

Human Trafficking of Children Practice Guide

For use with

Policy 21-14

August 2021

Contents

1. Introduction	4
2. Definitions	5
3. Human Trafficking Report Protocol (See Appendix 2: Case Flow Chart)	8
3.1 Human Trafficking Accepted Path	8
3.1.1 Careline Responsibilities	8
3.1.2 Intake Social Worker Responsibilities	8
3.2 Human Trafficking Non-Accept Path	9
3.2.1 HART Director Responsibilities	9
3.2.2 Multidisciplinary Team (MDT):	10
3.3 Human Trafficking On-Going	10
4. HART Responsibilities	11
4.1 HART Director or designee:	11
4.2 HART Lead (Clinical Program Director or designee):	11
4.3 HART Liaison:	12
5. Medical, Mental Health, and Services (Intake and On-going Cases Only)	12
5.1 Medical	12
5.1.1 Medical Assessment Framework	12
5.1.2 Medical Assessment Protocol	12
5.1.3 Emergency Department Assessment	13
5.2 Mental Health	14
5.2.1 Behavioral Health	14
5.2.2 DCF should request a Behavioral Health Therapist to:	14
5.2.3 DCF Should Request Medical/ Medication Provider to:	15
5.3 Service and Safety Plans	15
5.3.1 Community Services to consider:	15
5.3.2 Personal Development areas to consider:	15
5.3.3 Family and Significant Other areas to consider:	15
5.3.4 Safety Plan:	16
6. Law Enforcement Human Trafficking Victim Recovery Operations	16
7. Service Options for Immigrant Child Victims of Human Trafficking	16
8. Interstate Compact on the Placement of Children	17
9. Confidential Records	18
10. Training	18

11. Appendix 1: Child Trafficking Decision Map.....19
12. Appendix 2: Case Flow Chart.....22
13. Appendix 3: 737s on Open Cases.....23
14. Appendix 4: Missing from Care Policy.....24

1. Introduction

Human trafficking of children continues to be of concern in Connecticut. These cases impact a diverse range of populations, including people of all races, socio-economic backgrounds, and sexual orientations and identities. The Department of Children and Families (DCF) started tracking child trafficking cases in 2008 and now average, just over 200 new cases per year. Among the diverse populations affected by human trafficking, children are at particular risk for both sex and labor trafficking. DCF is charged with, responsible for, and invested in protecting all children under the age of 18 from harm; this includes victimization through child trafficking.

Understanding the history of racial biases that exist within social services, the Department's involvement in human trafficking cases must be done through a racial justice lens that acts to prevent the perpetuation of racial disparities with the protection services. Given that these cases often lead to law enforcement involvement, the Department must recognize and understand the relationship(s) between the criminal justice systems and marginalized groups within our community. The under and over-identification of specific populations must be understood and addressed, ensuring every child is afforded the protections and services from this horrific crime. Cultural factors should be considered at all decision-making points. As a State Agency, power and privilege must be acknowledged in our practices as many of our families have already been subject to systematic oppression and disadvantages within our communities.

As the Department continues to develop a better understanding of the complex nature of human trafficking, the Department's response to and handling of these cases continues to be modified to ensure better outcomes for those who have been victimized or are at risk of victimization. The Department established the Human Antitrafficking Response Team (HART) to provide an improved statewide focus on the issue, specifically: (1) Identification and response, (2) Awareness and education, and (3) Restoration and recovery. With the development of HART came the creation of the HART Director, with a HART Lead and HART Liaison(s) in each Area Office.

It is essential to recognize that minors involved with human trafficking are victims and, in accordance with the federal Trafficking Victims Protection Act (TVPA), need to be treated as such. Consideration of a child's victim status should be incorporated in every step of case management, including but not limited to interviewing, case planning, referrals for services, documentation, medical treatment, and placement. The various HART team members are available for consultation to assist with these considerations.

This Practice Guide (PG) is designed to provide the necessary guidance to comply with the expectations of DCF Policy 21-14. Included in this Practice Guide are important definitions; detailed protocol for Careline, Intake Social Worker, On-Going Social Worker, and HART Director response; responsibilities of the HART Lead and Liaisons; medical, mental health and service considerations; guidance on safety planning; law enforcement victim recovery operations; guidance regarding immigrant victims; the role of the Interstate Compact Office; confidentiality requirements; training information and requirements; and the Department's screener, the Decision Map.

Human Trafficking Policy 21-14 includes:

The Department of Children and Families (DCF) is committed to

- preventing,
- identifying,
- recovering,

- protecting, and
- providing services for

children who have been identified as victims of human trafficking.

Legal references: Conn. Gen. Stat. 53a-82; Conn. Gen. Stat. 46b-133; Conn. Gen. Stat. 53a-192a; Conn. Gen. Stat. 54-222; and Conn. Gen. Stat. 46a-170.

