	<input type="checkbox"/>

No conditions apply to this youth at this time

CP&P 9-3 (new 1/2014)

Adapted from the Department of Health and Human Services, Screening Tool For Victims of Human Trafficking. Polaris Project, Comprehensive Human Trafficking Assessment, 2011.

New York

NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES

RAPID INDICATOR TOOL

*To Identify Children Who May Be Sex Trafficking Victims
or Are At Risk of Being a Sex Trafficking Victim 1*

The indicators listed on page two help to determine whether a child may be a victim of sex trafficking, or is at risk of being a victim of sex trafficking. These factors are to be considered as a means to determine whether there is reasonable cause to believe the child is a victim or at risk of being a victim, in which case a more comprehensive assessment of the child's experiences and service needs is required. 2

Do not directly ask the child or family the questions. This is not a questionnaire.

Populations

This tool is to be applied in **all** instances, regardless of age, where a child is in the care, supervision or custody of a local department of social services (LDSS) or the Office of Children and Family Services (OCFS). For more information on the population this tool pertains to, please see *Requirements to Identify, Document, Report, and Provide Services to Child Sex Trafficking Victims* (LDSS/VAs) or *Child Sex Trafficking/Commercially Sexually Exploited Children (CSEC)* (OCFS DJJOY).

When to Complete the Tool

The tool **MUST** be completed and documented:

- If the child returns from being missing, abducted, or absent without consent.
- If a new CPS investigation is opened for the child.

For Cases in CONNECTIONS

- By the due date of the initial Family Assessment and Service Plan (FASP).
- Prior to the investigative or FAR case being closed (whether the case is completed and closed or transferred to receive foster care or preventive services).

For Cases in Juvenile Justice Information System (JJIS)

- During the intake/reception process.

If the child's circumstances change or new information is learned, the tool may be used in addition to the above requirements.

Completion of the Tool

The information about the indicators below is to be collected through the routine process of investigation or case work. The tool should be completed based on the information already gathered as part of the investigation for CPS cases or in the case record.

1 Referenced as the quick screening tool in the sex trafficking requirements policies.

2 *Child Sex Trafficking Indicators Tool.*

If the child has already disclosed sex trafficking this tool does **not** need to be completed. The comprehensive screening tool should be completed instead. All children identified as victims must receive services to address the needs identified.

Name of Child: _____ **DOB:** _____
Name of Person Completing Form: _____ **Date:** _____
Agency: _____

The following is a list of some red flags that indicate a child may be a sex trafficking victim or is at risk of being a victim of sex trafficking.

- **Do not directly ask the child or family the questions. This is not a questionnaire.**
- **The child may be a victim or is at risk if the answer is “Yes” to any of the indicators below:**

	Yes
Are there signs of child abuse of a sexual nature and reason to believe that the child, or parent/guardian of the child or other person(s) facilitating the abuse, was given or promised anything in return for the sexual abuse?	<input type="checkbox"/>
Is there reason to believe there are photographs, social media posts, or other recordings of instance(s) of sexual abuse of the child?	<input type="checkbox"/>
Has the parent/guardian been a victim of trafficking or is there concern that the parent/guardian has been a victim?	<input type="checkbox"/>
Does the child have a history of multiple runaways/AWOLS or episodes of homelessness/couch surfing in the past? (Family homelessness should not be counted)	<input type="checkbox"/>
Does the child have tattoos that show, imply, or suggest ownership and/or that he or she does not have an explanation for? (e.g., daddy’s girl, property of someone’s name, symbols, etc.)	<input type="checkbox"/>
Does the child have or has he or she previously had a significantly older boyfriend or girlfriend who is controlling and/or whom the child appears to be afraid of?	<input type="checkbox"/>
Does the child have a history of multiple or chronic sexually transmitted infections, or pregnancies/abortions, or report multiple anonymous sexual partners?	<input type="checkbox"/>
Does the child have money, a cell phone, hotel keys, or other items that he or she does not have the resources to obtain and cannot account for?	<input type="checkbox"/>
Has a gang affiliation been disclosed, reported, or suspected?	<input type="checkbox"/>
Is someone else other than the child’s parent or guardian in control of his or her identification or passport?	<input type="checkbox"/>
Do you have any other reason to believe the child may be a sex trafficking victim?	<input type="checkbox"/>

The Results: Documentation and Required Actions

The worker must document the results of this tool in CONNECTIONS or JJIS.

