

Commercial Sexual Exploitation of Children (CSEC) Interagency Protocol

(Revised 6/07/19)

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INTRODUCTION

Overview

The commercial sexual exploitation of children (CSEC) is one of the fastest growing epidemics in our country as well as in the County of San Diego. The Trafficking Victims Protection Act, a federal law passed in 2000, states that any child/youth under the age of 18 years old who is used for the purpose of exploitation through sexual servitude (prostitution), regardless of the absence of economic leverage, manipulation, fraud, coercion, threats, force and violence is considered a commercially sexually exploited child/youth. In 2016, a groundbreaking study found that San Diego's average age of recruitment into the commercial sex trade was 16 years old and San Diego's underground commercial sex economy was worth \$810 million (Carpenter & Gates, 2016). The findings of this study further galvanized the CSEC Steering Committee's commitment to prevent further victimization of the children/youth in the county. Therefore, we need to ensure that we are properly assessing, thoughtfully interviewing, and adequately tracking this unique population of children/youth who present with complex forms of trauma.

On September 29, 2014, the President signed [Public Law 113-183 Preventing Sex Trafficking and Strengthening Families Act](#). This federal law contains several provisions related to CSEC children and youth, including a requirement that agencies develop policies and procedures to identify, document, and determine appropriate services for children/youth who are, or are at risk of being, victims of sex trafficking.

In 2015, Child Welfare Services (CWS) implemented its Commercial Sexual Exploitation of Children (CSEC) Program under [SB 855 \(2014\)](#) that amended the Welfare and Institutions Code (WIC) section 300 to clarify that under existing law, CSEC whose parents or guardians failed or were unable to protect them may fall within the description of 300(b) and be adjudged as dependents of the juvenile court. An integral aspect of SB 855 required the development of a CSEC Interagency Protocol that included CWS, Probation, Public Health Services (PHS), Behavioral Health Services (BHS) and the Juvenile Court.

The CSEC Interagency Protocol has fostered collaboration and coordination among agencies to improve the capacity to identify CSEC victims and provide safety and services for them and their families/caregivers, as appropriate, as they work to end their exploitation, and hold their exploiters accountable. Those involved in this effort used best practices to ensure that CSEC youth are successfully placed in a protective environment that offers trauma informed care, in order to stabilize them during a critical time. The range of victim-centered services across multiple agencies provided a continuum of care model to fully address the CSEC youth's needs. In addition, an interagency collaborative approach was utilized to outreach to CSEC youth and at risk child/youth populations so they can better protect themselves from victimization and recognize risky situations.

Overview (cont.)

In the following years, [SB 794 \(2015\)](#) was passed which codified relevant provisions of the federal, Preventing Sex Trafficking and Strengthening Families Act. SB 794 (2015) mandated identification, reporting, assessment of youth involved or at risk for CSE. It also required data collection and training for child welfare and probation staff. California also enacted [SB 1322 \(2016\)](#), which amended [Penal Code sections 647\(b\)](#) and [653.22](#), effective January 1, 2017, to make crimes of soliciting or engaging in any act of prostitution and loitering with the intent to commit prostitution inapplicable to a child under 18 years of age who engages in such conduct to receive money or other consideration and instead specifies these children may be adjudged dependent children of the court. As mandated reporters, law enforcement partners must refer all CSEC victims and youth suspected to be at risk of CSE to the corresponding Child Welfare agency.

The 2018 revision of the CSEC Interagency Protocol includes all elements required by [SB 794 \(2015\)](#) (WIC sections [16501](#) and [16501.35](#), [SB 1322 \(2016\)](#) and the provisions of WIC sections [16501.1\(g\)\(19\)](#) and [16524.8](#). The revision of this protocol was a collaborative effort of the CSEC Steering Committee consisting of the required partners: Probation, Public Health Services, Behavioral Health Services and Juvenile Court in addition to survivor advocates, CC, District Attorney's Office, law enforcement's Human Trafficking Task Force, Children's Legal Services, Public Defenders Office, community-based providers and stakeholders.

Governance

Under [WIC 16524.8](#), the following entities must work together to fulfill the goals of this protocol: Child Welfare Services (CWS), Juvenile Probation, Behavioral Health, Public Health and the Juvenile Court (including both dependency and juvenile justice). This team may also include representatives from education, law enforcement, prosecutors, Voices for Children, CC, survivors of CSEC and any other providers as necessary.

This protocol seeks to facilitate the coordination of these key partners and insure each discipline understands each other's roles and responsibilities and facilitates team cooperation. All disciplines have overlapping responsibilities and must work together to divide tasks, share tasks, and share information gained for the benefit of all agencies as well as the protection of the child/youth and the community.

The crime of human trafficking requires a comprehensive and collaborative ~~effort~~ between law enforcement, service providers and the community. This protocol sets out the mutual understanding of the principles underlying the relationship between the parties in matters concerning the planning and ~~service~~ delivery of law enforcement investigations, victim-centered services and promoting public awareness.

The Steering Committee is the entity in the county responsible for overseeing the development and implementation of the protocol. The steering committee is responsible for:

- Developing the interagency protocol
 - Defining the roles and responsibilities of each agency and partner
 - Providing input on how to use CSEC funding
 - Implementing the protocol and revising as needed
 - Collecting and analyzing aggregate data related to the protocol
 - Assessing CSEC resources in the county
 - Identifying training needs
 - Providing an annual report to the state on the number of children served, services received, and gaps in resources for CSEC
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Purpose of the Protocol

The purpose of the protocol is to:

- Emphasize that children and youth who have been exploited are to be treated as victims, not criminals.
- Insure all CSEC youth receive victim-centered services. Prioritize the safety of child/youth CSEC victims as a key concern. CSEC victims may have a perspective about their particular safety needs that differs from the views of those who serve them; the victim should be asked what safety means to them and the professionals involved should consider the child's/youth's point of view in developing a **safety plan**.
NOTE: It is important to remember that CSEC victims may not always identify as a victim and/or are fearful of retaliation.
- Treat CSEC victims with dignity and respect. They should be asked to share their views and be given choices whenever possible so long as their safety is not compromised. Allowing these children/youth to make decisions, consistent with safety, will empower and help them to build healthy independence.
- Involve the family/caregivers of child/youth victims, as appropriate, in the service and planning efforts. Their unique needs and issues should be identified and addressed as part of the safety and case plan for each individual child/youth.
- Demonstrate effective cultural competence in dealing with CSEC victims. Cultural competence is the integration and transformation of knowledge about individuals and groups of people from different backgrounds into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services and produce better outcomes.
- Make every effort to have local, regional, state, federal and international collaboration and coordination to effectively respond to CSEC victims.
- Collect data that will drive system improvements over time to ensure the best possible outcomes for CSEC victims.

Goals

The goals of the CSEC protocol are to make sure:

- Staff working with CSEC victims receive an appropriate level of training on the topic of the commercial sexual exploitation of children.
 - Those who work with CSEC victims will have training on trauma informed services and specific aspects of the CSEC experience.
 - Services are trauma informed and those who provide services demonstrate an appreciation of the particular vulnerabilities and triggers experienced by these traumatized children/youth.
 - All vulnerable youth will be screened for sexual exploitation upon entry into the child welfare system and those who are active to CWS will be assessed annually.
 - Immediately upon identification, CSEC victims are taken to a safe, comfortable location to carefully assess the child's/youth's needs and arrange for initial housing and services.
 - Representatives from a multi-disciplinary team including staff from juvenile probation, behavioral health, and public health meet shortly after a CSEC victim is identified and continue to meet on an on-going basis to promote a coordinated response, share information and collaborate in the management of CSEC cases. The MDT's meeting times vary from region to region.
All professionals who provide services will focus on how their demeanor, words and actions may feel to the CSEC victim, taking care to be patient and respecting the CSEC victim's personal dignity, while understanding they are working with a child/youth who may, in some circumstances, demonstrate outward behaviors of trauma.
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- Professionals and others involved in the response to a CSEC case clearly communicate to the child/youth what they can and cannot offer; they maintain confidentiality to the extent allowed by law, including communicating with the child/youth in private, and clearly explaining to the child/youth mandatory reporting processes and requirements, and the child's/youth's privacy rights. Doing so will build trust and credibility with the child/youth.
 - Educate community partners and agencies on what CSEC are, identification of CSEC children and youth and available services. Work with the County of San Diego's CSEC task force, local, state and federal law enforcement and schools in identifying CSEC victims and coordinating efforts in bringing assistance to the CSEC youth.

Key Principles to Serving CSEC

The key principles to serving CSEC children/youth:

- Safety planning
- Collaboration across the agencies
- Victim centered response that builds trust and relationships to foster consistency
- Culturally responsive and appropriate service provision
- Trauma-informed interventions
- Strength based practice methods

Importance of Language

Language plays a significant role in a SW's interactions and interventions in CSEC cases. Identifying these children/youth as victims/survivors and not prostitutes and criminals helps to change how these children/youth are viewed in the community.

Identifying these children/youth as victims validates their trauma and exploitation. In order to understand CSEC children/youth and their daily functioning, SWs need to understand the terminology that is used by the child/youth and by the exploiters that have controlled their lives.

NOTE: See Appendix B for common terms.

Roles and Responsibilities

Role	Responsibilities
Law Enforcement	<ul style="list-style-type: none">• California enacted SB 1322 (2016), which amended Penal Code sections 647(b) and 653.22, effective January 1, 2017, to prohibit the arrest or prosecution of a child under 18 years of age for crimes of soliciting or engaging in any act of prostitution and loitering with the intent to commit prostitution. SB 1322 instead specifies these children may be adjudged dependent children of the court pursuant to WIC section 300(b)(2), and may be taken into temporary custody pursuant to WIC section 305(a).• In accordance with Penal Code section 11166, as mandated reporters, law enforcement partners must refer all CSEC victims and youth suspected to be at risk of CSE to the corresponding Child Welfare agency.• Cross report suspected or known CSEC victims to the Child Abuse Hotline.• Coordinate response efforts with CWS to investigate CSEC allegations.
CWS SW	<ul style="list-style-type: none">• Respond to CSEC referrals and coordinate with law enforcement as necessary• Complete the Commercial Sexual Exploitation – Identification Tool (CSE-IT) for all children ages 12 and older on initial investigation, AWOL/running away and every six months• Document CSEC in CWS/CMS• Report to National Center for Missing and Exploited Children (NCMEC) for children/youth who are absent from care• Assess the needs of CSEC children/youth and make referrals to ensure proper treatment Schedule initial and ongoing CSEC MDTs

Roles and Responsibilities (cont.)

