



(HART) Human Anti-Trafficking Response Team Members	
Co-Chairs	Oversee All HART Initiatives
Consulting Psychiatrist	Provides clinical consultation per request
Consulting Psychologist	Provides clinical consultation per request
Regional Liaisons	Coordinate communication between AO team and HART team

Is the child a confirmed victim, at high risk, or at risk for commercial sexual exploitation and/or domestic minor sex trafficking?

Confirmed Victim- If yes to one or more of the following

	Yes	No
Has the child self reported being forced or coerced into sexual activity for the monetary benefit of another person?	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Has the child self reported " <i>consensual</i> " 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"/>

High Risk - If yes to one or more of the following

	Yes	No
Have there been confirmed or reported uses of hotels for parties or sexual encounters?	<input type="checkbox"/>	<input type="checkbox"/>
Has there been unauthorized travel across county or state lines?	<input type="checkbox"/>	<input type="checkbox"/>
Does the child have unaccounted for injuries or tattoos?	<input type="checkbox"/>	<input type="checkbox"/>
Is the answer "yes" to 3 or more of the below "at risk" factors?	<input type="checkbox"/>	<input type="checkbox"/>

At Risk - If yes to fewer than 3 of the following:

	Yes	No
Does the child have a history of multiple AWOLS?	<input type="checkbox"/>	<input type="checkbox"/>
Have there been reports of multiple anonymous sex partners?	<input type="checkbox"/>	<input type="checkbox"/>
Has the child been in possession of money, cell phone or other items that cannot be explained or accounted for?	<input type="checkbox"/>	<input type="checkbox"/>
Has the child used the internet for posting sexually explicit material?	<input type="checkbox"/>	<input type="checkbox"/>
Does the child have a self-disclosed or reported history of multiple and/or anonymous sex partners?	<input type="checkbox"/>	<input type="checkbox"/>
Is the child in a sexual/ romantic relationship with an older partner?	<input type="checkbox"/>	<input type="checkbox"/>
Is the child unable or unwilling to provide information about a boyfriend or sex partners?	<input type="checkbox"/>	<input type="checkbox"/>
Does the child have a history of multiple/chronic sexually transmitted disease?	<input type="checkbox"/>	<input type="checkbox"/>
Has gang affiliation been disclosed, reported or suspected?	<input type="checkbox"/>	<input type="checkbox"/>

If child is a Confirmed Victim	⇒	Follow DMST Policy & Practice Guidelines
If child is at High Risk	⇒	Contact Regional/Area Office HART Liaison for consultation.
If child is At Risk	⇒	Consult with AO team/ARG for individualized service & treatment.