- No indicators have been marked “yes”. The worker enters “No Risk Indicators” into CONNECTIONS/JJIS and no further screening is needed, unless new information is learned, the child’s circumstances change, the child returns from being missing, abducted, or absent without consent or a new CPS investigative case is opened for the child.
- There **are** one or more indicators marked “**Yes**” or the child has already been determined to be a victim. The worker enters “**At Risk**” into CONNECTIONS/JJIS and must complete the comprehensive screening tool(s) as outlined in the policies *Requirements to Identify, Document, Report, and Provide Services to Child Sex Trafficking Victims* (LDSS/VAs) or *Child Sex Trafficking/Commercially Sexually Exploited Children (CSEC)* (OCFS DJJOY)

Place a copy of this form in the child’s case record for documentation of completion and decision.

New York

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
CHILD SEX TRAFFICKING INDICATORS TOOL
To be used for the comprehensive screening

This tool is used in the identification of victims of sex trafficking and children and youth at risk of sex trafficking as part of normal case work with all children and youth in the care, custody, or supervision of the New York State Office of Children and Family Services (OCFS), local departments of social services (LDSSs), and voluntary agencies (VAs) per *Requirements to Identify, Document, Report, and Provide Services to Child Sex Trafficking Victims 1* and *Child Sex Trafficking/Commercially Sexually Exploited Children (CSEC)*. This tool is to be used as a more comprehensive assessment of risk and victimization when any one or more indicator is recorded on form OCFS-3921. Like form OCFS-3921, this is not a questionnaire. **The youth and the youth's family should not be asked these questions.** Instead, this form is to be completed by the worker based on the information gathered in the course of normal client interactions.

Populations

This tool is to be applied in all instances, regardless of age, when a child or youth is in the care, custody, or supervision of OCFS, LDSS, or VA AND when one or more indicator is present on form OCFS-3922. For more information, please refer to 15-OCFS-ADM-16 and *Child Sex Trafficking/Commercially Sexually Exploited Children (CSEC)*.

When to Complete the Tool

The tool MUST be completed and documented in CONNECTIONS or JJIS when one or more indicator was identified using form OCFS-3921. In addition to the screening requirements as defined in 15-OCFS-ADM-16 and *Child Sex Trafficking/Commercially Sexually Exploited Children (CSEC)* this tool may also be used when a child's circumstances change or new information is learned about the child.

Completion of the Tool

The information about the indicators below is to be collected through the routine process of investigation or case work. The tool should be completed based on the information

already gathered as part of the investigation for Child Protective Services cases or in the case record. All children identified as victims must receive services to address the needs identified and law enforcement must be notified using form OCFS-3922 in accordance with 15-OCFS-ADM-16 (for LDSSs and VAs) or *Child Sex Trafficking/Commercially Sexually Exploited Children (CSEC)* (for juvenile justice) policies.

Name of Youth:	DOB:	/	/
Name of Person Completing Form:	Date:	/	/
Agency:			

Child Meets Federal Definition of a Child Sex Trafficking Victim - ONE or more of these indicators:	Yes	No
Child needs to be documented as a trafficking victim in CONNECTIONS or JJIS (for DJJOY) and trafficking response protocol followed (see policy or desk aid ¹).		
Child reports engaging in commercial sex act(s) (a sex act where something of value is received).	<input type="checkbox"/>	<input type="checkbox"/>
Child reports he/she has been prostituted or trafficked.	<input type="checkbox"/>	<input type="checkbox"/>
There are photos or videos of the child being victimized and/or being used to advertise the child for sexual purposes (Backpage, Craigslist, etc).	<input type="checkbox"/>	<input type="checkbox"/>
Law enforcement refers child instead of arresting for prostitution, or does arrest for prostitution.	<input type="checkbox"/>	<input type="checkbox"/>
Child reports trading sex for a place to stay, food, drugs, or anything of value.	<input type="checkbox"/>	<input type="checkbox"/>
Child reports being involved in the sex industry (working in strip clubs, private sex parties, etc.).	<input type="checkbox"/>	<input type="checkbox"/>
Someone witnesses the child engaged in a commercial sex act.	<input type="checkbox"/>	<input type="checkbox"/>
Youth over 18 is engaging in prostitution or commercial sex acts due to force, fraud or coercion.	<input type="checkbox"/>	<input type="checkbox"/>
High-Level Indicators - ONE or more of these indicators	Yes	No
Child exhibits indicators that are commonly associated with sex trafficking, which causes serious concerns. Document high-level Indicators in CONNECTIONS or JJIS (for DJJOY). Child needs to be closely monitored and needs intensive case management services to address current or prevent future trafficking.		
Associating with adults or other children/youth who are being prostituted, or are known to be involved with trafficking and/or exploitation.	<input type="checkbox"/>	<input type="checkbox"/>
Being seen in exploitation hotspots, i.e., known houses or recruiting grounds.	<input type="checkbox"/>	<input type="checkbox"/>
Pattern of street homelessness and staying with someone believed to be sexually exploiting the youth.	<input type="checkbox"/>	<input type="checkbox"/>
Multiple AWOLS, runaway or being kicked out (4+).	<input type="checkbox"/>	<input type="checkbox"/>
Being taken to clubs and hotels by adults or older peers.	<input type="checkbox"/>	<input type="checkbox"/>
Disclosure of serious sexual assault and then withdrawal of statement.	<input type="checkbox"/>	<input type="checkbox"/>
Abduction and/or forced imprisonment; not allowed to freely move about.	<input type="checkbox"/>	<input type="checkbox"/>
Child discloses or someone reports the child being moved around for sexual activity.	<input type="checkbox"/>	<input type="checkbox"/>