Role	Responsibilities
Child/Youth	<ul style="list-style-type: none"> • Attend required meetings and provide input • Cooperate with the law enforcement investigation • Cooperate with the SW so the best support system and services can be provided
CSEC Lead at PCC	<ul style="list-style-type: none"> • Respond to identified CSEC children/youth at PCC
CSEC Multi-Disciplinary Team (MDT)	<ul style="list-style-type: none"> • Provide individual case-by-case collaboration with multiple child-serving agencies • Assess and address immediate and long-term needs • Coordinate, monitor, and adjust service plan to achieve desired outcomes for CSEC • Recommend appropriate placements • Conduct safety planning to proactively plan for triggering events • All in accordance with WIC 16524.7(d)(2)
Community Service Providers	<ul style="list-style-type: none"> • Discuss various program options to fit the child/youth's needs. • Share information regarding the child/youth's program involvement, progress, challenges, and goals. • Attend CSEC MDT meetings
Behavioral Health Services (BHS)	<ul style="list-style-type: none"> • Provide feedback regarding treatment goals and progress, services provided, participation and recommendations • Attend CSEC MDT meetings

Roles and Responsibilities (cont.)

Role	Responsibilities
<p>Public Health Nurse (PHN)</p>	<ul style="list-style-type: none"> • Review and assess health, medical and dental needs • Medication assessment and follow up • Review Medi-Cal options and services • Attend CSEC MDT meetings
<p>Parent/Caregiver</p>	<ul style="list-style-type: none"> • Attend all required meetings (if not detrimental to the child/youth) • Advocate for the child/youth • Share information that can aid in making the best decision for the child/youth • Support child/youth participation in services • Support child/youth cooperation with law enforcement • Demonstrate actions of protection that will help create safety for the CSEC victim
<p>Probation</p>	<ul style="list-style-type: none"> • Make a cross report to CWS on identified CSEC children/youth • Report to NCMEC for children/youth who are absent from care • Attend CSEC MDT meeting held by CWS when a probation CSEC youth is identified • Screen children/youth for CSEC using the Commercial Sexual Exploitation – Identification Tool (CSE-IT) • Determine appropriate services
<p>CSEC Regional Liaisons</p>	<ul style="list-style-type: none"> • Each region will have a designated CSEC liaison • Attend CSEC trainings and meetings • Provide training and consultation with workers in each region and program • Establish relationships with partners on CSEC cases

Roles and Responsibilities (cont.)

Role	Responsibilities
CSEC Regional Liaisons (cont.)	<ul style="list-style-type: none">• Have knowledge of resources to serve CSEC children/youth• Participate in CSEC MDT meetings• Consult with CWS staff who are assigned CSEC referrals or cases
CSEC Steering Committee	<ul style="list-style-type: none">• Provide ongoing oversight and support to identify and serve CSEC and child/youth at risk of being CSEC.• Provide input on how to utilize CSEC funding and assess resources• Collect and analyze data• Assess training needs• Ensure cross county disciplines are working together
CWS CSEC Trainer	<ul style="list-style-type: none">• Provide training to staff and community partners on CSEC• Develop curriculum for and train CWS staff on CSEC
CSEC Advocate	<ul style="list-style-type: none">• Provide guidance and make recommendations on how to best work with CSEC youth• Attend CSEC MDT meetings• Connect youth and family to appropriate services
Schools/Educators	<ul style="list-style-type: none">• Provide assistance and resources• Participate in CSEC MDT meetings when invited
Healthcare professionals	<ul style="list-style-type: none">• Conduct examinations• Provide appropriate referrals for health• Participate in CSEC MDT meetings when invited

Roles and Responsibilities (cont.)

<p>Juvenile Court</p>	<ul style="list-style-type: none">• The goal of Juvenile Court Dependency proceedings is to protect children and preserve or reunify families whenever possible.• Initially, the court must determine whether the allegations of child abuse or neglect are true and whether the child should be removed from the home and/or made a dependent of the court. WIC 300(b)(2) states that CSE children whose parent or guardian failed to, or was unable to, protect the child are within the jurisdiction of the juvenile court.• When it is not in the child's best interest to return the child to his or her parents, the goal is to provide a permanent placement for the child with a relative, guardian, foster family, or adoptive parent.
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Identification of CSEC Youth

SWs, Probation Officers, public health workers, behavioral health providers, educators, juvenile court judges and staff, law enforcement and other stakeholders are to become familiar with the risk factors and possible indicators of CSEC so an accurate assessment can be made. At the signing of this protocol, only CWS and Probation were required to utilize a screening tool to identify CSEC. These agencies are using the Commercial Sexual Exploitation – Identification Tool (CSE-IT). To see the tool, go to pg. 66. Other stakeholders such as those previously mentioned, can contact the Child Abuse Hotline for consultation and/or to make a report. For more information about Mandated Reporting, go to pg. 17.

NOTE: There needs to be a combination of factors because one risk factor or warning sign does not make the youth an identified CSEC youth.

**Identification of
CSEC Youth (cont.)**

Risk Factors & Vulnerabilities:

- History of child abuse and neglect/child welfare history/history of sexual abuse
 - Multiple incidents of running away (from home or placement) or being kicked out
 - Homelessness
 - Poor school attendance and/or truancies
 - Substance abuse
 - Controlling and/or coercive partner/person, romantic/platonic; usually an older person
 - Interpersonal violence
 - Intimate Partner Violence
 - Social Isolation
 - Gang Involvement
 - Lesbian, Gay, Bi-Sexual, Transgender, Questioning and gender non-conforming and non-binary (LGBTQ+)
 - Mental health and/or developmental challenges
 - Associating with people involved in CSE
 - Traveling out of County of San Diego
 - Involved with juvenile probation
 - Inability to meet basic needs
 - Lack of permanency – lack of trusted, caring adults
 - Age/immaturity
 - Pregnant or parenting teen
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**Identification of
CSEC Youth (cont.)**

Possible Indicators:

- Multiple cell phones or pre-paid phones
- History of multiple sexually transmitted infections or diseases
- Visible signs of abuse
- Unexplained and/or suspicious injuries
- Appears exhausted
- Appears malnourished
- Uses language as described in appendix B
- Loss of interest in previous activities
- Blistered feet
- Has an adult “boyfriend” whom she refers to as her “Daddy”
- New clothing, hair, nails
- Presence of an older girl/boyfriend
- Tattoos that are hard to explain or associated with CSE
- Unaccounted for time/frequent absences
- Frequently travels to other cities, counties, states or countries
- Pre-paid credit cards
- Sudden change of friends who may be associated with CSE
- Explicit social media profiles (Instagram, Facebook, SnapChat, etc.)
- Dating site(s) on phone and has dating profile(s)
- Entertainment and modeling profession (interest or participation)
- History of pregnancy
- Multiple terminated pregnancies
- Hotel/motel room key cards
- Excessive amounts of cash on hand
- Social media accounts or frequents known social media or internet sites for escort or companion services

Recruitment Tactics:

- Seduction (including fraud, internet chat rooms and profile sharing sites)
- Befriending/peer recruitment
- Family Obligations
- Glamour
- Coercion, threats, force, violence
- Fraud, deception
- Parents selling children
- Sextortion
- Promise of a committed, romantic relationship and affection

**Identification of
CSEC Youth (cont.)**

Common Stages of CSEC:

- Recruitment of vulnerable children
- Seduction through offers of gifts, support, friendship, love
- Isolation from others who may stop the exploitation
- Coercion into actions such as street prostitution and pornography
- Violence to retain control

NOTE: If a child/youth presents with one of the above risk factors or indicators it is not a guarantee the child/youth is CSEC. Providers and law enforcement must continue to assess and evaluate the child/youth. If there is any reasonable suspicion to suspect CSE, a report to the child abuse hotline (1-800-344-6000) is required.

CSEC Youth and Exploiters

CSEC victims come from all gender identities, sexualities and expressions. They come from all socio-economic backgrounds and include all races and ages. They are forced, coerced, and/or tricked into sexual acts or sexual exploitation by another person. This definition makes it clear that these children/youth are not “out of control” or “compliant victims”.

While it is true these children/youth come from various backgrounds, some children/youth are at increased risk of becoming victimized:

- **Homeless, runaway child/youth:** Child/youth who do not have caregivers who provide care and supervision; child/youth who leave family homes due to abuse or neglect; or child/youth who are a sexual minority and/or gender nonconforming child/youth with lack of familial support. These child/youth may have been asked or told to leave their home by a parent or other household adult. Child/youth can be away from home and are prevented from returning home by a parent or caregiver, without adequate, alternative care.
- **Child/youth in the foster care system:** Child/youth who run from placements or youth who have had multiple contacts with child welfare in their biological families.
- **Child/youth with histories of abuse:** Child/youth who have been previous victims of sexual abuse or other abuses.

CSEC Youth and Exploiters (cont.)

Identifying a CSEC child/youth early in a child welfare case will improve the effectiveness of case interventions and assist SWs in developing relationships with these children/youth. Though SWs are more likely to identify girls as victims than boys, SWs must be aware that male victims are greatly underreported and under identified.

Exploiters:

Exploiters can be anyone: boyfriends, fathers, mothers, sisters, brothers, uncles, aunts, coaches, employers, teachers, or anyone exerting control over a minor, including a peer. There are various types of exploiters, including pimps, gangs, and street families, who all use power and control tactics to benefit (e.g., receive money or anything that has a monetary value, including drugs) from the commercial sexual exploitation of a minor.

Exploiters often befriend their victims. They initially treat them well but later coerce them into performing sexual acts. Other exploiters use violence (kidnapping, assault, rape) or the threat of removing love or affection to force their victims to perform sexual acts.

Power and Control Over Children/Youth:

It is unreasonable to expect that these children/youth are able to leave their abusive situations. Exploiters use many forms of violence, coercion, threats, and emotional and physical control to keep their victims subdued and to prevent them from leaving. Understanding some of these methods will assist workers in understanding how to best meet these children's/youth's need for safety.

These children/youth fear the physical abuse that the exploiters will use if the child/youth try to escape. They are fearful of repercussions for their families or loved ones who are often the target of the exploiter's threats. Exploiters also maintain physical control of their victims by holding all of their money, frequently moving victims about from place to place, and sometimes literally confining or restraining children/youth. When the exploiter is a family member, the dynamic between exploiter and victim makes it even more difficult for the victim to escape.

Victims who do not follow their exploiters' commands, including not meeting a quota established by the exploiter, are often subjected to rape, physical assault, withheld food, being provided with drugs and alcohol and emotional abuse. Children/youth have to give their wages to the exploiters to please them, as well as ensure their protection and safety

The power and control techniques used by exploiters is such that many of these children/youth are unable to identify themselves as “victims of crime” and often will blame themselves for what they have experienced. For some children/youth, using the term “victim” in interactions with them may actually inhibit a worker’s ability to build rapport. See Appendix F.

SWs need to understand that these victims often cannot leave their situation because they are afraid. They are manipulated into believing that they cannot escape or that this is the life that they choose. Intervention needs to provide these children/youth with assistance to establish themselves outside the control of their exploiter. Usually these children/youth have no resources, connections, or abilities to escape. See Appendix C.