As part of the Child Protective System, DCF shall collaborate with

- state, local, and federal law enforcement,
- juvenile justice,
- health care providers,
- education agencies, and
- organizations with experience in dealing with at-risk youth

to develop and update policies and procedures (including relevant training for Social Workers) for

- preventing,
- identifying,
- documenting in agency records, and
- determining appropriate services

for any child over whom DCF has responsibility for placement, care, or supervision and who DCF has reasonable cause to believe is a child trafficking victim.

2. Definitions

The following are definitions of terms that Social Workers may hear when working with victims of human trafficking:

Child: Any person under eighteen (18) years of age or under twenty-one (21) years of age and in DCF care.

Child Advocacy Center (CAC): An entity created to support each Multidisciplinary Team/ MDT (defined below). The location where much of the support to the child and family could include advocacy, mental health services, forensic interviews, and medical exams, to name a few.

Child Exploitation: The act of using a minor child for profit, labor, sexual gratification, or some other personal or financial advantage.

Child Sex Trafficking: Under the federal Trafficking Victims Protection Act/ TVPA (defined below), any child under age 18 that is exploited through commercial sex where something of value – such as money, drugs, items, or a place to stay is given for sexual activity, is a victim of child sex trafficking. Note: Evidence of force, fraud, or coercion is not required for minors under the age of 18.

Commercial Sex Act: Any sex act on account of which anything of value is given to or received by a person.

Decision Map: The Decision Map is the Department’s screening instrument developed to identify children that are confirmed, suspected, high risk, or at risk of child trafficking. (See Appendix 1: Decision Map)

Forensic Interview (FI): FIs were developed to elicit information in an unbiased, fact-finding manner that is culturally sensitive and appropriate for each child's developmental stage. A trained Forensic Interviewer conducts FIs in an interview room in a child-friendly setting that is comfortable, informal, private, and free of distractions and interruptions. FIs are most often recorded. The designated MDT team member(s) may observe the interview, specifically law enforcement and DCF, and use the information learned from the child as a starting place for the rest of the investigation.

Human Antitrafficking Response Team (HART): Connecticut's Human Antitrafficking Response Team (HART) is a large group of interested parties working together to address child trafficking in the state of Connecticut. Members include various state departments, courts, HART Leads, and Liaisons, all levels of law enforcement, probation, mental health providers, service providers, multidisciplinary team members, medical providers, and the faith-based community, to name a few. The focus of HART is the statewide response to child trafficking, public awareness, training, events, and other activities focused on eradicating child trafficking in the state.

HART Consult: The Area Office HART Team meets with the social worker to review possible child trafficking cases, including all cases in which a child is missing for more than 72-hours. The consult includes the use of the Department's screening instrument, Decision Map.

HART Director: DCF employee who leads Connecticut's Human Antitrafficking Response Team (HART). HART specific tasks include organizing and chairing meetings, curricula development, training, resource assessment and expansion, and other related duties. The HART Director assesses and triages all possible cases of child trafficking called into the Careline and other cases referred by the regional/ area offices and other sources. The HART Director accesses/ triages all human trafficking non-accept cases called into the Careline and ensures a Multidisciplinary Team response and law enforcement engagement as deemed appropriate. The HART Director collaborates with law enforcement as deemed appropriate on specific cases and law enforcement led operations. The HART Director is available to assist the regional/ area office HART Leads and Liaisons as needed.

HART Lead: DCF employee acting as the lead on all human trafficking efforts in the DCF Region. The HART Lead will monitor the Regional/ Area Office efforts, participate in HART meetings as needed, participate in policy, protocol, development-related tasks, and other duties necessary to ensure the regional/ area office HART is functioning appropriately.

HART Liaison: DCF employee who acts as a liaison and consultant on the DCF Regional and Area Office local HARTs. The HART Liaison convenes area office HART meetings, coordinates HART Consults to social workers, collaborates with law enforcement as necessary, records and tracks data, and participates in Multidisciplinary Team Meetings as needed.

Regional/ Area Office HART TEAM: Local HART team within the DCF Regional and Area Office led by the HART Lead and Liaison(s) focused on individual child trafficking case response, local service delivery, and community education.

Human Trafficking Task Force (Task Force): A specialized team organized by the US Attorney's Office and lead by the Federal Bureau of Investigation (FBI) to respond to trafficking cases, including sex trafficking and labor trafficking of both children and adults. The Task Force partners with Homeland Security

Investigations (HSI)/ Immigration and Customs Enforcement (ICE), States Attorney's Office, State Police, local law enforcement, and DCF.

Labor Trafficking: Under the federal Trafficking Victims Protection Act/ TVPA (defined below), Labor Trafficking of both adults and children includes the recruitment, harboring, transportation, provision, or obtaining a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

Minimal Facts: The gathering of minimal facts means to obtain necessary information regarding the reported incident(s) of sexual abuse, including child trafficking from sources other than the victim, such as the "who, what and when." Minimal Facts is the process of gathering information from the DCF report, collateral contacts, caretakers, and those who first received the disclosure information to establish sufficiency to proceed to a forensic interview **WITHOUT** interviewing the child regarding the sexual abuse allegations. It is vital to assess for safety, well-being, and capacity of non-offending caretakers to protect the child. Also, assessing domestic violence, substance abuse, mental health, abuse/ neglect; can include an interview of the child for these issues but not the sexual abuse if sufficient minimal facts have been gathered.