Disappearing from the "child welfare system" with no contact or support.	<input type="checkbox"/>	<input type="checkbox"/>
Use of slang trafficking terms (e.g., calling romantic partner "Daddy" or "Mommy," talking about "the life," "the game").	<input type="checkbox"/>	<input type="checkbox"/>
Recruiting peers into exploitation.	<input type="checkbox"/>	<input type="checkbox"/>
Tattoos that he/she is reluctant to explain, especially if they show ownership (names, dollar signs, symbols, acronyms) or other types of branding, like cutting or burning.	<input type="checkbox"/>	<input type="checkbox"/>
Does not have any identification or reports someone holding his/her identification.	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained hotel keys.	<input type="checkbox"/>	<input type="checkbox"/>
Child discloses or someone reports that child offered to have sex for money or other payment and then ran before sex took place.	<input type="checkbox"/>	<input type="checkbox"/>
Being groomed and/or sexualized on the Internet; contact with strangers on the Internet and/or sexual risk taking on social media, such as Facebook, Backpage, Zoosk, Craigslist.	<input type="checkbox"/>	<input type="checkbox"/>

Medium-Level Indicators - ONE or more of these indicators	Yes	No
Child exhibits significant indicators that may indicate sex trafficking. Document medium level of Indicators in CONNECTIONS or JJIS (for DJJOY). Child should be more closely monitored and provided services that may address current or prevent future trafficking.		
Getting into cars with unknown adults.	<input type="checkbox"/>	<input type="checkbox"/>
Child under 13 engaging in sexual activity.	<input type="checkbox"/>	<input type="checkbox"/>
Known history of prior sexual abuse or sexual acting out.	<input type="checkbox"/>	<input type="checkbox"/>
Having an older boyfriend/girlfriend, especially if he or she appears controlling; youth appears fearful of boyfriend/girlfriend at times.	<input type="checkbox"/>	<input type="checkbox"/>
Not attending school; concerns regarding school attendance.	<input type="checkbox"/>	<input type="checkbox"/>
Staying out overnight with no explanation multiple times and/or regularly coming home late or going missing.	<input type="checkbox"/>	<input type="checkbox"/>
Unaccounted money or goods, including mobile phones, drugs and alcohol, or other person supplies these goods/money to child/youth.	<input type="checkbox"/>	<input type="checkbox"/>
Multiple sexually transmitted infections, pregnancies and/or multiple miscarriages or abortions.	<input type="checkbox"/>	<input type="checkbox"/>
Gang member or association with gangs or neighborhood groups.	<input type="checkbox"/>	<input type="checkbox"/>
Someone else other than the child's parent or guardian was in control of immigration to U.S.	<input type="checkbox"/>	<input type="checkbox"/>
Overt sexual dress.	<input type="checkbox"/>	<input type="checkbox"/>
Does not know his/her address and/or has moved multiple times.	<input type="checkbox"/>	<input type="checkbox"/>
Chronic alcohol and/or drug use by youth.	<input type="checkbox"/>	<input type="checkbox"/>
Youth's story does not make sense - inconsistencies, the narrative doesn't fit together.	<input type="checkbox"/>	<input type="checkbox"/>

Contact for non-emergency questions on child trafficking: humantrafficking@ocfs.ny.gov

New York

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
**GUIDANCE ON INITIAL TRAFFICKING
INTERVIEW TOOL FOR YOUTH**

This tool is recommended for use with youth who are age 12 or older.

1. Agencies should not incorporate the New York State Office of Children and Family Services *Initial Trafficking Interview Tool for Youth* into practice until this guidance has been read and understood. Each agency should consider this guidance and develop its own protocol for when and how the *Initial Trafficking Interview Tool for Youth* may be administered.
2. If a youth is known to have experienced CSEC or trafficking do not use the tool; instead, refer to the *Next Steps* instructions following the tool.
3. The *Initial Trafficking Interview Tool for Youth* is designed to be administered directly to youth. It can be used by child welfare, voluntary agency, RHY, DJJOY, and other child-serving professionals to gather information related to trafficking and/or sexual exploitation a youth may have experienced. Use of this tool is not required by OCFS but it can be used to gather information to complete the [Rapid Indicator Tool \(OCFS-3921\)](#) and the [Child Sex Trafficking Indicators Tool \(OCFS-3920\)](#) required for some youth per OCFS's [Requirements to Identify, Document, Report, and Provide Services to Child Sex Trafficking Victims](#) policy. It may also be used to assist in the discussions with youth upon their return from being missing, abducted or absent from care without consent.