Mandated Reporting

All participating agencies must comply with mandatory reporting laws as set forth in the [Child Abuse and Neglect Reporting Act](#) (Penal Code 11164 et seq.).

Mandatory reporters are required to report abuse or neglect when they have reasonable suspicion that abuse or neglect has occurred. Sexual exploitation is a form of sexual abuse and must be reported by mandated reporters.

Below is the definition of sexual abuse per California's [Penal Code \(PC 11165.1\)](#). This definition includes a description of sexual exploitation:

(c) "Sexual exploitation" refers to any of the following:

- (1) Conduct involving matter depicting a minor engaged in obscene acts in violation of Section 311.2 (preparing, selling, or distributing obscene matter) or subdivision (a) of Section 311.4 (employment of minor to perform obscene acts).
- (2) A person who knowingly promotes, aids, or assists, employs, uses, persuades, induces, or coerces a child, or a person responsible for a child's welfare, who knowingly permits or encourages a child to engage in, or assist others to engage in, prostitution or a live performance involving obscene sexual conduct, or to either pose or model alone or with others for purposes of preparing a film, photograph, negative, slide, drawing, painting, or other pictorial depiction, involving obscene sexual conduct. For the purpose of this section, "person responsible for a child's welfare" means a parent, guardian, foster parent, or a licensed administrator or employee of a public or private residential home, residential school, or other residential institution.
- (3) A person who depicts a child in, or who knowingly develops, duplicates, prints, (downloads, streams accesses through any electronic or digital media) or exchanges, a film, photograph (video tape, video recording) negative, or slide in which a child is engaged in an act of obscene sexual conduct, except for those activities by law enforcement and prosecution agencies and other persons described in subdivisions (c) and (e) of Section 311.3.

(d) "Commercial sexual exploitation" refers to either of the following:

- (1) The sexual trafficking of a child, as described in subdivision (c) of Section 236.1.
 - (2) The provision of food, shelter, or payment to a child in exchange for the performance of any sexual act described in this section or subdivision (c) of Section 236.1.
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HOTLINE

Hotline Assessment

Reports of child/youth sexual exploitation come within the definition of WIC §300 (b)(2).

In some reports, it is easy to identify the CSEC concern as the caller is contacting the hotline to specifically report exploitation. Other reports are more difficult to identify CSEC because callers may suspect exploitation but they lack the language or knowledge about exploitation to clearly explain their concerns. Below are some suggestions for specific ways to gather these types of reports.

Community partners, family members, and neighbors often report they believe children/youth are being exploited based on the way the child/youth dresses, rumors from other children/youth at school, observation of something on a social networking site (e.g., Instagram, Facebook, SnapChat).

To aid counties in determining if a child/youth is at risk for CSE, CDSS has developed the following definition of “**At Risk**”. A child/youth will be considered “at risk” of CSE if he/she/they:

Has a minimum of one of the following indicators:	OR has a minimum of two of the following indicators:
<ul style="list-style-type: none">• Child/youth exhibits behaviors or otherwise indicates that she/he is being controlled or groomed by another person;• Child/youth spends time with people known to be involved in commercial sex;• Child/youth’s use of internet, cell phone, or social media involves social or sexual behavior that is atypical for his/her/their age;	<ul style="list-style-type: none">• Child/youth has a history of running away, unstable housing, including multiple foster care placements, or periods of homelessness including couch surfing;• Child/youth has had prior involvement with law enforcement or the juvenile justice system;• Child/youth is frequently truant;• Child/youth’s relationships are concerning, placing him/her/them at risk or in danger of exploitation;• Child/youth has a history of substance abuse, specifically narcotics, opiates, crack/cocaine and amphetamines.

Many reports are more difficult to identify as CSEC concerns. Frequently callers have partial information about the child/youth: He/she/they exhibits “out of control behavior”; is a “chronic runaway”; promiscuous or the child/youth is reporting third-party sex abuse by multiple perpetrators. See Appendix D for possible questions to ask.

If the hotline screener determines the situation requires an immediate response, the CSEC Response Team (CRT) Protocol may be initiated (see pg. 22).

Selecting the Correct Allegations of Abuse

Allegation	Explanation
General Neglect and subcategory of Fail/Unable to Protect from CSE	A neglect code is indicated when parents have knowledge of the victimization but do not intervene to protect their youth. If the General Neglect code is selected and SW has assessed that the parent/guardian failed or was unable to protect their child/youth from CSE, then SW will choose the subcategory of Fail/Unable to Protect from CSE.
Exploitation	This allegation is indicated when there is suspicion of commercial sexual exploitation by the parent/caregiver or other known/unknown perpetrator. If the Exploitation code is selected, the SW will choose the subcategory of Commercial Sexual Exploitation.
Sexual Abuse	This allegation code will be selected on reports detailing sexual abuse concerns that children/youth are being commercially sexually exploited by the parent/caregiver.
Physical Abuse	Oftentimes these children/youth have been physically assaulted by the exploiter and there is a current injury. Parents have also responded to their children's/youth's victimization with physical abuse. A physical abuse code may be included regarding historical physical abuse. Many of these children/youth become exploited due to abuse in the family home.
Emotional Abuse	Aside from the physical abuse children/youth experience by their exploiters, they may also experience emotional abuse or abandonment by their parents. Parents may not have an understanding of the victimization their child/youth is experiencing. They may respond by blaming their child/youth or forcing the child/youth out of the home.

CSEC RESPONSE TEAM (CRT) PROTOCOL

Stage	Role	Action
<p>Initiation of the CSEC Response Team</p>	<p>Law Enforcement</p>	<ul style="list-style-type: none"> A. Assess for signs and symptoms of Commercial Sexual Exploitation (CSE). B. Assess the urgency of medical and safety needs. <ul style="list-style-type: none"> i. If there is evidence of a sexual assault, LE will follow standard protocols, including those governing transporting youth and requesting a forensic exam. ii. If LE has reasonable cause to believe that the child/youth is in immediate danger of physical or sexual abuse, or the physical environment or the fact that the child/youth is left unattended poses an immediate threat to the youth’s health or safety, or if the child/youth is found in any street or public place suffering from any sickness or injury which requires care, medical treatment, hospitalization, or other remedial care, or if the child/youth is a dependent of the juvenile court and there is reasonable cause to believe the child/youth has violated an order of the juvenile court or left any placement ordered by the juvenile court, then the child/youth may be taken into temporary custody.¹ C. Determine whether the child/youth may be taken into temporary custody because the child is a dependent of the juvenile court and there is reasonable cause to believe the child has violated an order of the juvenile court or left any placement ordered by the juvenile court. For example, determine whether the child has an active Juvenile Detention Order/Warrant/Pick-Up and Detain order from the juvenile court. D. Contact the child/youth’s parent, guardian, or caregiver to notify that the child/youth was stopped. Release child/youth to the parent/guardian/caregiver unless doing so would threaten the child/youth’s safety, or if the child/youth has an active warrant requiring that she or he be brought to Juvenile Hall. E. If CSE is suspected or confirmed, LE will contact the Human Trafficking Task Force (HTTF) and the Child Abuse Hotline via CWS Law Enforcement Line to report suspected abuse.² These contacts must be made regardless of whether the child/youth is released to the parent/guardian/caregiver. F. Decide whether to detain the child/youth if the investigation uncovers potential crimes/offenses and follow standard protocols accordingly.

¹ Cal. Welf. & Inst. Code § 305. NOTE that in cases in which the child is left unattended, the officer will first attempt to contact the child’s parent or guardian to determine if the parent or guardian is able to assume custody of the child.

² With the passage of SB 855 in 2014, the legislature clarified that under existing law, a child who is sexually trafficked, or who receives food or shelter in exchange for, or who is paid to perform, sexual acts, comes within the description of California Welfare and Institutions Code Section 300. See Cal. Welf. & Inst. Code § 300(b)(2). As mandated reporters, law enforcement officers must report suspected child abuse, including commercial sexual exploitation, to the Child Abuse Hotline. See Cal. Penal Code 11165.1 & 11165.7, et. seq.

Initiation of the CSEC Response Team (cont.)		<p>G. Transport child/youth remaining in temporary custody to a safe and appropriate location.³</p> <p>H. Participate in the CSEC Response Multidisciplinary Team (MDT) meeting led by CWS when necessary.</p>
	Child Abuse Hotline	<p>A. Receive the call regarding suspected or confirmed CSE from LE or other Reporting Party (RP).</p> <p>B. Determine whether the child/youth is active to CWS, or whether the child/youth is Dual Status.</p> <p>C. Determine whether the child/youth’s parent, guardian, or caregiver has been notified by LE. This information can be ascertained by asking the RP.</p> <p>D. Determine whether an immediate response to the referral is indicated by using the Structured Decision Making (SDM) tool. If so:</p> <ul style="list-style-type: none"> i. Ask RP to provide location for CWS and CRT Advocate to meet child/youth. ii. <u>During business hours (8am-5pm)</u>: Assign referral according to existing policies. SW will be assigned primary status. iii. <u>During Standby Hours (5pm-11pm during the week and 8 am–11 pm on weekends)</u>: Standby Protective Services Supervisor (PSS) will assign referral to CSEC Standby Social Worker (SW) and follow existing Assignment policies and procedures. iv. <u>After 11pm</u>: Standby hotline rolls over to Polinsky Children’s Center (PCC) (see responsibilities below).
	CWS Assigned Social Worker (SW)	<p>A. During Business Hours (8am-5pm weekdays)</p> <ul style="list-style-type: none"> i. Contact CRT Advocate to coordinate joint 90-minute response. ii. If the child/youth is active to Probation, or is Dual Status, worker will contact assigned Probation Officer (PO). NOTE: If after 5:00pm, and the PO is unknown or the PO cannot be reached, the assigned SW will call the Detention Control Unit (DCU). iii. Determine the need for parental consent for medical treatment and authorization for release of information. <p>B. If child/youth has an open CWS case, check the child welfare file to see if there is a valid signed parental consent for medical treatment and authorization for release of information. If there are no signed releases, determine if there are any court orders authorizing consent or treatment in the child’s file.</p> <p>NOTE: Minors who are 12 years of age or older are able to consent to medical care related to diagnosis or treatment of a communicable reportable disease, rape, or sexual assault; the prevention or treatment of a sexually transmitted disease or pregnancy; or outpatient mental health services and drug and alcohol abuse treatment.</p>

Initiation of the CSEC Response Team (cont.)	CWS Assigned Social Worker (SW) (cont.)	<p>C. If the child/youth does not have an open CWS case, follow agency protocols for obtaining consent.</p> <ul style="list-style-type: none"> i. Follow steps under Convening of the CSEC Response
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³ Note that during standby and after hours, LE will transport a child in temporary custody to Polinsky Children’s Center. This is considered a “law enforcement entry” and does not require agency approval.

