

Revision Date: 6/20/23	Primary Author(s): Sarah Azevedo and Trinette Redinger Ramsey
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## POLICY 415 – Human Trafficking

### A. POLICY

Anti-human trafficking practices promote basic human rights principles of individual freedom, equality, and dignity. The Division of Family Services is responsible for protecting children and youth at risk for trafficking. Human trafficking includes labor trafficking and sex trafficking and is defined as a person who has been recruited, transported, harbored, received, isolated, advertised, solicited, or enticed for the purpose of servitude.

A primary purpose of the Division of Family Services' involvement in trafficking cases is to ensure a comprehensive assessment of the child's safety, placement, mental health, medical, and substance abuse needs. A secondary purpose is to determine whether abuse or neglect occurred and to enter substantiated perpetrators on the Child Protection Registry.

### B. PROCEDURES

1. According to the federal Justice for Victims of Trafficking Act of 2015, any child who has been the victim of trafficking is considered a victim of child abuse and neglect.
2. The Division of Family Services (DFS) will identify, report, and provide services for any child or youth in the State of Delaware who has been identified as at risk of or is a potential victim of trafficking.
3. Adults who are suspected to have been victims of trafficking will be reported to law enforcement.

#### B.1. Intake/Investigation

1. All suspected cases of juvenile trafficking will be reported to the DFS Child Abuse Report Line.
2. The DFS Child Abuse Report Line intake caseworker will complete the Commercial Sexual Exploitation-Identification Tool (CSE-IT) Intake Screening Tool when trafficking is explicitly alleged, as well as when the intake worker perceives that reported behaviors are concerning for possible trafficking. Each report will be screened using the Structured Decision Making<sup>®</sup> SDM<sup>®</sup> Intake Tool, informed by the CSE-IT Intake Screening Tool. Every reported case of juvenile trafficking, whether screened in or screened out, will be cross-reported to the appropriate law enforcement agency within 24 hours.
3. Juvenile trafficking cases will be named in FOCUS (For Our Children's Ultimate Success - automated information system), using the name of the caregiver in the child's household. If the child victim resides in their family's household, then the report will be screened both for Neglect, with respect to the caregiver, and for Trafficking, with respect to the non-household trafficker. If the parent or caregiver is the alleged trafficker, the

report will be screened for Sexual Abuse/Exploitation. This is consistent with the SDM<sup>®</sup> Intake Policy.

4. If the child victim is a child in foster care and the alleged perpetrator does not reside in the foster home, then the case will be named by the child's name, and the report will be screened for Trafficking with respect to the non-household trafficker. If the alleged trafficking perpetrator resides in the foster home, then the case will be named by the foster parent's name, and the report will be screened for Trafficking and assigned to an institutional abuse investigator.
5. For screened in cases of juvenile trafficking, the primary purposes of the Division's involvement are:
  - a. To ensure a comprehensive assessment of the child's safety, placement, mental health, medical, and substance abuse needs.
  - b. Assess the child's family for their ability and willingness to be protective of the child.
  - c. To provide historical information about agency involvement to the Multidisciplinary Team (MDT).
  - d. With Law Enforcement, to identify the persons involved and coordinate interviews with the child, other victims, alleged perpetrator, and other witnesses; to contact the Children's Advocacy Center (CAC) to request a forensic interview; to provide notification to the alleged perpetrator of the allegations.
  - e. To make a determination as to whether abuse or neglect occurred and enter substantiated perpetrators on the Child Protection Registry.
  - f. To make a determination about risk of future harm to the victim and to engage the victim and family in appropriate services and supports.

Emphasis will be placed on connecting child victims and their families to services and supportive resources, including behavioral health, social services, trauma-based therapy, and other resources as appropriate.

6. Screened in cases of juvenile trafficking will be assigned to one of the Division's serious injury/sexual abuse investigation units, with the exception of cases screened in for Risk of Trafficking. Such cases may be assigned as a FAIR (Family Assessment and Intervention Response) case or as a Treatment Response, depending upon whether the family is already active with the Division.
7. DFS will use the SDM<sup>®</sup> Safety Assessment tool to assess safety and the need for out-of-home interventions for all children in the home.
8. Per the SDM<sup>®</sup> Policy Manual, the household to be assessed is the household where the child victim resides.
9. If children reside in the alleged perpetrator's household, and the children in that household are alleged victims of trafficking and/or exhibit behaviors concerning for trafficking or other abuse/neglect, then a new hotline report should be made to the Child Abuse Report Line.
10. The Division is responsible for ensuring that all screened in reports of juvenile trafficking are cross-reported to law enforcement and the Investigation Coordinator's (IC) office. The IC's office must have access to FOCUS to track and monitor cases.