Note: Questions that are underlined indicate a youth is at risk of or has experienced trafficking or CSEC. Should a youth covered by the [Requirements to Identify, Document, Report, and Provide Services to Child Sex Trafficking Victims](#) policy answers 'yes' to an underlined question in this tool, the [Child Sex Trafficking Indicators Tool \(OCFS-3920\)](#) must be completed and documented in CONNECTIONS, unless it has already been completed and no new information that needs to be updated was obtained through this tool.

4. Before administering the tool to a youth, clearly explain to him or her the purpose of the questions you will ask, and how the information might be used and shared. Be clear about the limits of confidentiality should a disclosure be made. At all times, follow all existing state and federal rules, regulations, and policies related to confidentiality.
5. Because of the sensitive nature of the information collected through this tool, it is advised that the tool not be used until some rapport is developed. It is recommended that the tool be administered during a professional's third or fourth meeting with a youth. This tool should not be administered when other persons, including a youth's caregiver(s), are present.
6. It is strongly advised that professionals administering the tool to youth are comfortable talking with youth about sex and sexual acts. Youth who observe a professional's

discomfort discussing sex are less likely to disclose information about trafficking or exploitative experiences.

7. The tool should not be administered to a youth in crisis. Professionals should ensure youth have had access to food, sleep, appropriate clothing, etc. before administering the tool. Tissues, water, and other items that might make the youth comfortable should be available whenever possible.
8. If the youth exhibits signs of anxiety at any point during the use of the *Initial Trafficking Interview Tool for Youth*, professionals should stop using the tool immediately and help the youth to deescalate using grounding techniques. The youth should be reminded that completing the tool is voluntary and he or she can stop participating at any time without negative repercussion. **Do not** insist that youth answer questions.
9. While administering the tool, professionals should look for indications of fear or discomfort. These may be non-verbal signs that a youth is unwilling to disclose something. Youth should not be pushed to disclose information, but observed discomfort should be noted in the youth's file so it may be discussed in a clinical setting as appropriate.
10. The language contained in the tool may be viewed as guidance rather than a firm script. As long as professionals do not alter the meaning of the questions, they are encouraged to adapt the language provided in the tool as necessary to make the youth comfortable and to ensure the youth understands what is being asked.
11. The answers to the questions should be "yes" or "no" (*unless the question designates otherwise or the youth is forthcoming with information without prompting from the screener*). It is not important to know which of the items on questions 8 or 16 are triggered – only a yes or no response is requested.

Note: Because this is a screening tool rather than an assessment tool, professionals should **not** ask follow-up questions to obtain more details, but should be open to allowing youth to share information voluntarily. Additional information can be gathered by the case worker, social worker, or other appropriate professional as necessary after the tool is administered.

12. Guidance on scoring and next steps is included at the end of the screening tool. Professionals should be aware of their agency's existing policies, procedures, and protocols for next steps before administering the tool.

For further guidance and general questions about human trafficking contact:
HumanTrafficking@ocfs.ny.gov

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
INITIAL TRAFFICKING INTERVIEW TOOL FOR YOUTH

Do not use this tool until you have read and understood the attached New York State Office of Children and Family Services *Guidance on Initial Trafficking Interview Tool for Youth*.

If at any point during the use of the *Initial Trafficking Interview Tool for Youth* the youth exhibits signs of anxiety, professionals should stop using the tool immediately and help the youth to deescalate using grounding techniques. The youth should be reminded that completing the tool is voluntary and they can stop participating at any time without negative repercussion. Do not insist that questions be answered.

Do not read anything in bold letters out loud. These are instructions just for you. Read each question in the order in which it appears and record the youth’s response in the space provided.

Youth’s Unique Identifier: _____

BEGIN:

Many young people face difficult choices in order to protect and care for themselves. I would like to ask you some questions about the difficult choices you might have made in the past. You may have also found yourself in a position where you did not feel you had a choice to make. Our job is to help you sort these things out, make sure you are getting services and supports that will help you reach your goals, and, most importantly, make sure you are safe and feel safe.

These questions are about your work experience and also about sex.

I want to stress that answering these questions is voluntary. You can choose to answer all of them, some of them, or none of them. It is totally up to you. If you want me to stop asking these questions, just let me know and I will stop immediately.