Missing from Care (MFC):

Runaway- a child who runs away from placement, and DCF does not know the child's location and cannot communicate with the child.

AWOL- a child who runs away from placement, but the agency is aware of where they can be found or is communicating with the child. A child or adolescent leaves a facility or residence without prior authorization or does not return to the facility at a predetermined and specific time from school, work, or an event.

Multidisciplinary Teams (MDTs): An organized team of professionals that include a coordinator, DCF, law enforcement, state's attorney/ prosecutor, mental health providers, medical providers, forensic interviewer, advocate, to name some of the critical parties all focused on reviewing all cases of child sexual abuse including child trafficking, severe physical abuse, and death of children. The MDT's ultimate goal is to ensure the child and the non-offending caregiver(s) receive the support and services they need due to the victimization while ensuring the team's communication minimizes the number of interviews the child must go through so as not to re-traumatize the child. The MDT's secondary goal is to increase the prosecution rates of the identified perpetrators; the team approach increases the likelihood of successful prosecutions.

MDT Coordinator: The DCF contracted position to oversee the Multidisciplinary Team process for each MDT across the state. The MDT Coordinator organizes and documents the meetings, inputs data into the statewide data collection system (NCAttrak), provides case follow-up, collaborates with the CAC, and partners with other MDTs when cases across multiple jurisdictions. (See Multidisciplinary scope of service for detailed description)

Red Flags: Indicators of possible child trafficking. (See Appendix 1: Decision Map)

Silver Alert: A public announcement or warning that a person has disappeared. Silver Alerts can be issued for a child under the age of 18, a missing person between ages 18 and 65 who has mental health issues or someone over the age of 65. Silver Alerts are issued by law enforcement after a report is received and verified.

Trafficked: The state of a person who is or has been a victim of human trafficking.

Trafficking in Persons: The Trafficking Victims Protection Act (TVPA) of 2000 defines “severe forms of trafficking in persons” as:

Sex Trafficking: the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act, in which the commercial sex act is induced by force, fraud, or coercion, **or in which the person induced to perform such an act has not attained 18 years of age**; and

Labor Trafficking: the recruitment, harboring, transportation, provision, or obtaining a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

3. Human Trafficking Report Protocol (See Appendix 2: Case Flow Chart)

For any referral of alleged human trafficking of a child, the Careline shall:

- Identify cases with child trafficking characteristics for tracking purposes.
- Assess for acceptance of the referral per Operational Definitions (cross-reference DCF Policy 22-3).
- Obtain complete information as to why the reporter suspects human trafficking and any other concerns regarding the child’s well-being; and
- Based on whether the referral is accepted or non-accepted, the Careline responsibilities are listed below.

3.1 Human Trafficking Accepted Path

DCF Careline receives a referral with child trafficking characteristics that meet the DCF Operational Definition of Child Abuse and Neglect (cross-reference DCF Policy 22-3).

3.1.1 Careline Responsibilities

- Careline will document the child trafficking characteristics in CTKIND for trafficking purpose.
- Careline will send the 737 to local law enforcement, Statewide HART Director (Lead), FBI, Office of the Chief State's Attorney, and Multidisciplinary Team(s) (MDT(s)); and
- Careline will assign the case to the appropriate Regional Office/ Special Investigative Unit for Investigation (FAR rule out of Sexual Abuse) and create Exceptional Circumstance – Critical Incident via DCF-823 (cross-reference DCF Policy 22-1-2).

3.1.2 Intake Social Worker Responsibilities

- The DCF intake process should be undertaken in coordination with law enforcement.
- For the safety of the child, the child should be transported and accompanied by two DCF staff members and/or in a car with child safety locks, whenever possible.
- “Minimal Facts” practice should be utilized.
- Intake Social Worker will discuss the importance of maintaining a current photo of the child if needed to locate the child.

- Within two business days, the assigned Intake Social Worker will outreach to the Area Office HART Liaison(s) for a HART consult that should occur within 72 hours.
- Intake Social Worker will consult with DCF legal staff, Regional Resource Group (RRG), including the RRG Nurse, and other appropriate resources as indicated.
- Intake Social Worker will collaborate with the Multidisciplinary Team (MDT), sharing the outcome of the HART consult and participating in the MDT Case Review Meetings.
- The MDT will determine the appropriateness of a Forensic Interview (FI). If questions arise regarding the use of the FI or if multiple MDTs should be informed due to the legal jurisdiction(s) of the case, the Intake Social Worker should consult with the Area Office HART Liaison; and
- Intake Social Worker will continue to collaborate with law enforcement as indicated.
- If the child goes Missing from Care (MFC): (See Appendix 4: Missing from Care Policy).
 - Intake Social Worker must request a HART Consult within two business days, including the RRG assigned clinician, when a child is missing for more than 72 hours to assess the child for risk factors of child sex trafficking or labor trafficking. HART Consult will occur within 72 hours of the request.
- When the child Returns to Care: (See DCF Policy 21-15, Missing From Care).
 - Intake Social Worker must notify the HART Liaison.
 - Intake Social Worker must evaluate the child's health and safety in collaboration with the area office HART Liaison.
- If during the course of the intake, the identified allegation is determined that it does not meet the DCF Operational Definition of Child Abuse and Neglect (cross-reference DCF Policy 22-3), the case will be referred to the HART Director and follow the Non-Accept Path outlined below.