Initiation of the CSEC Response (cont.)		ii. Coordinate with Placement Unit, if available, to identify appropriate placements, including identified CSEC foster homes, to attempt to secure placement, if necessary.
	CWS Standby SW	<p>A. During Standby hours (5pm-11pm weekdays and 8 am-11 pm on weekends):</p> <ul style="list-style-type: none"> i. Standby SW will contact the CRT Advocate to coordinate joint 90-minute response. ii. If the child/youth is active to Probation, including child/youth who are Dual Status, SW will contact Probation. <ul style="list-style-type: none"> 1. If after 5:00pm, call Detention Control Unit (DCU) to notify Probation. iii. Determine the need for parental consent for medical treatment and authorization for release of information. <ul style="list-style-type: none"> 1. If child/youth has an open CWS case, check the child welfare file to see if there is a valid signed parental consent for medical treatment and authorization for release of information. If there are no signed releases, determine if there are any court orders authorizing consent or treatment in the child's file. <p style="margin-left: 40px;">NOTE: Minors who are 12 years of age or older are able to consent to medical care related to diagnosis or treatment of a communicable reportable disease, rape, or sexual assault; the prevention or treatment of a sexually transmitted disease or pregnancy; or outpatient mental health services and drug and alcohol abuse treatment.</p> <ul style="list-style-type: none"> 2. If the child/youth does not have an open CWS case, follow agency protocols for obtaining consent. iv. Follow steps under Convening of the CSEC Response. v. Contact appropriate placements, including identified CSEC foster homes, to attempt to secure placement, if necessary.
	Polinsky Children's Center (PCC) Staff	<p>A. Between 11 pm-8 am (weekdays and weekends):</p> <ul style="list-style-type: none"> i. PCC Intake generates hotline referral upon LE entry to PCC. ii. Determine if LE has contacted child's parent, guardian, or caregiver. iii. Contact CRT Advocate to coordinate joint 90-minute response to PCC. iv. Contact appropriate placements, including identified CSEC foster homes, to attempt to secure placement, if necessary.

Initiation of the CSEC Response Team (cont.) Initiation of the CSEC Response (cont.)	CSEC Response Team (CRT) Advocate	<ul style="list-style-type: none"> A. Receive call from CWS to initiate 90-minute response. B. Confirm that child/youth's parent, guardian, or caregiver has been notified of child/youth's location. C. Assist assigned SW in contacting Probation, if applicable, and any other necessary participants for the CSEC Response MDT meeting. D. In coordination with the assigned SW, contact duty Deputy District Attorney (DDA) or duty District Attorney (DA) victim advocate, if applicable.
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		<p>E. In coordination with the assigned SW, contact Children’s Legal Services if youth is a current dependent.</p>
	<p>Probation Department/ Officer</p>	<p>A. Detention Control Unit (DCU) receives call to identify PO of record for child/youth active with Probation who is suspected or confirmed CSE.</p> <p>B. During business hours (8 am-5 pm)⁴:</p> <ul style="list-style-type: none"> i. PO of record or designee contacted. ii. If immediate response is indicated, PO of record (or designee) to respond within 90 minutes by phone or in person (preferably in person), to support child/youth and to participate in CSEC Response MDT meeting. <p>C. After hours (5 pm-8 am):</p> <ul style="list-style-type: none"> i. If child/youth is on “Hot Sheet” or has a Juvenile Detention Order (JDO)/Warrant, child/youth will be detained. ii. If child/youth is not on Hot Sheet and does not have a JDO/Warrant, DCU will provide information deemed necessary for immediate safety planning.

⁴ Normal Business Hours are defined as Monday–Friday from 8 am-5 pm and excluding Holidays.

<p>Convening the CSEC Response</p>	<p>CWS Assigned SW</p>	<p>A. Respond to the meeting location within 90 minutes of being contacted by the Child Abuse Hotline worker.</p> <p>B. Meet the CRT Advocate at the meeting location.</p> <p>C. Initiate CWS required assessment and investigation as per agency protocol.</p> <ul style="list-style-type: none"> i. Follow all policy and procedures in conducting the Emergency Response investigation and taking/receiving/maintaining the child in protective custody. The SW may take the child into protective custody with a warrant, with parental consent, or if there are exigent circumstances, i.e., the SW has reasonable cause to believe the child is in imminent danger of serious physical injury in the time it would take to get a warrant, and temporary protective custody is necessary⁵ to avert the injury. ii. When a peace officer (e.g. LE) delivers a child/youth in protective custody to the SW, the SW must investigate and determine whether there is a warrant, parental consent, or exigent circumstances authorizing the SW to maintain the child in protective custody. If not, the SW must immediately release the child to the parents, guardians, or responsible relative.⁶ iii. If the SW investigates and determines there is not a warrant, parental consent, or exigent circumstances authorizing the SW to take/maintain the child/youth in protective custody, the SW must immediately release the child to the parents, guardians, or responsible relative.⁷ iv. Even when the SW determines that the child/youth may be safely returned to the parents, guardians, or a responsible relative, the SW will assess whether the child/youth has been sexually trafficked and whether the parent or guardian failed to, or was unable to, protect the child. If so, even in the absence of other abuse or neglect, the SW will file a petition unless the SW is confident that the parents/caregivers are capable of meeting the child/youth's needs with additional supports.⁸ v. If a decision is made to detain the child/youth in protective custody and pursue a dependency petition, the SW will prepare a petition and file it within 48 hours of the time the child/youth was taken into protective custody by LE or the SW, excluding non-judicial days.⁹
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<p>Convening the CSEC Response</p>	<p>CWS Assigned SW (cont.)</p>	<p>1. Consultation with a supervisor is mandatory for detention and/or admission to Polinsky Children's Center (PCC) during regular business hours and Standby hours.</p>
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⁵ Before taking a minor into protective custody, the SW must consider whether there are reasonable services/means available which would prevent the need to remove the child from the custody of his or her parent/guardian/caretaker. In the SW's assessment of exigent circumstances, the SW should also consider whether he/she has reasonable cause to believe the child is a person described by Cal. Welf. & Inst. Code § 300(b) or (g) and the child has an immediate need for medical care, or the child is in immediate danger of physical or sexual abuse, or the physical environment poses an immediate threat to the child's health or safety. (See Cal. Welf. & Inst. Code § 306.)

⁶ See Cal. Welf. & Inst. Code § 309.

⁷ See Cal. Welf. & Inst. Code § 309.

⁸ See Cal. Welf. & Inst. Code §300(b)(2).

⁹ Cal. Welf. & Inst. Code § 313.

		<p>D. Lead a CRT Response MDT meeting at the meeting location with the CRT Advocate, child/youth, and parent/guardian/caregiver (if present and appropriate), and LE, if appropriate.</p> <p>NOTE: As of February 2018, the assigned CWS SW will have no ability to request a warrant for a child/youth's removal between the hours of 5 pm to 8 am.</p>
	CSEC Response Team (CRT) Advocate	<p>A. Respond to meeting location within 90 minutes of being contacted by SW.</p> <p>B. Meet the SW at the meeting location.</p> <p>C. Meet and engage the child/youth; build rapport with the child/youth.</p> <p>D. Participate in CSEC Response MDT meeting at the meeting location with the SW, child/youth, and parent/guardian/caregiver (if present and appropriate), and law enforcement, if appropriate.</p>
	Probation Department/ Officer	<p>A. During business hours (8 am – 5 pm weekdays):</p> <p>i. Respond in person (preferably) or telephonically to the meeting location within 90 minutes of being contacted.</p> <p>1. If responding in person, meet the CRT Advocate and SW at the meeting location and participate in a Rapid Response MDT with the child/youth, and parent/guardian/caregiver (if present and appropriate), and law enforcement, if appropriate.</p> <p>B. After hours (5 pm – 8 am):</p> <p>i. DCU receives contact</p> <p>1. DCU reviews Probation Case Management System (PCMS) and shares pertinent information with the CSEC Response MDT member who is calling.</p> <p>NOTE: It is not required that DCU participate in the meeting.</p> <p>2. DCU to follow procedure on making contact with PO of record.</p>
	District Attorney's Office (DA)	<p>A. Participate in the CSEC Response MDT meeting when applicable.¹⁰</p> <p>i. If participating, respond to the meeting location within 90 minutes of being contacted or participate telephonically.</p> <p>1. If applicable, communicate with law enforcement to obtain information regarding initial contact with child/youth that led to CSEC referral to CWS hotline.</p> <p>2. Communicate with CWS, Probation, and CRT Advocate Coordinator (call CRT Advocate Coordinator phone number) regarding child/youth's immediate needs, safety planning, and placement.</p>
Steps Taken During the CSEC Response	All Partners	<p>A. Immediate needs</p> <p>i. Consider whether immediate needs such as sleep or food are necessary or would be helpful before attempting to have meaningful discussion with the child/youth.</p> <p>ii. Transport child/youth to another location, if needed (for example, if there are time-sensitive medical needs such as a</p>

¹⁰ Note that the duty DDA and/or the duty DA victim advocate may participate

		<p>need for HIV post-exposure prophylaxis, emergency contraception, etc. or acute mental health needs.)</p> <ol style="list-style-type: none">1. NOTE that in some cases SW will be the one to transport the child/youth rather than LE.iii. CRT CESC Advocate will provide a humanitarian bag, which includes a change of clothes, hygiene products, snacks, water, a pen, “business cards,¹¹” and a journal. <p>B. Short-Term Safety</p> <ol style="list-style-type: none">i. In collaboration with the child/youth, develop an individualized plan tailored to fit the child/youth’s needs; this includes concrete strategies to remain safe while in and after leaving an exploitative relationship.ii. Determine whether a protective order is needed. <p>C. Placement</p> <ol style="list-style-type: none">i. If emergency placement is necessary, follow agency protocol for ensuring the child/youth is placed in the least restrictive level of care that meets their needs.ii. Transport the child/youth to placement.<ol style="list-style-type: none">1. NOTE that in many situations CWS will be the one to transport the child/youth. However, in some situations LE or Probation may be transporting child/youth to placement.
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¹¹ “Business cards” refer to cards with contact information for a CSEC Advocate and/or other resources for youth, but displayed as a card for typical services such as nails, hair, etc.