1. Have you ever had a job or some way to make money? Think about jobs that were legal, under the table, or part of the street economy. This is the ‘work’ I’m asking about for the rest of this section.	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. <u>Have you ever worked and not been paid, or worked and been paid in something other than money?</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. <u>Has anyone ever taken, or did you have to give some or all of the money you earned to anyone?</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Have you ever done (<i>check all that apply</i>): <input type="checkbox"/> door-to-door sales (<i>books, magazines, candy, etc.</i>)? <input type="checkbox"/> farm/agriculture work?	

<input type="checkbox"/> dancing for strangers? <input type="checkbox"/> nails or hair? <input type="checkbox"/> massage work? <input type="checkbox"/> Other? (<i>Please describe youth's employment:</i>)	
5. Where did you live when you were working there?	
6. <u>Were you ever threatened on the job?</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. <u>Did you ever feel you could not leave your job?</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. <u>Youth work for many different reasons, including to help their families. Please let me know if you worked for any these reasons. (Do not ask the youth to respond 'yes' or 'no' to each item. Rather, read all of the items and then allow youth to answer 'yes' or 'no' to the list as a whole.)</u> <ul style="list-style-type: none"> • You were tricked by someone. • You owed money or a favor to someone. • You or your family was pressured, threatened, or punished by someone. • You were afraid of something that you don't want to talk about 	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. <u>Have you ever worked anywhere where you were watched constantly and not allowed to talk to anyone without someone there with you?</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO

Now, I'm going to ask you some questions about sexual activities. Some of these questions are about specific sexual acts you may have experienced. Remember, you don't need to answer any questions you don't want to answer.

10. When I say "sex" or "having sex," what does that mean to you? (Open ended question) When I say "sex" in this conversation, I am talking about intercourse, anal sex, oral sex, and any touching for the purpose of sexual pleasure.	
11. What names do you use for these sex acts? (Open ended question. The youth's response will allow you to administer the rest of the tool using language the youth is most comfortable with.)	
12. <u>Young people sometimes feel they need to have sex (all the different kinds we listed) for money, food, drugs, a place to stay, or for other things they need or want. Some young people have no other way to take care of themselves because they are on their own or are made to do it by someone else. Have you ever had sex for any of those reasons, even if it only happened once?</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO

13. <u>Have you ever had sex with someone because you felt you had to?</u> (Maybe because you were told to have sex with that person, you felt threatened; you felt you couldn't say no, etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
14. <u>Have you ever done any of these things for money or something else that you needed or wanted, even if it was just once?</u> (Do not ask youth to respond 'yes' or 'no' to each item. Rather, read all of the items and then allow youth to answer 'yes' or 'no' to the list as a whole.) <ul style="list-style-type: none"> • stripping at a party or a bar • dancing for money • going on a date for money • traded sex for money or something you needed/wanted • lap dancing 	<input type="checkbox"/> YES <input type="checkbox"/> NO
15. <u>Has anyone ever taken a picture or video of you when you were naked, minimally clothed (for example in your underwear), or having sex without your knowledge or when you didn't want them to?</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO
15a. <u>Do you know if those pictures or videos were posted online, sent to other people, or sold to anyone?</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO

Thank you for answering these questions. That's all of the questions I have for you right now. We may want to follow up with you about some of these subjects later. Do you have any questions for me or is there anything else you think is important for me to know?

Provide the youth with contact information they can use should they want to reach out for help at a later date. Offer to make any appropriate service referrals.

Refer to the *New York State Office of Children and Family Services Initial Trafficking Interview Tool for Youth Next Steps* for further guidance.

INITIAL TRAFFICKING INTERVIEW TOOL FOR YOUTH NEXT STEPS

If a youth answers ‘no’ to each question, the youth has not indicated that he or she is a potentially trafficked youth. This does not mean he or she has not been involved in a trafficking situation, but may indicate that he or she is not yet ready to disclose that situation.

- Thank the youth for completing the screening and assure him or her that he or she can talk to you about any concerns at any time.
- Share your availability and contact information with the youth verbally and in writing.
- The tool may be re-administered as appropriate and necessary according to your agency’s guidance. OCFS suggests re-administering the tool with youth annually, following critical incidents (such as a return after being absent from care) or if new red flags are raised. The tool can also be used to collect the information required to complete the [Rapid Indicator Tool \(OCFS-3921\)](#) and/or the [Child Sex Trafficking Indicators Tool \(OCFS-3920\)](#), which are required for some youth per the [policy](#). If a youth answers ‘yes’ to any of the underlined questions, he or she is a **potential** victim of child trafficking or CSEC. Further assessment by a professional trained in human trafficking is required to determine whether the youth has experienced these crimes and what services are available.