3.2 Human Trafficking Non-Accept Path

DCF Careline receives a referral with child trafficking characteristics that DOES NOT meet the DCF Operational Definition of Child Abuse and Neglect (cross-reference DCF Policy 22-3).

If there is NO evidence of child sex or labor trafficking by an entrusted party, caregiver, or parent:

- Careline will document the child trafficking characteristics in CTKIND for tracking purposes; and
- Careline will send the 737 to local law enforcement, HART Director, FBI, and Multidisciplinary Team.

3.2.1 HART Director Responsibilities

- HART Director or designee will assess and triage all non-accept child trafficking referrals by the next business day.
- HART Director or designee will ensure data on all non-accept child trafficking referrals is collected to meet federal reporting requirements.
- HART Director or designee will ensure referrals for urgent issues are provided.
- HART Director or designee will partner with the identified Multidisciplinary Team (MDT)(s) to ensure cases are reviewed, appropriate law enforcement is involved, and supports and services are offered to the child and family; and

- HART Director or designee will partner with the Task Force to ensure appropriate information sharing, including the identified MDT(s) reviewing the referral to foster collaboration, ensure Minimal Facts, and mutual decision on using a forensic interview.

3.2.2 Multidisciplinary Team (MDT):

- In collaboration with partners, MDT coordinator will determine if the regularly scheduled MDT case review meeting is timely enough to review the referral or if a consultation meeting is needed to meet the referral's urgency.
- MDT Coordinator will review the referral with the necessary partners to recommend next steps, which may include but are not limited to 1) medical evaluation, 2) mental health evaluation, 3) forensic interview, 4) advocacy, 5) specialized case management, 6) threat assessment, 7) interpersonal support/ mentoring, 8) placement/ shelter, 9) youth/ peer support.
- An advocate/ case manager or service provider will be selected in partnership with the involved MDT partners and will serve as the main point of contact for the family and will provide the following:
 - Discuss the importance of maintaining a current photo of the child if needed to locate the child.
 - Follow-up with law enforcement as indicated.
 - Ensure the National Center for Missing and Exploited Children (NCMEC) is contacted when a child is missing. NCMEC should also be notified when a child return.
 - Ensure a Silver Alert (DPS-81-C) is requested for missing children. Law enforcement should be notified when the child returns.
- MDT Coordinator or designee will enter case data into the NCAtrack through case closure; and
- MDT will continue to follow the case until all interested parties agree the case should be closed.

3.3 Human Trafficking On-Going

Child Trafficking Characteristics are newly identified in an open case with the Department. **Important:** A 737 should be generated and emailed to local law enforcement, FBI, Office of the Chief State's Attorney, respective MDT(s), and the HART Director (See Appendix 3: 737s on Open Cases).

- On-Going Social Worker will assess for child trafficking characteristics/ red flags; and
 - Within two business days, the assigned Intake Social Worker will outreach to the Area Office HART Liaison for a HART Consult that should occur within 72 hours.
- Note: If the new allegation(s) allege an entrusted party, caregiver or parent is responsible for the trafficking (cross-reference DCF Policy 22-3), the case should be referred to the Careline.**
- "Minimal Facts" practice should be utilized.
 - After a recovery, for the child's safety, the child must be transported and accompanied by two DCF staff members in a car with child safety locks and window locks.
 - On-Going Social Worker will discuss the importance of maintaining a current photo of the child if needed to locate the child.

- On-going Social Worker will consult with DCF legal staff, Regional Resource Group (RRG), including the RRG Nurse, and other appropriate resources as indicated.
- On-Going Social Worker will collaborate with the Multidisciplinary Team (MDT), sharing the outcome of the HART Consult and participating in the MDT Case Review Meetings.
- The MDT will determine the appropriateness of a Forensic Interview (FI). If questions arise regarding the use of the FI or if multiple MDTs should be informed due to the legal jurisdictions(s) of the case, the Intake Social Worker should consult with the Area Office HART Liaison.
- On-Going Social Worker will consult with Area Office HART Liaison for child trafficking specific services; and
- On-Going Social Worker will continue to collaborate with law enforcement, as indicated.
- If the child goes Missing from Care (MFC): (See DCF Policy 21-15, Missing From Care).
 - On-Going Social Worker must request a HART Consult within two business days, including the RRG assigned clinician, when a child is missing for more than 72 hours to assess the child for risk factors of child sex trafficking or labor trafficking. HART Consult will occur within 72 hours of the request.
- When the child Returns to Care: (See DCF Policy 21-15, Missing From Care).
 - On-Going Social Worker must notify the HART Liaison.
 - On-Going Social Worker must evaluate the child's health and safety in collaboration with the area office HART team.