<p>Follow Up After CSEC Response</p>	<p>CSEC Response Team (CRT) Advocate</p>	<ul style="list-style-type: none"> A. Ensure that child/youth is connected to intensive services throughout the first 72 hours post-identification. B. In coordination with the SW, notify the duty DDA and/or duty DA victim advocate of the child/youth’s name, whether child/youth is involved in dependency or juvenile justice system, and steps taken during CSEC Response MDT meeting, if Duty DDA and/or Duty DA victim advocate was not present at the CSEC Response MDT meeting. C. Address the following, if relevant: <ul style="list-style-type: none"> i. Identification of, referral to and coordination of services, including safe housing, primary and reproductive medical care,¹² follow up medical care, mental health, legal, and social support. This includes: <ul style="list-style-type: none"> 1. Practical support, which may include clothing, phones, calling cards, journals, food supplies, diapers, hygiene supplies. 2. Ongoing services for the youth’s family and/or support system, including psycho-education, and support groups aimed at supporting the child/youth’s recovery. ii. Access to Victims of Crime Application assistance. iii. Access to translation/ multilingual services. iv. Support for youth testifying in court. v. Linkage of child/youth to services and supports outside of the county, if youth is not a San Diego resident. vi. Linkage of youth to indigenous services and supports, if youth is part of an indigenous community. vii. Linkage to international services and supports, if youth is an unaccompanied minor and is undocumented (referral to International Liaison Office – specialized CWS SWs). D. Partner with SW to ensure notification of necessary individuals and entities in accordance with agency policy (e.g. schools). <ul style="list-style-type: none"> i. If circumstances warrant and in coordination with the SW, the CRT Advocate may elect to contact Public Health Services, Behavioral Health Services (BHS Pathways representative), or a Placement Provider to attend or consult with the MDT. E. Ensure that follow up CSEC Virtual Case Consultation (VCC) Meeting is scheduled within (3) days/72-hours with any parties identified as necessary for assessment of needs and provision of services. This meeting may also count as a Facilitated Mapping, if applicable. F. Participate in the VCC. G. Participate in the Initial CSEC MDT meeting.
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¹² Note that Chadwick Center has a “doctor of the day” that can assist in determining whether a child/youth should be seen for medical evaluation or care.

<p>Follow Up After CSEC Response (cont.)</p>	<p>CWS Assigned SW</p>	<ul style="list-style-type: none"> A. Coordinate with CRT Advocate in connecting child/youth to intensive services within the first 72 hours. B. Partner with CRT CSEC Advocate to ensure notification of necessary individuals and entities in accordance with agency policy (e.g. Chadwick Center, schools, etc.). C. Coordinate with CRT Advocate in scheduling follow up CSEC VCC with all necessary participants. D. Participate in the VCC. E. Schedule an Initial CSEC MDT meeting within 10 days of the date of referral. <ul style="list-style-type: none"> i. For children in out of home placement, the Initial CSEC MDT meeting will be satisfied by the scheduling of a CFT as long as the policy requirements (e.g. required participants and discussion topics) for each type of meeting are still met at the single, combined meeting.
	<p>Probation Department/ Officer</p>	<ul style="list-style-type: none"> A. Assist in connecting child/youth to intensive services within the first 72 hours. B. Participate in a follow up CSEC VCC when necessary. C. Participate in an Initial CSEC MDT meeting within 10 days of referral when necessary.
	<p>DA</p>	<ul style="list-style-type: none"> A. Communicate and coordinate with appropriate agencies such as law enforcement, probation, CWS, CSEC Advocate, and attorney(s) representing the youth for follow up and services. B. Communicate with Probation, CWS, and the attorney(s) representing the youth to determine the youth's next court hearing and discuss immediate concerns if a youth has an open juvenile justice case, is a WIC 602 ward of the court, or is a dual status youth. C. Review all cases involving the child as a victim of commercial sexual exploitation for prosecution of the exploiter.

CSEC INVESTIGATIONS

Referral Assignment

Each region will respond to CSEC referrals assigned by the hotline. CSEC referrals require a delicate approach with children/youth and their families.

In each region/program, there is an identified CSEC liaison who can help support the investigating SW.

The most effective initial contact is a collaborative approach. Upon assignment the SW will coordinate the referral response with law enforcement and other appropriate providers for immediate assessment strategies, safety planning and placement options. Children/youth often do not want to be involved with those in a position of authority. It is crucial to develop a trusting relationship with the children/youth.

SW Responsibilities

Step	Action
1	Review allegations; review prior history, contact reporting party, and interview collaterals. See ER - Investigations procedures for more information. Determine if information gathered requires a CSEC response.
2	Screen all children/youth who are 12 and older using the CSE-IT (see Appendix G).
3	If enough indicators of CSEC are noted, then the SW will submit cross-report to the local law enforcement jurisdiction and the Human Trafficking Task Force, if needed. SW will consult with PSS prior to interviewing the child/youth.
4	If investigation reveals child/youth is identified as a CSEC victim then SW will do their best to obtain the child's/youth's approval to share their information and schedule a forensic interview whenever practicable. If the child/youth does not give their approval, SW will continue to work to engage the child/youth and assess the situation for safety and risk. (See Appendix D for interview questions) NOTE: The SW must continue and complete their investigation whether the youth gives their consent or not.

**SW
Responsibilities
(cont.)**

Step	Action
5	Upon obtaining approval from the child/youth, the SW must schedule an immediate forensic interview and medical exam wherever practicable.
6	Create a safety plan using harm reduction strategies with child/youth and identify placement options.
7	SW informs the child/youth that resources/services are available to him/her/them. (Appendix A)
8	SW determines disposition for referral allegation.

NOTE: It can take some time for the CSEC victim to feel comfortable in disclosing their abuse.

**Interviewing CSEC
Youth and Others**

The most important outcome of initial contact with the child/youth is to build rapport and establish trust. Children/youth who have experienced significant trauma may be extremely distrustful of others, including professionals. Developing a relationship children/youth know they can depend on will create further opportunities for them to escape the abuse. It is also important to recognize that opportunities to engage the child/youth are limited so the SW should take every opportunity that presents itself.

When the child/youth is being interviewed, be aware that the exploiter may be nearby and may have even brought the child/youth to the interview. To increase confidentiality and safety for the child/youth, be sure that the interview cannot be overheard by others. It is critical that steps be taken to protect the confidentiality of the child/youth, especially with respect to their contact with law enforcement and where they are living or receiving care.

The following are general rules for interacting with CSE children/youth:

- Be nonjudgmental, convey caring and compassion, have a friendly presence, make positive comments
 - Address emergency and basic needs first
-

Interviewing CSEC Youth and Others (cont.)

- Check your environment. Provide a private, neutral, comfortable setting.
- Allow for as much time as necessary
- Be flexible and allow the child/youth to guide the conversation
- Be upfront and clearly state your role and functions at the beginning
- Ask permission to take NOTES
- Use child/youth friendly language
- Have open body language. This indicates that you want to hear what the child/youth has to say
- Balance the amount of information shared with the child/youth about your personal experiences
- Limit interruptions, allow child/youth to speak
- Meet the child/youth where they are. Children/youth may not have an understanding of their victimization. Do not force a change in their thinking pattern; this takes time.
- Set boundaries with children/youth. For example, do not touch the child/youth without permission; respect his or her space.
- Make only promises that can be met; have realistic expectations of the child/youth
- Professionalism: Do not speak negatively about the child/youth or other members of the treatment team; keep a positive attitude and strength-based
- Do not speak badly of child/youth's exploiter or others associated with "the life"; the youth may consider them their family and may feel a sense of loyalty to them.
- Be transparent. Trust has to be earned. Involve the child/youth in the process to more quickly gain trust.

Remember that your interview is not a forensic interview. Your role is to gather information related to the child's/youth's immediate and on-going safety. A forensic interview may occur later. See Appendix D.

Identification, Screening and Documentation

CWS will use the Commercial Sexual Exploitation - Identification Tool (CSE-IT) (CSE-IT) to screen for commercial sexual exploitation on every referral for all children age 12 and older and on active cases every 6 months or if there is a critical event. This is in accordance with SB 794 (2015) to identify children/youth who may be involved or at risk for CSE.

In accordance with WIC 16501.35(a), CSEC Data Collection and Reporting is required.

Counties are required to collect data related to commercial sexual exploitation of foster youth. The ID page of the Client notebook will be updated with a new frame and controls that will allow the user to record the following six categories of Commercially Sexually Exploited Children (CSEC) data:

At Risk	Victim During Foster Care
Victim in Open Case not in Foster Care	Victim While Absent from Placement
Victim Before Foster Care	Victim with Closed Case, Rcv ILP Svcs

NOTE: CSEC rows of 'At Risk' and 'Victim cannot be active at the same time.

The ID page of the Client Abstract will be updated with a grid to display CSEC information:

Client Services - Referral [0752-8958-3422-7082394] - [Client []]

File Edit Search Action Associated Attach/Detach Window Help Toolz

Summary ID Demog Address Names Related Clients ID Num Juv. Cit. H Search Log AFDC/FC Admange Service Providers CWA

Name and Identification
 Active Safety Alert Exists
 Client Information
 Prefix First Middle Last Suffix Name Type Legal
 Gender Mental Status SSN Client Index Number (CIN)
 Driver's License - State/Number Date of Birth or Age and Age Unit
 Self Reporter Alien Registration #
 Client is a Minor/NMD Parent Client Number
 Outstanding Warrant Exists

Other Client Information
 ICWA Eligible Incapacitated Parent
 Yes No Not Asked Pending
 Child has Indian Ancestry
Indian Ancestry Notification

County	Date

 County Date Informed

Language
 Primary Language
 Secondary Language
 Literate
 Yes No Unknown Not Applicable

Race/Ethnicity
 Specify Race if known
 Primary Ethnicity
 Unable to Determine - Reason
 Other Ethnicity
 Other Ethnicity

Safely Surrendered Baby
 This Client has been involved in the Safely Surrendered Baby Program
 Effective Date

Confidentiality
 Confidentiality in Effect
 Effective Date

Drug/Mental Health Issues Affecting this Client
 Drug Use Yes No Alcohol Use Yes No Mental Health Issues Yes No
 Drugs
 Other Drug
 This client has been selected as an alleged perpetrator in this referral.

CSEC Data

CSEC Type	Start Date	End Date

 CSEC Type Start Date End Date

Safety Alert Information

Activation Date	Reason	Deactivation Date

 Safety Alert Activation
 Activation Date County Reason Explanation
 Safety Alert Deactivation
 Deactivation Date County Explanation

Ready Referral [0752-8958-3422-7082394] -> Client [f.d]

SWs will also be able to see previous CSEC data entered for the client.

Client Abstract Notebook – ID page

- The Client Abstract notebook now displays all CSEC data that was entered for that client. The data is presented in a read-only grid.

Client Services - [Client Abstract (Client, Client - Row #1)]

File Edit Search Action Associated Attach/Detach Window Help Toolz

ID Other Names Other Addresses Family Members Referral History Case History

Identification
 Last Known Residence Address SSN Gender Client Index Number (CIN)
 Date of Birth Age Primary Ethnicity
 Birth Place/Hospital Name Birth City
 Client ID
 0028-7617-6214-6000505
 Alien Registration # Emigration Country
 Date of Death Most Recent Juvenile Court # Drivers License # Last State ID #

AWOL/Abducted
 AWOL Abducted Not Applicable
 Outstanding Warrant

Parental Rights Termination

Related Person	Term. Reason	Term. Date	Under Appeal	Vol. Ret.	Legal Designation	Birth Father	Paternity Date

Tribal Customary Adoption
 Tribal Customary Adoption afforded full faith and credit Order Date

CSEC Data

CSEC Type	Start Date	End Date

 CSEC Type Start Date End Date

Ready Client Abstract (Client, Client)

The CSE-IT will be used to identify CSE child/youth and to inform and improve service delivery. SWs will complete the tool (not in the presence of the child/youth) to determine the level of risk for the child/youth and to determine services in the community that will meet their needs or continue providing services for them.