For youth who fall under the OCFS policy, [Requirements to Identify, Document, Report, and Provide Services to Child Sex Trafficking Victims](#), use the answers gathered through this **Next Steps tool to update the [Child Sex Trafficking Indicators Tool \(OCFS-3920\)](#) in the youth’s case file and in CONNECTIONS.**

- If one or more indicators in the “Child Meets Federal Definition of a Child Sex Trafficking Victim” field of the [Child Sex Trafficking Indicators Tool \(OCFS-3920\)](#) is present, a law enforcement notification form [Law Enforcement Notification \(OCFS-3922\)](#) must be submitted within 24 hours.

The following steps should be taken for all youth, whether or not they fall under OCFS’s [Requirements to Identify, Document, Report, and Provide Services to Child Sex Trafficking Victims](#) policy:

- Thank the youth for completing the screening and assure the youth that he or she is not to blame for anything that happened to them.
- Tell the youth you are concerned for him or her and ask if you can talk a bit more about what’s been going on in his or her life. Inform the youth that they can continue this conversation with you or another trusted adult in your agency. Let the youth choose which adult he or she will speak with as appropriate.
- If the youth is willing to continue the conversation, ask him or her to share a bit more about the questions they answered ‘yes.’ Remind the youth that you are asking these questions to get to know them better so that you might be able to support them in achieving safety.

- Continue to engage with the youth through programming, and assure him or her that he or she can talk to you about any concerns at any time. Share your availability and contact information with the youth verbally and in writing.
- If you suspect the parent, guardian, or person legally responsible is potentially involved in the trafficking situation, or is aware of the situation and is allowing it to occur, call the New York Statewide Central Register (1-800-342-3720).
 - Explain to the youth why the call needs to be made, and make the call together when possible. Be sure to explain the purpose of the call to the youth and non-offending caregivers. Reassure the youth that he or she is not in trouble and has done nothing wrong.

For all youth who answered ‘yes’ to an underlined question:

- Conduct a safety assessment with the youth and non-offending caregivers (as appropriate) immediately. If the youth is in immediate danger, call 9-1-1.
- If the youth consents, refer him or her to a professional with child trafficking expertise for a forensic interview. Use a Child Advocacy Center (CAC) and/or established Multi-Disciplinary Teams (MDT) for this purpose whenever possible.
- Provide the youth with contact information they can use should they want to get help later. Refer to *Anti-Trafficking Hotlines and Helplines* or a list of national resources. Referrals to specialized service agencies should be offered at this time.
- Inform your supervisor and the youth’s treatment/service team of the potential trafficking situation as soon as possible.

For more information on screening, assessing, and providing tailored services to potentially trafficked or exploited youth refer to *Responding to Commercially Sexually Trafficked and Exploited Youth: A Handbook for Child Serving Professionals*.

For further guidance and general questions about human trafficking contact:
HumanTrafficking@ocfs.ny.gov

¹ Regular safety assessment allows the youth and the professional to discuss changes in the youth’s trafficking situation, relations with the trafficker, and to develop safety plans.

Ohio

Covenant House Human Trafficking Interview and Assessment Measure

Available at:

<https://humantraffickinghotline.org/sites/default/files/Homelessness%2C%20Survival%20Sex%2C%20and%20Human%20Trafficking%20-%20Covenant%20House%20NY.pdf>

Ohio

Urban Institute Human Trafficking Screening Tool

Available at: https://www.urban.org/research/publication/pretesting-human-trafficking-screening-tool-child-welfare-and-runaway-and-homeless-youth-systems/view/full_report

Oregon

[PDF begins on next page]

Child/young adult's name:	
Person ID number:	Date:
Case number:	Caseworker completing form:

Determination of Sex Trafficking Victim Status

Confirmed victim (if yes to one or more of the following)

	Yes	No
Has the child self-reported engaging in sexual activity or sexually explicit performance for the monetary or in-kind benefit of another person?	<input type="checkbox"/>	<input type="checkbox"/>
Has the young adult self-reported being forced or coerced into sexual activity or sexually explicit performance for the monetary or in-kind benefit of another person?	<input type="checkbox"/>	<input type="checkbox"/>
Has law enforcement confirmed through an investigation that the child or young adult has been sexually trafficked?	<input type="checkbox"/>	<input type="checkbox"/>
Has the child self-reported "consensual" participation in a sexual act in exchange for shelter, transportation, drugs, alcohol, money or other item(s) of value?	<input type="checkbox"/>	<input type="checkbox"/>
If confirmed victim, answer the following question(s):	Yes	No
Is the child/young adult in substitute care?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , does the information support that the first victimization was prior to entering substitute care? (Answer No if first victimization was while in substitute care.)	<input type="checkbox"/>	<input type="checkbox"/>

At Risk (if yes to one or more of the following)