4. HART Responsibilities

4.1 HART Director or designee:

- Assess and triage all reports of possible child trafficking by the next business day.
- Provide case consultations as requested by the HART Leads and Liaisons.
- Follow-up on all non-accept child trafficking reports as indicated in 3.2.2 Human Trafficking Non-Accept Path.
- Assist with law enforcement related issues including but not limited to Human Trafficking Victim Recovery Operations, Silver Alerts, case coordination, etc.; and
- Provide training, develop partnerships, and enhance the service system as deemed appropriate.

4.2 HART Lead (Clinical Program Director or designee):

- Coordinate regular local HART meetings ensuring each office has a team of dedicated members to address the local response.
- Support the HART Liaisons with child trafficking cases, which may include attendance at HART team consults, assessing treatment options, collaboration with law enforcement, law enforcement operations, Etc.
- Ensure the local community has the training and resources necessary to address child trafficking at a local level.
- Partner with the HART Director and HART on child trafficking related issues that cannot be addressed at the local level.

4.3 HART Liaison:

- Provide HART Consults on all possible child trafficking cases within 72 hours of the request.
- Provide HART Consults on all children Missing from Care (MFC) for more than 72-hours. See DCF Policy 21-15, Missing From Care. HART Consults must occur within 72 hours of the request.
- Ensure 737s are generated on open cases and sent to the appropriate parties (See Appendix 3: 737s on Open Cases).
- Complete the Decision Map to determine the risk level or confirm the child is a victim of child trafficking.
- Ensure HART related cases are presented at the MDT(s).
- Continued to collaborate with the MDT Coordinator and the area office MDT liaison.
- Enter consult into the Department's case management system within five days and required data in the approved system(s) every month.
- Assist with law enforcement related issues including but not limited to Human Trafficking Victim Recovery Operations, Silver Alerts, case coordination, etc.; and
- Partner with the local community on awareness events, training, specialized services, etc.

5. Medical, Mental Health, and Services (Intake and On-going Cases Only)

5.1 Medical

5.1.1 Medical Assessment Framework

Whether acute or requiring on-going services, the identified needs are incorporated into the case plan for a child who remains involved with DCF. When applicable, acute assessments will be done in an emergency department. The non-urgent assessments can be completed by utilizing available community services, including Enhanced Care Clinics, primary care physicians, therapists, and community dentists. Sustained efforts should be made to engage the child in the process of assessments. If a particular evaluation is refused, a plan must be developed with the child to have the assessment completed at a later date. Monitoring of the completion of assessments is the role of the DCF Social Worker's Supervisor; however, the Social Worker assigned to the case is responsible for setting appointments for the initial assessments and indicated follow-up care. In those instances, the modifications in assessment needs and timing are to be coordinated by the Social Worker's Supervisor in consultation with the HART Liaison.

Findings from the screening, assessment, and treatment guidelines will be utilized to inform case planning and service delivery. Medical care, especially procedures such as sexual abuse evaluations, must be conducted with sensitivity towards the traumatized child, including awareness of potential trauma triggers during the examination process and strategies for responding effectively.

5.1.2 Medical Assessment Protocol

The Medical Assessment Protocol is meant to be a guideline for issues that should be considered when a child is identified as a potential trafficking victim. The social worker will consult with the RRG Nurse, as indicated.

The HART Liaison should take into consideration:

- child's most recent physical and dental exam
- indications of physical abuse or injury
- existence of acute health needs or reported medical symptoms
- timeframe since last sexual contact (especially fewer than 120 hours since the last contact)

Within two (2) business days of staff being referred to RRG Nurse, a consult should occur to determine the level of medical assessment needed, if any (i.e., emergency room, primary care physician, OB/GYN, etc.). The RRG Nurse should enter an RRG Nurse Medical Narrative with recommendations. Intake/ CPS Social Worker should update the Medical Icon in the computer system. The following should be discussed during the RRG Nurse Consult for the social worker to follow-up with the recommended medical provider(s):

- Routine physical assessment including vital signs;
- Assessment for signs of physical abuse;
- Assessment for signs of medical neglect;
- Assessment of nutritional status;
- A check of tattoos and other markings;
- Acute dental needs;
- Reproductive health (including but not limited to STD, pregnancy testing, and birth control);
- Indicated lab work, including drug testing when indicated;
- Determination of current medications (medical & psychotropic);
- Pre and post prophylactic treatments; withdrawal symptoms, and
- the provision of prescriptions for needed medications.

5.1.3 Emergency Department Assessment

Standard DCF field assessments or RRG Nurse Consults are used to determine if a child needs to be brought to an emergency department for medical, mental health, or dental clearance before being placed. When an emergency department assessment is indicated, it may be possible to complete a substantial part of the initial healthcare assessments. These procedures provide the medical and psychiatric assessments that DCF needs to place and care for the identified child appropriately.