**Interviewing
Parents/
Guardians**

Be aware that the parents are sometimes the exploiters. If you have any information that this may be the case, the interview should be done in coordination with law enforcement.

It is normal for parents to have incorrect assumptions about exploitation. Your intervention needs to focus on helping them become more educated about their child/youth as a victim and their role in keeping their child/youth safe, as well as maintaining safety of other children/youth in the home. Try to establish if the parents have responded in a non-protective way (e.g., kicked the child/youth out of the home, inflicted emotional abuse by name-calling, or abused the child/youth physically).

Interviews should focus not only on the victimized youth but also on general family functioning. It is also important to gather information from the parents about the threat of harm posed to their other children in the home.

NOTE: See Appendix D for example questions.

**Interviewing Non-
Custodial Parent**

It is crucial that the SW interview the non-custodial parent, because he/she/they may act as a valuable protective resource for the child/youth, and the information provided can assist in case planning. See Appendix D for example questions.

**Interviewing
Siblings**

Siblings of the youth often have some awareness of their sibling's victimization, though they may not have the language or knowledge to express this. In some cases, siblings have been exposed to the exploitation and may be targeted by others to be exploited. Questions should focus on the siblings' time spent with the child/youth, the exploiter, and their potential victimization.

SWs must keep in mind that siblings may also be the exploiter.

NOTE: See Appendix D for example questions.

**Interviewing
Alleged
Perpetrator**

When interviewing the exploiter, there are serious safety considerations for the SW that require thoughtful planning. Interviewing the exploiter is also likely to increase the safety concerns for the child/youth. Given these concerns, any interview of an exploiter related or non-related to the youth must be done in consultation with your supervisor and law enforcement.

NOTE: An out of home perpetrator cannot be interviewed by the SW.

Forensic Interview

If the child/youth discloses CSE during the interview, or even if the child/youth does not disclose but concerns remain for the child/youth's safety and welfare, the child/youth should be referred to the local Child Advocacy Center (Chadwick Center or Palomar Forensic Health) for a forensic interview.

Law enforcement typically authorizes such interviews, but if an interview is denied, then the SW will follow CWS policy and procedures for requesting internal authorization for the interview. See [Medical Opinions – Forensic Examinations/Interviews and Medical Consultations](#).

The purpose of the forensic interview, which is recorded and available to involved parties with appropriate court orders, is to assist law enforcement and CWS with obtaining complete and accurate information that will support accurate and fair decision making in criminal justice and child welfare settings. The interview is to be conducted in a developmentally and culturally sensitive manner, utilizing objective, neutral and legally defensible interviewing strategies.

Although most children and youth only require one forensic interview, it is up to the investigative agencies, or team, to decide whether additional forensic interviews of the child may be warranted to assist in making case decisions. The forensic interviewer will provide a copy of the interview and written report to CWS and law enforcement.

Medical Evaluation

A medical assessment may be necessary when:

- There could be physical evidence including potential DNA evidence to establish identity of perpetrator
- There was penetration
- There could be a physical injury such as bruising or bleeding
- There could be a need for treatment of a sexually transmitted disease
- Youth/child suspects she/they may be pregnant

Prior to a medical evaluation consent is needed from the child/youth if they are **12 years old and older**. **If they are younger than 12 years, a signed consent from the parents/caregiver is required**. If parents refuse consent then the SW might have to consider seeking judicial relief.

The medical provider doing the medical examination will provide a written report to Law Enforcement and CWS.

Assessing Safety

SWs will use the SDM safety assessment for all CSEC investigations. It is critical to select an accurate safety threat that does not blame the victim. The safety threat needs to address the inability of the family to protect and meet the needs of the child/youth. Remember that in some cases the family may be doing everything they can and yet still be unable to provide safety. In other cases, the family may be actively involved in exploiting their child/youth. Some common safety threats to consider:

- Caregiver is unable OR unwilling to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
- Child sexual abuse is suspected, AND circumstances suggest that the child/youth's safety may be of immediate concern.
- Caregiver describes the child/youth in predominantly negative terms or acts toward the child/youth in negative ways that result in the child/youth being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.

Sometimes it is assumed that when child/youth are older, they are less vulnerable. However, this is not accurate, especially with these child/youth. Child/youth who have been victims of CSE are exceedingly vulnerable. It is difficult for a child/youth to leave the situation because of their perceived relationship with the exploiter, lack of resources to leave, are threatened with harm to themselves and families if they leave, or are held against their will. Because of

Voluntary cases can be considered when the parents/caregivers are available, willing and trying to care for their child/youth but seek additional support. Voluntary cases should be opened with caution. The SW must be confident that the parents/caregivers are capable of meeting their child/youth's needs with additional supports.

Concluding Allegations

After the referral is thoroughly investigated, the SW may determine that the allegations are **substantiated, inconclusive, or unfounded**. Determine if the information described, disclosed, corroborated or found as evidence is applicable to a specific category of child abuse as defined in the California Penal Code.

The Structured Decision Making (SDM) Safety Assessment is completed after initial contact with the child/youth to determine if the child/youth can safely remain in their home. Once referral allegations are concluded the SDM Risk Assessment is completed to determine if a case should be opened for ongoing services. Reference to the applicable **Penal Code** sections should be noted in CWS/CMS to conclude an allegation.

Assessing County of Origin

When CSEC victims are taken into protective custody:

- CWS will determine the county of origin. If the county of origin is San Diego, the SW will assess the youth for placement needs and ongoing services.
- And if the youth is from another county and that county has jurisdiction, then the SW will follow the Policy Manual [ICT procedures](#) for returning the child/youth to their county of residence.

If a referral is received then the SW will follow the policy for [Cross County Referrals](#).

Closing Referrals without Intervention

If...	then the SW will...
The referral is being closed and the child/youth accepts services	<ul style="list-style-type: none"> • Inform the child/youth that resources/services are available. • Provide the child/youth with identified resources <p>NOTE: See resources in Appendix A under "Community Resources."</p>
The referral is being closed and the child/youth refuses services	<ul style="list-style-type: none"> • Inform the child/youth that resources/services are available to them. • Inform child/youth that when they are ready to leave "the life" they can call the SW for support. • Identify someone close to the child/youth, possibly a mentor to work with the child/youth on identifying the safety hazards of remaining in the life. • Provide the child/youth with resources in case the child/youth would like to contact the resources on their own. • Assess for filing a petition.
The referral is being closed and the child/youth has parents/caregivers able to provide support	<ul style="list-style-type: none"> • Inform the parents/caregivers about resources available to them

**Additional roles
particular to PCC**

Step	Who	Action
1	Intake worker screen for CSEC at Intake – use existing PCC intake protocol and complete or update the screening tool	<ul style="list-style-type: none">• If CSEC is noted as “suspected” or “confirmed” enter information in the CWS/CMS narratives and select the Special Projects Code• Email PCC CSEC Lead with details of issues/concerns
2	PCC CSEC Lead	<ul style="list-style-type: none">• Make in-person contact to greet child/youth, follow-up, ensure basic needs are met, and conduct assessment of needs: medical, mental health counseling and prepare youth for potential interventions• Update CWS/CMS• Collaborate with assigned SW

Safety Planning

In CSEC cases, on-going safety plans can be difficult to develop and implement. Plans require the child/youth's engagement and participation. It may be difficult to protect the child/youth with a plan if the child/youth cannot safely admit he/she/they is/are in danger and is/are unwilling to participate in a safety plan. Additionally, the perpetrators are often third party abusers, and while the parents may be amenable to protecting their child/youth, they may be unable to enforce a safety plan that requires no contact with the perpetrator. Understanding how harm reduction strategies may be helpful when working with CSEC can be useful when engaging children/youth in initial and ongoing safety planning.

The Harm Reduction Series: Introduction (2018) cites since its development, harm reduction has been applied to a wide variety of issues, and recently has been recognized as a promising strategy for serving youth abused through CSE. In its application, strategies must be developed inside the context of the specific behaviors that occur within exploitation, as opposed to the exploitation itself. The approach is not intended to change the person, but the exploitive situation. A young person may be open to accepting help, but still not be in a place to acknowledge their victimization. Thus, a harm reduction approach is aimed at reducing the impact of those behaviors, such as practicing safer sex, rather than forcing a youth to leave the exploitive situation completely. A vital component to harm reduction is the ongoing recognition and affirmation of even the slightest of positive behavioral shifts. Practitioners must re-define success, and most importantly allow youth to define their own success. For example, the reality of youth leaving placement is high. However, a successful use of a harm reduction approach may be recognizing a youth leaving three times in one week versus five as a success, and communicating such progress to a youth. Harm reduction assists in building up a young person's self-efficacy and empowers them to be the primary practitioners of their own life.

It is important to NOTE the limitations of a harm reduction approach while serving victims of CSE. Traditionally, harm reduction approaches have focused on the risky or unsafe behaviors of an individual. While applying harm reduction to CSEC, it is important to acknowledge that the unsafe behaviors they often exhibit are a result of their trauma. Uniquely, while being applied to this population, harm reduction strategies must be employed to holistically address the youth's needs while not blaming when a youth returns to unsafe situations or finds themselves "re-exploited". It is unrealistic to believe one can be "rescued" from exploitation. Instead, change for this population is not only an internal process for the young person, but requires external changes, such as systems of care learning to meet the needs of the youth that the exploitive situation was, or is currently, meeting. Providers within the multidisciplinary team must be aware of the totality of a youth's needs and make efforts to meet them. This is in and of itself harm reduction; building a path for a youth to turn to when they are ready to leave.

**Safety Planning
(cont.)**

The following are some considerations for safety planning:

Child/Youth that remain in the home

The family agrees to notify law enforcement if the child/youth runs away. The family agrees to allow community resources in the home and to take their child/youth to specialized services. The family understands the signs of exploitation and is supportive of the child/youth.

Relative/NREFM placements

Relative/NREFM resources may be able to provide safety for these children/youth. Child/youth can be successful in a setting where their exploiter does not have immediate access to them. However, it is also important to consider if the new environment presents more risks if the child/youth runs away.

PCC placement

When all other alternative placements have been exhausted, placement in PCC may be necessary until a more permanent placement can be arranged but will be at the discretion of PCC staff. Notify the CSEC lead at PCC if child/youth are placed.

San Pasqual Academy

Child/youth identified as CSEC may be placed at San Pasqual Academy. These child/youth should be closely monitored and their contacts supervised. It will be necessary to involve the child/youth in the safety planning process and ensure that school staff and house parents are aware of the child/youth's CSEC identification.