	Yes	No
Does the child/young adult have a self-disclosed or reported history of multiple and/or anonymous sex partners?	<input type="checkbox"/>	<input type="checkbox"/>
Does the child/young adult have a history of multiple/chronic sexually transmitted disease?	<input type="checkbox"/>	<input type="checkbox"/>
Has the child/young adult used the internet for posting sexually explicit material?	<input type="checkbox"/>	<input type="checkbox"/>
Have there been confirmed or reported uses of hotels for parties or sexual encounters?	<input type="checkbox"/>	<input type="checkbox"/>
Does the child/young adult have family connections to sex trafficking?	<input type="checkbox"/>	<input type="checkbox"/>
Has gang affiliation been disclosed, reported or suspected?	<input type="checkbox"/>	<input type="checkbox"/>

At Risk (if yes to two or more of the following)

	Yes	No
Does the child/young adult have unaccounted for injuries or suspicious tattoos?	<input type="checkbox"/>	<input type="checkbox"/>
Does the child/young adult have a history of multiple runs?	<input type="checkbox"/>	<input type="checkbox"/>
Has the child/young adult been in possession of money, cell phone, hotel keys or other items that cannot be explained or accounted for?	<input type="checkbox"/>	<input type="checkbox"/>
Is the child/young adult in a relationship with a significantly older partner?	<input type="checkbox"/>	<input type="checkbox"/>
Is the child/young adult unable or unwilling to provide information about a boyfriend/girlfriend or sex partners?	<input type="checkbox"/>	<input type="checkbox"/>

Child/young adult's name:

Date:

Person ID number:

Case number:

Caseworker completing form:

Instructions

1. The Determination of Sex Trafficking Victim Status tool is to be completed by the caseworker after a missing child or young adult has been located.
2. Actions to be completed when a caseworker identifies the following:
 - a. **Confirmed victim:** A report is to be made to a screener about any new incident of child abuse or neglect. Refer to Child Welfare procedure manual section related to providing services to a child/young adult identified as a sex trafficking victim for next steps; the case plan is to be revised as indicated.
 - b. **At risk:** refer to Child Welfare procedure manual section related to providing services to a child/young adult identified as a sex trafficking victim for next steps; the case plan is to be revised as indicated.
 - c. **Not confirmed victim or at risk:** While a change in the case plan is not required, follow-up may be needed to address the issues that originally triggered a suspicion of sex trafficking.

Related Definitions

1. **“Child”** means a person under 18 years of age.
2. **“Coercion”** means threats of serious harm to, or physical restraint of, any person; any scheme, plan or pattern of intended to cause a person to believe that failure to perform an act would result in serious harm to, or physical restraint against, any person; or the abuse or threatened abuse of the legal process.
3. **“Commercial sex act”** means any sex act where anything of value is given to or received by any person.
4. **“Force”** means the use of any form of physical force, including rape, beatings and confinement to control victims.
5. **“Sex trafficking”** means the recruitment, harboring, transportation, provision, obtaining, patronizing or soliciting of a person under the age of 18 for the purpose of a commercial sex act or the recruitment, harboring, transportation, provision, obtaining, patronizing or soliciting of a person over the age of 18 using force, fraud, or coercion for the purpose of a commercial sex act.
6. **“Sexually explicit performance”** means a live, recorded, broadcast (including internet) or public act or show intended to arouse or satisfy the sexual desires or appeal to the excessive sexual interests of customers.
7. **“Young adult”** means a person aged 18 through 20.

Rhode Island



Commercial Sexual Exploitation of Children Screening Tool

Child's Name: _____ Gender: _____ DOB: _____ Race/Ethnicity _____
 Child's Address(current): _____ City/Town: _____
 Screener's Name: _____ Agency: _____
 Number Where Screener Can Reached: _____ Date of Screening: _____
 Name of Child's Parent/Guardian: _____ Contact Number: _____

AT RISK – if yes to three (3) or more of the following:

YES NO

Does the child have a history of multiple absences from home or placement?		
Have there been reports of multiple anonymous sex partners?		
Is the child in possession of money, cell phone(s) or other items that cannot be explained or accounted for?		
Has the child used the internet for posting sexually explicit material?		
Is the child in a sexual/romantic relationship with an older partner?		
Is the child unable or unwilling to provide information regarding a boyfriend or sex partner?		
Does the child have a history of multiple/chronic sexually transmitted diseases, pregnancies or abortions?		
Has gang affiliation been disclosed, reported or suspected?		
Has the parent guardian or a sibling previously been a victim of sex trafficking or currently involved?		
In the last year has there been new or an increase in substance use of one or more substances?		

HIGH RISK – if yes to one (1) or more of the following:**YES NO**

Have there been confirmed or reported uses of hotels/motels for parties or sexual encounters?		
Has there been unauthorized travel across country or state lines?		
Does the child have unaccounted for injuries or tattoos?		
Has a family member and/or friend been involved in sex trafficking or sex work?		