- A child who has been identified by the emergency department staff or brought to the emergency department because of suspicion of having been trafficked should be interviewed alone using Minimal Facts (See Definitions, Section 1).
- When an emergency department staff member identifies a potential human trafficking victim, **DCF Careline** will be notified immediately at **860-550-6515 (Hospital Line)**. A DCF worker will be assigned and deployed to the emergency department for DCF case management.
- Refusal by the child of an exam or any part of an exam should be documented in the medical record, and the DCF worker should be informed.
- A sexual assault assessment can be conducted by the emergency department staff or by an outside agency used by the hospital to conduct sexual assault examinations and interviews. *A forensic-level examination is required only when requested by law enforcement.*
- Behavioral health assessments can be done by the emergency department staff, EMPS (Emergency Mobile Psychiatric Service), or an outside agency used by the hospital.

- Substance use screening tests are for the use of DCF only and should be conducted with permission from the child, as appropriate.
- Full prescriptions should be provided upon discharge for current medications and any new medication ordered, as they will be needed for placement.
- Upon completion of the medical, psychiatric, and dental assessments, clearance for placement is to be provided to the DCF Social Worker along with the results of lab tests, prescriptions of current medications, and documentation of any needed follow-up services.

5.2 Mental Health

5.2.1 Behavioral Health

All at risk of or confirmed cases of child trafficking will be referred for a HART consult within two business days. HART consults will occur within 72 hours of the request. All initial consults should include the RRG.

1. All HART Consults should consider the need for the following:
 - Initial trauma screening or update prior assessment;
 - General mental and behavioral health assessments;
 - Sexual abuse history;
 - Identification of human trafficking-related safety issues;
 - Determination of current medications, availability, and provider.
 - History of exposure to Intimate Partner Violence (IPV); and
 - Need for a therapist trained in an evidence-based, trauma-focused model versus a therapist who uses a generalized trauma approach.
2. Outcomes should include:
 - CPS/ RRG team will engage in safety planning that takes into consideration: AWOL risk; response to trafficker if it occurs in-person, on the telephone, over the internet; reported fears and concerns.
 - Referrals for appropriate services: therapy, evaluations, support services, Enhanced Care; and
 - Arranged on-going medication assessments as indicated.

5.2.2 DCF should request a Behavioral Health Therapist to:

- assess for trauma symptoms and sequelae, Stockholm Syndrome, spiritual status, sleep disturbance, dissociative reactions, suicidal and homicidal ideations, self-injurious behaviors;
- complete a Mental Status Exam;
- refer for indicated psychological and medication assessments;
- make recommendations for clinical needs and continue to assess;
- report new trafficking incidents to Careline when revealed in treatment;
- develop a contract for safety and revisions as needed;
- collaborate with DCF as necessary to meet identified needs.
- provide written documentation to DCF when required; and

- utilize a trauma-informed approach to treatment.

5.2.3 DCF Should Request Medical/ Medication Provider to:

- Collaborate with the therapist and the Department's Centralized Medication Consent Unit (CMCU) to provide medications for targeted symptoms; and
- Utilize a trauma-informed approach to treatment.

5.3 Service and Safety Plans

Preventing, identifying, and serving human trafficking victims requires a multi-system coordinated approach within and across local, state, and federal levels. At the local level, it requires DCF staff to work collaboratively with runaway and homeless youth service providers, law enforcement, juvenile justice, courts, schools, medical and behavioral health providers, crime victim service providers, as well as community and faith-based organizations. The following categories of services are areas to be explored with suspected trafficking victims and their network of family and fictive kin. The utilization of services by a child should be done in collaboration with DCF Area Office staff and HART, therapists, and providers. The following list is a framework for considering support services and is not intended to be all-inclusive. When possible, services and supports should be trauma-informed, strengths-based, culturally and linguistically responsive, and developmentally appropriate. It is the responsibility of DCF and its partners to work with at-risk of and confirmed victims of child trafficking to develop a realistic Safety Plan.

5.3.1 Community Services to consider:

- Specialized human trafficking providers;
- Child Trafficking trained service providers;
- Sexual Assault Crisis Centers;
- Intimate partner violence providers;
- Multidisciplinary Teams (MDT)/ Child Advocacy Centers (CAC);
- Office of Victim Services (OVS);
- Office of the Victim Advocate (OVA);
- No-cost legal consultation including restitution and civil damages; and
- Alternative supports and treatments.

5.3.2 Personal Development areas to consider:

- Prosocial activities;
- Life skills;
- Job training;
- Advocacy training;
- Vocational training; and
- Education consultation including credit retrieval, high school graduation, GED program, and post-secondary education.

5.3.3 Family and Significant Other areas to consider:

- Advocacy services and supports;
- Support programs/ services identified for families and supporters;
- Information on available services and their rights as families and supporters;

- Permanency efforts to connect children to existing positive supports;
- Information on the effects that trauma has on families and support networks;
- Protections and relocation if applicable; and
- Foster family support services, if applicable.