11. Law enforcement will take the lead in the MDT joint investigation of juvenile trafficking cases, but DFS, law enforcement, and the DOJ will communicate and coordinate a response.
12. Law enforcement will conduct suspect and witness interviews and provide prior notice to DFS to allow for observation, when feasible. DFS must receive clearance from law enforcement before conducting follow-up interviews. If the law enforcement response is delayed, DFS may obtain basic information from the family to assess the child's safety.
13. A medical examination will be conducted for any child who is the alleged victim of trafficking and may be considered for other children living in the home(s). Per statute, DFS is not required to gain consent of the parent or caregiver in order to seek a medical examination for a child victim or other children living in the child's home.
14. If the alleged perpetrator is the child's caregiver or is unknown, then alternative transportation should be provided for the purposes of conducting a medical examination. Either DFS or law enforcement may transport the child to the hospital for this purpose without parental consent.
15. DFS should obtain preliminary medical findings immediately upon completion of the examination, and any subsequent findings and medical records should be obtained prior to completion of an investigation.
16. Every intake screened in for Labor Trafficking, Sexual Trafficking, Risk of Trafficking, Failure to Protect from Trafficking, Labor Exploitation, or Sexual Exploitation will receive a Trafficking Prevention and Response Plan (TPRP). The coordinator will be the DFS caseworker, who should utilize family engagement strategies to incorporate the family and child's voice into the plan. All MDT members, as well as the family and child, will have input into its completion. The TPRP focuses on identified needs, risks, and interventions for the child and family. It is broken down into the following areas: Family Information, MDT Response, Services and Planning Response, Assessment of Strengths and Needs for the Youth and Family, and Consent for Information Sharing and Signatures. The TPRP will guide and organize discussions at MDT meetings, document child safety strategies, and ensure services are provided to the child and family. A signed copy of the TPRP should be stored in FOCUS.
17. If the child victim is active in a DFS treatment or permanency case, then the investigation caseworker and treatment or permanency caseworker will collaborate and participate in the MDT process. In such cases the treatment or permanency caseworker will assist in development/coordination of the Services and Assessment portions of the TPRP and may be identified as the coordinator for that section.
18. DFS will connect the child victims and their families to a Victim Advocate when possible. Victim Advocates are available through local law enforcement agencies and community agencies, and the caseworker should ensure that appropriate referrals are made.
19. DFS will make a determination as to whether abuse or neglect occurred, based upon a preponderance of the evidence. The DFS civil finding is not dependent upon the status or outcome of the criminal case.

20. DFS will provide written notice to the alleged perpetrator(s) of the investigation outcome. If the alleged perpetrator is not the child's parent or caregiver, DFS will also provide written notice to the parent or caregiver of the investigation outcome, utilizing the Letter to Inform Parent/Custodian About Abuse/Neglect.
21. Any requests to review records, either by a caregiver or a non-household perpetrator, must be met with strict attention to confidentiality laws and procedures. Care must be given not to disclose protected information either to the family or to the non-household perpetrator. The child's legal custodians have the right to review records pertaining to themselves and to their child, but not pertaining to another parent or to an extrafamilial perpetrator. Likewise, an extrafamilial perpetrator has the right to review records pertaining to him/herself, but not pertaining to the child or the child's other household members. If the substantiated perpetrator files an appeal and requests records, the records must be carefully redacted to protect child and family safety.

### **B.2. Treatment/Permanency**

1. When a caseworker suspects a child/youth in an active case is a victim of trafficking or the child/youth discloses they are a victim, an immediate report not to exceed 24 hours from disclosure shall be made to the Report Line.
2. If an investigation case leads to continued DFS involvement in treatment or permanency, the treatment or permanency caseworker will assume the role of coordinator of the TPRP in order to ensure continuity of services and safety to the child and family.
3. If a child in an active treatment or permanency case becomes involved in an investigation as a victim of trafficking, then the treatment or permanency caseworker will collaborate with the investigation caseworker and participate in the MDT process. The treatment or permanency caseworker will assist in the development of the safety/services portion of the TPRP. The treatment or permanency caseworker will become the coordinator of the TPRP once the investigation closes.
4. The TPRP will be monitored until it is incorporated into the Family Service Plan and Child Plan (for children in placement). Once incorporated into the Plan(s), the TPRP may be terminated by the treatment or permanency caseworker.
5. All children ages 10 and over will be universally screened for trafficking using the Commercial Sexual Exploitation-Identification Tool (CSE-IT) within 45 days of the treatment or permanency case opening. Screening using the CSE-IT will be completed every 6 months thereafter or sooner if a need arises.
6. Additionally, for children in foster care, the CSE-IT will be completed concurrently with the Child Plan Series. The CSE-IT will be completed with every placement change, Child Plan/Child Plan Review, and return from runaway. If the child's circumstances change, CSE-IT can be completed sooner.