In CSEC cases, on-going safety plans often change on a regular basis. It is important to document the most recent safety plan because other SWs and after hours staff may need to access these. Encourage limited cell phone or computer access to limit likelihood of exploiter contacting the youth.

**Multi-Disciplinary
Team Meetings
(MDT) for CSEC
Referrals and
Cases**

In accordance with [WIC 16524.7\(d\)\(2\)](#), a CSEC MDT meeting will be provided to each identified CSEC victim to more appropriately and effectively address his/her/their needs and the needs of his/her/their family/caregiver(s) while building on strengths in a coordinated manner. MDT meetings should be convened at initial identification of all CSEC referrals and cases to meet immediate needs and then on an ongoing/as-needed basis.

[MDT meetings](#) for CSEC cases must include the following:

- Child Welfare assigned SW
- Probation (only if the youth/child is active to probation)
- Behavioral Health
- Public Health
- CSEC Liaison
- CSEC Advocate

Optional attendees can include:

- Education Liaison
 - Local CSEC Provider Agencies
 - Survivors/mentors/victim advocates
 - Law enforcement
 - CC
 - CASA
 - Other service providers
-

**Multi-Disciplinary
Team Meetings
(MDT) for CSEC
Referrals and
Cases (cont.)**

The MDT meetings should reconvene when a triggering event occurs such as the first time the child/youth runs away or has contact with law enforcement.

- Provide individual case-by-case collaboration with multiple child-serving agencies
- Engage with child/youth and family/caregiver(s)
- Ensure basic needs (food, shelter, clothing) are met
- Assess and address immediate and long-term needs
- Conduct individual case planning
- Coordinate, monitor, and adjust service plan to achieve desired outcomes for CSEC
- Decide on appropriate placement
- Conduct safety planning to proactively plan for triggering events
- Meaningfully involve child/ youth in planning and decision-making

Assessment

CWS will assess the CSEC youth's treatment and services and update the case plan at a minimum under the following circumstances:

- Every six months to monitor progress and/or
- Upon a change in placement
- Recommendation of the Child and Family Team (CFT)

Absent from Care

Available research shows a strong correlation between running away and homelessness and engaging in sexual activity for money, shelter, or goods. Runaways are at a greater risk of being, or are more likely to have been commercially sexually exploited. In accordance with [WIC 16501\(a\)\(1\)](#) and [16501.35\(b\)](#), for children/youth who have run away multiple times in one year and are suspected CSEC victims the following plan is in place:

For child/youth who are at [Absent Client - No Contact](#) risk:

- Develop a plan for safety

For child/youth who return from [Absent Client - No Contact](#):

- If at-risk/suspected/confirmed CSEC upon return from being absent from care, develop a plan for safety and assess the child/youth's needs for intervention and support services.
 - Complete the CSE-IT.
-

Child and Family Team Meetings

[Child and Family Team \(CFT\)](#) meetings in CSEC cases may address placement and safety planning issues such as:

- The safest place (emotionally and physically) for the CSEC youth to live
- Caregiver's ability to protect the youth emotionally and physically
- Who can provide emotional support to the youth and family (Safety Network)
- Harm, danger and complicating factors associated with the case
- The living and sleeping arrangements of all individuals in the home
- Run away considerations
- Safety Plan for the family if the exploiter or associates should make contact
- Caregiver's level of commitment to keeping the youth safe, supporting them emotionally, meeting their needs, complying with case plan, etc.
- Law enforcement investigation and involvement
- Interventions and resources to assist the child/youth and family
- Caregiver awareness of CSEC signs such as cell phone and computer usage

NOTE: It is crucial to invite the CSEC youth to participate in all family centered meetings such as CFT meetings and Facilitated Mappings to gain their support of the placement and understanding of the situation. Their voice and agreement to the decisions made will be necessary for the success of the placement. An assessment will need to be made if the child/youth's voice is significant to the meeting or if the topic being discussed would be detrimental to them.

Placement

The [Continuum of Care of Reform \(CCR\)](#) is a continuation of California's ongoing system efforts to improve outcomes for children in foster care. The changes are mandated through AB 403 (2015) and AB 1997 (2016) which provide the statutory and policy framework for full implementation. The CCR began statewide on January 1, 2017, with changes happening throughout the upcoming years for full implementation.

The guiding principle of CCR is that all children deserve to live with a committed, nurturing and permanent family, who will prepare the youth for a successful transition into adulthood. The main goals of CCR are to:

- increase home-based placements
- increase effective services and supports for youth that are individualized, coordinated across systems, and follow the youth regardless of placement type
- increase supports for youth, families, and caregivers.

CWS will establish safe and secure emergency transitional placements for CSEC youth. Based on the situation, emergency placement may include the hospital, parents/guardians, substitute care provider, or group home.

Placement (cont.)

Placement options must take into account the different stages of exploitation a child/youth may experience, which may impact the CSEC victim's chance for stable housing. The continuum of care that a CSEC victim will experience has been conceptualized into three phases: (1) crisis intervention (2) comprehensive assessment and case management and (3) social reintegration. To ensure a continuum of care it is recommended that the amount of time a child/youth can stay in emergency or transitional housing programs be extended and that housing programs implement a no reject or no eject policies to ensure that when CSEC victims runaway or relapse they may return to the same parent/caregiver or placement after absence. An exception to this could include a youth/child who is recruiting for the exploiter e.g. the youth runs away and takes other residents with him/her/them. Boundaries for CSEC victims while in placement:

- Maintain the confidentiality of placement
- Safety plan if exploiter contacts victim
- Structured environment with set rules
- Safety plan for school
- Supervised transportation
- Identified support system
- 24 hour service information
- Caregiver should limit physical contact with exploiter but court order is needed

Keeping the CSEC victim safe from the exploiter:

- Location is kept confidential
- Security cameras and alarm systems in place
- Guard dog
- Gated or fenced property
- Screen calls

Services for parents/caregivers:

- Identification of a support group for caregivers of CSEC victims
- Training on CSEC and the symptoms of trauma
- Foster Parent Mentor
- Respite services available
- Participation in family therapy
- Accessibility to medical services
- 24 hour service information

Some CSEC cases may be appropriate for the [Crossover Youth Practice Model](#).

Court Reports

When the SW is writing the detention report, the SW will include:

- As much detail as possible regarding the CSEC victimization
- Quotes
- Articulation of the danger to the child/youth
- The risk to the victim if they remain in the home or in their current placement
- Child/youth's protective capacities
- Caregiver's protective capacities
- Safety planning
- The danger to the victim's siblings and other children in the home/facility

The SW will address the following factors in the detention, J/D and Status Review report:

- Any factor influencing child/youth's vulnerability, including age, special needs, emotional/mental health
- All identified safety threats and risk factors
- Recommended interventions

Interventions

Since CSEC victims have significant histories of trauma that are often the root causes and/or results of their exploitation, mental health providers play a necessary role in providing essential counseling, treatment and recovery services for traumatized children/youth.

All child/youth identified as CSEC should be screened for mental health services and support through the CWS Pathways to Well-Being Care Coordinators. Child/Youth should receive the most effective therapy available to treat their specific symptoms. The therapist should be trained in evidence based or evidence informed treatment and be knowledgeable about the issues unique to CSEC victims.

The Stages of Change Model was designed to help clinicians facilitate change in clients with addictions. This model accounts for a client's readiness to make change, appreciating barriers to change and helping clients anticipate relapse. The Stages of Change Model is divided into six stages: pre-contemplation, contemplation, preparation, action, maintenance and relapse. This model has been adapted to address the behaviors associated with CSEC using advocacy based counseling methods.

Recommendations for individual therapy and/or non-traditional therapeutic modalities can include:

- Prolonged Exposure Therapy for Adolescents with PTSD
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Cognitive Behavioral Therapy (CBT)
- Multi-systemic Therapy (MST)
- Art Therapy or other non-verbal modalities
- Family Focused Therapy
- Eye Movement Desensitization Reprocessing (EMDR)
- Attachment Regulation Competency (ARC)
- Harm Reduction Strategies (HRS)
- Yoga
- Dance
- Meditation

**Interventions
(cont.)**

Support from parents and/or caregivers is the most important predictor of the child/ youth's ability to make a successful recovery. Services to the parents/caregivers should be arranged and coordinated so they are best able to support and protect the child/youth.

The trauma of CSEC requires a spectrum of appropriate services and thus requires a multidisciplinary approach. CSEC victims require specialized recovery programs that offer shelter, nutrition, and appropriate medical treatment, as well as psychological evaluation, counseling, alcohol and drug treatment programs, education programs and skills training. In general, all programming should be strengths based and assist victims with accessing the inherent skills, abilities, and qualities they possess but may not recognize.

The following list generally outlines various types of services CSEC cases regularly involve:

- Assistance in accessing government benefits
- Childcare services (for any dependents)
- Clothing and food
- Court and daily accompaniment
- Crisis intervention
- Drug/Alcohol treatment
- Emergency, transitional, and long term housing
- Emotional support and counseling
- Education advocacy
- Employment assistance
- Financial management
- Independent living skills
- Interpreter/translation services
- Literacy education
- Legal services
- Medical, dental, and mental health services
- Peer Support
- Protection/safety planning
- Social service advocacy
- Transportation
- Victim advocacy

When CSEC victims are first identified, they typically have no knowledge of how to begin rebuilding their lives, what their rights are and what benefits and resources are available to them. Intensive case management (to help focus the victim, provide advocacy, coordinate the multiple systems/agencies serving the victim, and to monitor progress) as well as medical, mental health and social services are important for responding to the complex needs of these child/ youth and in helping them achieve self-sufficiency.

Minor as a Parent Filing [petitions](#) on children of CSEC youth is **NOT** automatic.

As with any other case, a thorough risk assessment regarding the [minor parent](#) and the infant must be completed before a petition may be screened. The risk must be documented and the petition based on the risk to the child.

If the SW is considering opening a Voluntary Services case for a minor parent and infant, the minor parent must consult with his/her/their attorney before the SW can open the case for services.

Training

CWS and Probation are required to provide training on CSE (SB 794, 2015, [WIC 16501.35\(a\)](#)). CWS will provide training for all social work staff and foster parents providing care for CSEC victims in child welfare services. CWS SWs will train and provide information to child/youth who are dependents or are part of a family in which CWS receives a referral. The training will bring awareness to help identify sexually exploited and at-risk children/youth, provide service and supports for CSEC victims, as well as educate on the use of culturally competent and trauma-informed practices.