5.3.4 Safety Plan:

It is imperative to develop a human trafficking-specific safety plan with children at risk of or confirmed victims of child trafficking. Below are areas that must be considered in any safety plan:

- Discussion of safety issues that the child faces if they go AWOL;
- Plan for immediate safety concerns including 911 (call or text) and local hospitals;
- Hotline numbers for national and local services for trafficking victims and runaways;
- Ensure the child's cell phone has important phone numbers saved for when needed;
- Survivor backpacks that include the hotline numbers and cell phone that only calls 911 with various other supplies helpful if a child AWOLs; and
- Specialized mental health needs (i.e., suicidality);
- Medical and medication needs.

Important Note: Confiscating a child's cell phone increases the child's safety risks when AWOL; children most often find other ways to contact bad actors and are not deterred when their phone is confiscated.

6. Law Enforcement Human Trafficking Victim Recovery Operations

Targeted law enforcement operations for the purpose of recovering child victims of human trafficking are often conducted in collaboration with DCF.

When possible, the law enforcement agency will notify the designated DCF HART or Careline Administrator before an operation for the planning and coordination of resources. DCF shall take steps to ensure that designated staff, placements, and resources are available to support these operations.

7. Service Options for Immigrant Child Victims of Human Trafficking

"Certification" and "eligibility" are terms used to describe the process that the Department of Health and Human Services (DHHS) and the federal Office of Refugee Resettlement (ORR) apply to officially declare that foreign national is a victim of a severe form of trafficking. A child does not have to be certified, but they need to obtain an eligibility letter from DHHS to receive a wide range of benefits. Children who are deemed eligible will receive an eligibility letter.

Federal law enforcement will require access to the victim and information from the case before they can issue a statement that they believe the child is a victim of a severe form of trafficking. An intake worker cannot make this request on their own without law enforcement assistance.

Once a law enforcement agency has issued a statement to the federal ORR that a child is believed to be a victim of trafficking, the federal ORR may issue a letter of eligibility. The victim or a DCF representative may then present the letter to social services providers as proof of eligibility for benefits and services.

Pre-certified and pre-eligible victims of human trafficking residing in the State of Connecticut who has filed or is in the process of filing an application for a T Visa or are in the process of seeking certification and eligibility as a victim of human trafficking from the federal ORR may be eligible for existing state benefits and services to the same extent as a refugee for a temporary period while they wait for the federal processing or certification and eligibility to be completed. The benefits shall be equal to the benefits offered to all children in foster care.

Eligibility benefits to children who receive an eligibility letter may include TANF, Social Security Income, Medicaid, health screening, SNAP benefits, and entry refugee social services programs that may include adult education, legal services, and employment assistance, child and family services, and child care.

Contact the DCF Director of Immigration Practice for more details.

Project Rescue's Unaccompanied Children Program is a federally funded foster care placement option for immigrant victims of human trafficking managed by Refugee Services. Children must receive an eligibility letter from the Heartland Human Care Services, funded through the federal ORR, and be reclassified to unaccompanied refugee minor status by the federal ORR prior to entering Unaccompanied Children Program. **A Social Worker seeking the Unaccompanied Children Program as a placement option should immediately contact the DCF Director of Immigration Practice for more details and ask for the child to be reclassified to unaccompanied refugee minor status.** Social Workers will be required to share information about the case and child with Refugee Services. Not all children will be placed in the Unaccompanied Refugee Minor Program. If the child is safe and has bonded with a family in mainstream foster care, DCF should not interrupt that placement unless necessary.

Repatriation reunification is available for an immigrant child whose best interest is to return to their country of origin and for whom there is no risk of being re-trafficked. **Please consult the DCF Director of Immigration Practice for more information.** A Health Advocate should be contacted, if necessary, to assist in ensuring that the child is provided health insurance.

The Department of Health and Human Services (DHHS) provides an online portal for Child Eligibility cases in accordance with the Trafficking Victims Protection Act (TVPA). All trafficking concerns of foreign national minors should be submitted through the portal, Shepherd:

<https://shspfm.gss.acf.hhs.gov/eaasidentityserver/Identity/Account/Login/LoginSelection/>

Note: The DCF Interstate Compact Unit shall be notified if a child is to be placed in the federal URMP.

8. Interstate Compact on the Placement of Children

The Interstate Compact Office (ICO) should be contacted immediately in accordance with Connecticut General Statutes in accepted cases:

- involving the identification of a trafficked youth in Connecticut who is not a resident of the State of Connecticut;
- A minor child who is a Connecticut resident or in the state with concerns of human trafficking and out-of-state travel was not authorized by the Department or legal guardian.

Legal Reference: Conn. Gen. Stat. §17a-175

9. Confidential Records

Information about child trafficking cases and victims maintained by the DCF is protected by state and federal confidentiality laws. DCF shall only disclose this information to the appropriate authorities or other third parties as permitted by law.

10. Training

HART offers several trainings on human trafficking that are updated annually and available to DCF staff, foster parents, service providers, schools, law enforcement, hospital and medical staff, hospitality industry, and other professionals, youth, and the community. Requests for training can be directed to DCFHART@CT.GOV.

- All Child Protective Services staff are required to have annual basic training on human trafficking. Advanced training opportunities can be substituted for the basic training if applicable.
- All incoming Child Protective Services staff should be trained within their first 6-months of hire.