### **B. 3. Screening/Assessment**

1. The Commercial Sexual Exploitation-Identification Tool (CSE-IT) is an information integration tool, not a structured interview or a self-administered questionnaire. The CSE-IT is designed to be completed by caseworkers, who work directly with youth. Caseworkers collect information that can be used to complete the tool through

conversations with youth, observations of appearance or behavior, client records, history, collateral contacts, and other sources of information.

2. The CSE-IT is organized into 8 key indicators. Caseworkers should be familiar with the key indicators in advance of using the tool.
  - Housing and caregiving
  - Prior abuse or trauma
  - Physical health and appearance
  - Environment and exposure
  - Relationships and personal belongings
  - Signs of current trauma
  - Coercion
  - Exploitation
3. Children 10 and over will be screened for trafficking, utilizing the CSE-IT, at the following points during DFS involvement:
  - At the time of intake, the CSE-IT Intake Tool, which is an abbreviated version of the full CSE-IT with 6 key indicators, will be completed when trafficking is explicitly alleged, as well as when the intake worker perceives that behaviors concerning for possible trafficking are being reported.
  - For children not in foster care, the CSE-IT will be completed within 45 days of the treatment or permanency case opening and every 6 months thereafter.
  - For children in foster care, the CSE-IT will be completed within 30 days of placement. Rescreening will occur in conjunction with the Child Plan series and upon return from every runaway event.
  - The CSE-IT must be completed at any time that trafficking is suspected of children of all ages.
4. Caseworkers should use their professional judgement and the information available when completing the CSE-IT. Please refer to the Guidelines for Administering the Commercial Sexual Exploitation-Identification Tool for specific instructions about how to score each key indicator.
5. The following steps will be taken by the caseworker, based upon the outcome of the CSE-IT:
  - No concern: Either the information available does not suggest that the youth is being sexually exploited, or there is not enough information to determine a rating at this time. This rating does not state that sexual exploitation categorically does not exist. The caseworker may want to address concerns with the child and family, but no other formal steps are required. Appropriate prevention services may be provided.
  - Possible concern: The youth may be at risk for or experiencing sexual exploitation, but there is either not enough information available, or the current behaviors and circumstances do not clearly indicate exploitation. Caseworkers should actively monitor the youth who receives this rating, fully assess their needs, and initiate preventive action to ensure that concerns do not intensify or that exploitation does not occur. In consultation with supervision, the caseworker should determine to what extent the youth is at risk and to what extent the family is able to provide safety. Appropriate prevention services should be provided. If the caseworker has a reasonable suspicion that trafficking is occurring or has occurred in the past, a report must be made to the Report Line within 24 hours.

- Clear concern: Numerous risk factors and vulnerabilities are present, suggesting that the youth is being commercially sexually exploited or is at high risk for sexual exploitation. In consultation with supervision, the caseworker should determine to what extent the youth is at risk and to what extent the family is able to provide safety. Appropriate prevention and mitigation services should be provided. If the caseworker has a reasonable suspicion that trafficking is occurring or has occurred in the past, or the youth is at high risk for trafficking, a report must be made to the Report Line within 24 hours.

6. The CSE-IT will be completed in FOCUS.

**B. 4. Transitional and Independent Living Programs**

1. The Division, through its transitional and independent living contract providers, is responsible for identifying, reporting, and providing services to young adults receiving transitional and independent living services and are suspected victims of trafficking.
2. Any young adult, receiving transitional and independent living services and suspected to be the victim of trafficking, must be reported by transitional and independent living contract providers to law enforcement within 24 hours and documented in FOCUS in a note in the independent living case.
3. Law enforcement will take the lead in the investigation of young adults and guide decisions concerning collection of forensic evidence and interviews.

**C. FOCUS**

- Caseworkers scan and copy the Trafficking Prevention and Response Plan (TPRP) into the case under “Files.” Once available as an event in FOCUS, caseworkers will complete the TPRP event.
- Caseworkers complete the CSE-IT event, either at intake through a hyperlink at the top of the intake, or through the CSE-IT hyperlink on the Person Type – Client screen. There are buttons on the Child Plan/Child Plan Review and Runaway Event that provide navigation directly to the tool.

**D. FORMS**

Use the DFS policy website to access any forms:

<https://kids.delaware.gov/policies/dfs-policies>

Letter to Inform Parent/Custodian About Abuse/Neglect  
 Trafficking Prevention and Response Plan (TPRP)  
 Commercial Sexual Exploitation-Identification Tool (CSE-IT)  
 Guidelines for Administering the Commercial Sexual Exploitation-Identification Tool (CSE-IT)  
 Commercial Sexual Exploitation-Identification Tool (CSE-IT) for Intake  
 Guidelines for Administering the Commercial Sexual Exploitation-Identification Tool (CSE-IT) for Intake