CONFIRMED VICTIM – if yes to one (1) or more of the following:**YES NO**

Has the child ever had to exchange sex for money, food, shelter, drugs, alcohol, transportation, or anything of value?		
Has the child reported being forced or coerced into sexual activity for money given to another person?		
Has law enforcement confirmed through an investigation that the child has been trafficked or engaged in any commercial sexually exploitive activity?		
Has the child frequented specific locations confirmed to be used for sex trafficking?		

POST INTERVIEW QUESTIONS:**YES NO**

Are there indicators that responses may have been inaccurate? If yes, please describe.		
Are there other reasons to suspect child may be a victim of CSEC? If yes, please describe.		
Is child willing to speak with law enforcement?		
Is child able to identify or does screener suspect City/Town (s) where alleged incidents are believed to have occurred? If yes, please identify.		

All copies of the CSEC Screening Tool are submitted electronically to the DCYF Human Trafficking Prevention Coordinator at alexander.simeone@dcyf.ri.gov upon completion.

Mandated Reporting:

- In accordance with Rhode Island General Law 40-11-2, anyone who has information or suspects that a child under age 18, or under age 21 if in DCYF Custody, is the victim of abuse or neglect, including Commercial Sexual Exploitation. That individual is required to make a report to the RI DCYF Child Abuse Hot Line RI which operates 24 Hours per day, 7 days per week, at 1-800-RICHILD (1-800-742-4453) within 24 hours.
- In accordance with the Rhode Island Uniform Response Protocol to the Commercial Exploitation of Children, a report is immediately made to local Law Enforcement.
- For 24/7 help, support, advocacy and information, please call the Day One Help Line at 1-800-494- 8100.

If child is active with DCYF Worker Name: _____ Number _____

For DCYF Use:

If a child is “At Risk” DCYF Worker consults with the DCYF Special Investigations Unit (SIU) within one business day.

If child is at “High Risk” or “Confirmed”: DCYF Worker Immediately consults with the HTPC and SIU, which ensures Universal Response to CSEC Protocol is followed.

Tennessee

Child and Adolescent Needs and Strengths with a CSE module

Available at: <https://files.dcs.tn.gov/policies/chap31/CANS2.0.pdf>

Tennessee

Family Advocacy Support Tool with CSEM Risk Calculation

Available at <https://files.dcs.tn.gov/policies/chap14/FASTManual2.1.pdf>

Washington

[PDF begins on next page]

**Commercially Sexually Exploited Child (CSEC) Screen**

YOUTH'S NAME	YOUTH'S ID NUMBER	STAFF COMPLETING SCREEN
REGION	OFFICE	DATE

Complete Part A, B, and C for all youth.

- Age 11 and older at initial placement or entry into CFWS services.
- Who run from out of home care.
- Are suspected, indicated, or confirmed of being CSEC.

Part A. Indicators of CSEC (if any of the following exist) Check all applicable boxes.

- Unconfirmed reports of suspected or indicated CSEC from people in the child's life
- Reporting history of being a victim of sexual abuse other than CSEC
- History of more than one run episode in the last six (6) months
- History of travel to other cities / states while on the run
- History of hanging out or living on the streets
- Excess amount of cash or valuable goods in their possession (may be reluctant to explain its source)
- Youth in possession of hotel keys and key cards
- Lying about age / false ID
- Unable or unwilling to give local address or information about romantic partner
- Adult or significantly older romantic partner
- Sexually explicit profiles on social networking site
- Youth affiliated with a gang suspected of sex trafficking
- Unexplained bruising and/or injuries or lying about injuries

Part B. Confirmed CSEC (if any of the following exist) Check all applicable boxes.**Youth self-reported or there is a documented history:**

- A documented history of being a victim of sexual exploitation
- Forced or coerced into sexual activity for the monetary benefit of another person (self-report or through investigation)
- Voluntary participation in a sexual activity in exchange for anything of value (money, drugs / alcohol, shelter, clothing, cell phone, etc.) (self-report or through investigation)
- Engaged in exotic dancing in a club or at private parties or they've worked for any kind of online or phone sex service (self-report or through investigation)
- Arrest record for prostitution or prostitution related charges
- Sexually explicit back page ad or similar sexually explicit online or print ad /profile, or any print / online pornographic materials been found depicting the youth

Part C. Screen Results Check all applicable boxes.

- No indicators of CSEC (no items Checked in Part A and No items checked in Part B)
- No CSEC confirmed (No boxes checked in Part B)
- Youth indicated but not confirmed of being CSEC (Items checked in Part A and no items checked in Part B)
- Youth confirmed CSEC prior to CA care (Items checked in Part B happened to youth prior to CA care)
- Youth confirmed CSEC while in CA care (Items checked in Part B happened to youth while in CA care)