11. Appendix 1: 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?			

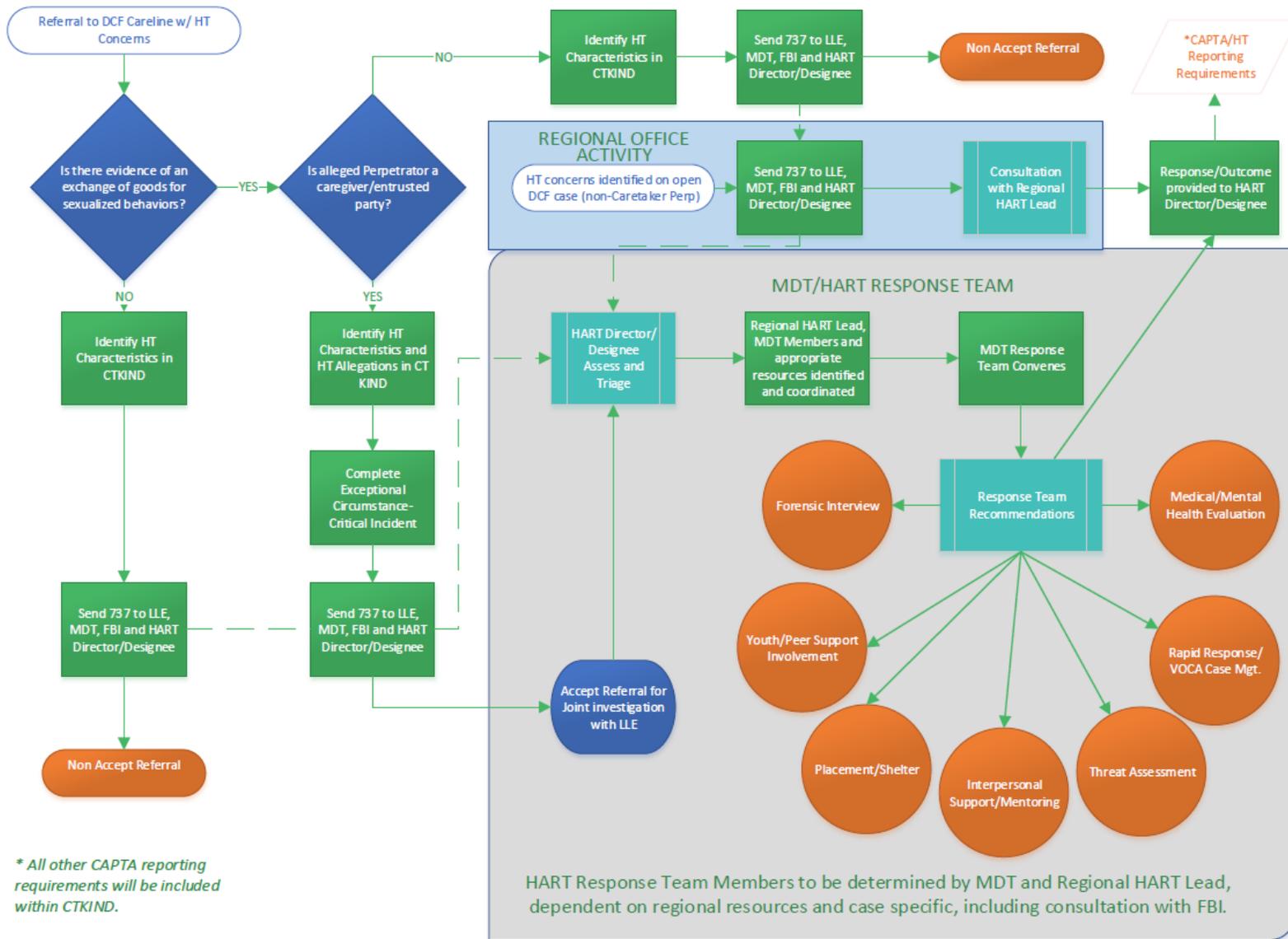
Section C: Red Flag Indicators to Determine Risk Level for Child Trafficking

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?			

12. Appendix 2: Case Flow Chart



13. Appendix 3: 737s on Open Cases

When Child Trafficking Characteristics are newly identified in an open case with the Department, a 737 should be generated and emailed to local law enforcement, FBI, respective MDT(s), and the HART Director. Please remember to CC the DCFCL737OECOTHERNOTIFICATION@ct.gov mailbox. They do not have to be sent separately and can go to all parties via one email.

	Where 737 should be sent....
FBI	Nh-ht@ic.fbi.gov
HART Director or Designee	DCFHART@CT.GOV
Local Law Enforcement (LLE)	Refer to CL list- LLE of where the crime was committed
MDT	MDT of the location of the LLE that was notified
Office of the Chief States Attorneys	Lisa.DAngelo@ct.gov

14. Appendix 4: Missing from Care Policy

Please see the DCF Missing From Care Policy, 21-15, and accompanying practice guide for details regarding the Department's response to DCF-involved children who run away or are missing from care.