References

The following resources were used for the development of this protocol:

- Bilateral Safety Corridor Coalition (BSCC)
<http://www.bsccoalition.org>
- Coalition to Abolish Slavery and Trafficking (CAST) Resources and Training
<http://www.castla.org/reports-issue-papers>
- Girls Educational & Mentoring Services (GEMS)- Training, Technical Assistance & More
<http://www.gems-girls.org/get-trained>
- Polaris Project
www.polarisproject.org/human-trafficking/
- Polaris Project –State of California Local Organizations and Referrals for Victims of Human Trafficking
<http://www.polarisproject.org/state-map/california>
- The SAGE Project Training and Technical Assistant/Capacity Building Resources
<http://sagesf.org/training-and-technical-assistance-capacity-building-resources>
- Shared Hope International
<http://sharedhope.org/resources/>
- Carpenter, A. C. and Gates, J. (2016). *The Nature and Extent of Gang Involvement in Sex Trafficking in San Diego County*. San Diego, CA: University of San Diego and Point Loma Nazarene University.
- California Department of Social Services (2018). Harm Reduction Series: Introduction [PDF file]. Retrieved from https://www.cdss.ca.gov/Portals/9/ACIN/2018/I-59_18_1.pdf?ver=2018-10-12-151654-683.
- Walker, K. (2013). *Prevalence of Commercially Sexually Exploited Children-Fact Sheet*. California Child Welfare Council-CSEC Workgroup. Available at: http://www.courts.ca.gov/documents/BTB_XXII_IIH_7.pdf

For questions or comments, contact Joanna Tol.

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Appendix A
Community Resources

<p>Alabaster Jar Project</p>	<p>A faith-based nonprofit in North County San Diego for women and girls who have been trafficked and/or sexually exploited. Currently have a resource center, which provides clothing, toiletries & more through our no cost boutique, as well as diapers, wipes and nonperishable food items from their food pantry. Additionally, provide a peer-lead support group that meets monthly. Emergency response with connection to housing resources, medical and therapy are services offered.</p>	<p>(858) 598-3238 www.AlabasterJarProject.org</p>
<p>Bilateral Safety Corridor Coalition (BSCC):</p>	<p>An alliance of over 60 government and nonprofit agencies in the United States and Latin America that is convened along the U.S.-Mexico Border Region to combat slavery and human trafficking. BSCC is committed to bilaterally preventing and intervening in the commercial and sexual exploitation of women and children while advocating for all exploited persons. BSCC is the only bilateral bi-national project that provides services in Tijuana, Mexico and San Diego, CA.</p>	<p>(619) 336-0770 or visit www.bsccoalition.org</p>
<p>Casa Cornelia Law Center (CCLC)</p>	<p>A 501(c)(3) public interest law firm providing quality pro bono immigration legal services to indigent victims of human and civil rights violations, including trafficking survivors.</p>	<p>(619) 231-7788 www.casacornelia.org</p>
<p>Change in Action</p>	<p>Program provides access to tattoo removal, scar revision through laser therapy or plastic surgery, as well as cosmetic dentistry to survivors of sexual exploitation, domestic violence, and sexual assault. Referrals are received from law enforcement, government and nongovernmental agencies for victims who could not afford these services on their own.</p>	<p>To receive a referral form and an authorization to share information with our doctors, please contact (619) 850-7264.</p>

<p>Children of the Immaculate Heart</p>	<p>A faith-based 501(c)(3) non-profit organization offering housing and rehabilitation services for survivors of sex trafficking. CIH provides housing, case management, therapy, and financial assistance for female adult survivors and their children.</p>	<p>(619) 431-5537 www.childrenoftheimmaculateheart.org</p>
<p>Counseling Cove</p>	<p>A program through San Diego Youth Services provides intensive, outpatient behavioral health services and case management services for Seriously Emotionally Disturbed (SED) homeless and runaway youth ages (12-21 years old) utilizing a comprehensive approach that is community based, client and family driven and culturally competent. Services include street outreach, individual and family counseling, case management services, and medication evaluation & treatment. Counseling Cove will provide services to CSEC victims that have experienced homelessness, are currently homeless, in temporary housing or have a history of running away.</p>	<p>(619) 525-9903 www.sdysservices.org</p>
<p>Department of Homeland Security - Homeland Security Investigations</p>	<p>HSI investigates immigration crime, human rights violations and human smuggling, smuggling of narcotics, weapons and other types of contraband, financial crimes, cybercrime and export enforcement issues. ICE special agents conduct investigations aimed at protecting critical infrastructure industries that are vulnerable to sabotage, attack or exploitation.</p>	<p>(619) 744-4600 or (619) 699-5681</p>
<p>Free to Thrive</p>	<p>Free to Thrive empowers Survivors of human trafficking to be free from exploitation and to thrive by providing them with legal services and connections to other supportive services.</p>	<p>(619) 684-0025 www.freetothriveSD.org</p>
<p>Freedom From Exploitation</p>	<p>A peer-driven recovery group for victims of the Commercial Sex Industry. Provide education and outreach to minors involved in CSEC in juvenile hall. Additionally offers a weekly 1st time offenders diversion group.</p>	<p>(619) 459-4877</p>

<p>Generate Hope</p>	<p>GenerateHope, an IRS recognized I01(c)(3) not-for-profit organization, provides dedicated housing and a comprehensive recovery program for women, ages eighteen to thirty, who have been sexually exploited and/or trafficked. Since recovery from sexual exploitation is a long-term process, GenerateHope allows for up to seven years of support to work through past trauma. This provides women the ability to live independently and become a positive influence on their communities and future generations.</p>	<p>(619) 818-4026 or visit www.generatehope.org</p>
<p>H.O.P.E. Project</p>	<p>Support services for male survivors.</p>	<p>Contact Tom Jones at (619) 366-9413 or tom.jones@thehopeprojectsd.com</p>
<p>House of Josephine – Catholic Charities</p>	<p>Provides emergency shelter for women 18+, their children and transgender women for up to 120 days in a centrally located home. Services include food, clothing, toiletries, life skills training, intensive case management, individual counseling, job readiness and placement and immigration services.</p>	<p>(619) 287-9454</p>

<p>ICARE</p>	<p>ICARE is a trauma informed program of San Diego Youth Services funded by the County of San Diego Health and Human Services Agency. The program operates a certified outpatient behavioral health program for youth who are at risk for or are victims of commercial sexual exploitation. The program provides diagnostic and treatment services such as individual/family/group psychotherapy, psychiatric services, and case management for children, adolescents, young adults up to the age of 21 and their families who are low income or uninsured, full scope Medi-Cal beneficiaries. The program also has a drop in center co-located with the outpatient clinic that offers supportive services to any youth that is at risk for or is a victim of commercial sexual exploitation and would benefit from the services. The drop-in center is open during the week and on the weekend with extended evening hours. It has services such as support groups for youth and family members, a mentorship program, community outreach, trainings and employment opportunities for survivors to work in the program as youth partners.</p>	<p>Confidential Location (619) 521-2250 x 3816 www.sdyouthservices.org</p>
<p>La Maestra Community Health Centers</p>	<p>Serves victims of trafficking, labor and sex of any age, gender and country of origin. The program provides medical, legal and mental health services. Case management includes financial assistance (for international victims only), basic needs, bus passes, food, housing assistance and classes.</p>	<p>(619) 564-7010</p>
<p>National Human Trafficking Hotline</p>	<p>A toll free hotline, available to answer calls and texts from anywhere in the country, 24 hours a day, 7 days a week, every day of the year.</p>	<p>(888) 373-7888 or text BeFree (233733)</p>

<p>National Center for Missing & Exploited Children (NCMEC)</p>	<p>The National Center for Missing & Exploited Children (NCMEC) is a private, non-profit 501(c)(3) corporation whose mission is to help find missing children, reduce child sexual exploitation, and prevent child victimization. NCMEC works with families, victims, private industry, law enforcement, and the public to assist with preventing child abductions, recovering missing children, and providing services to deter and combat child sexual exploitation.</p>	<p>(800) THE-LOST (800-843-5678) www.missingkids.com/gethelpnow</p>
<p>Our Safe Place (OSP)</p>	<p>Our Safe Place (OSP) is a program funded by the County of San Diego Health and Human Services Agency and operated by San Diego Youth Services in collaboration with South Bay Community Services and the YMCA. The program provides diagnostic and treatment services such as individual/family/group psychotherapy, psychiatric services, and case management for LGBTQIPPA+ children, adolescents, and young adults up to the age of 21 and their families who are low income or uninsured, full scope Medi-Cal beneficiaries. The program also provides 4 drop in centers located throughout San Diego County. These centers offer supportive services to any youth identifying as LGBTQIPPA+. The drop-in centers are open during the week and on the weekend with extended evening hours. They offer services such as support groups for youth and family members, a mentorship program, community outreach, trainings and have opportunities for youth with lived experience for employment as youth partners.</p>	<p>(619) 525-9903 www.sdyouthservices.org</p>
<p>Project L.I.F.E/North County Lifeline</p>	<p>This program provides emergency services, residential coordination, case management, mental health services and victim outreach to those impacted by CSEC and human trafficking in the North County region.</p>	<p>(760) 726-4900 x 6330 or x 6376 www.nclifeline.org/project-life</p>
<p>The Salvation Army Door of Hope</p>	<p>Betty's House is a transitional housing program for four women and their children, who are survivors of human trafficking. Supportive services: case management, goal planning, counseling, parenting and life skills classes, food and clothing, pastoral counseling, recovery and women's groups and a computer lab.</p>	<p>(858) 505-3947</p>

<p>San Diego Human Trafficking Task Force (SDHTTF)</p>	<p>Specialized officers trained to work with victims of CSEC and trafficking cases. This task force includes CSEC but wanted to be inclusive of labor trafficking along with sex trafficking and did not want to assume physical violence as a requirement as emotional control is sufficient for human trafficking.</p>	<p>(858) 495-3611</p>
<p>STARS (Surviving Together, Achieving and Reaching for Success)</p>	<p>A program with San Diego Youth Services designed for teen girls between the ages of 13 and 18 who have experienced CSEC and/or human trafficking. The goal is to empower young women to escape commercial sexual exploitation by developing their inner strengths, building a sense of community and supporting their reintegration into mainstream society. The group meets weekly for a minimum of 12 weeks and provides Independent Living Skills, Group Counseling, Recreational Activities, Case Management and referrals to mental health services, school, health services, etc.</p>	<p>(619) 521-2250 x 3804 or (619) 993-8050 www.sdyouthservices.org</p>
<p>Survivor Leader Network (Kathi Hardy)</p>	<p>Advocates for peer-led services and programs, Survivor-Informed policies at all levels of government, and provide best practices consultation to governments, non-profits and institutions.</p>	<p>www.survivors4solutions.com</p>
<p>The Well Path</p>	<p>Peer-led First Offender Program in North County for Survivors with a 647b charge. Weekly support group opened to CSEC youth with incentives for attendance. Program focuses on harm reduction and coercion resiliency education.</p>	<p>(442) 777-2046 www.thewellpath.org</p>

Appendix B
Common CSEC Terms

Term	Definition
Automatic	A person who continues to work for their pimp while the pimp is incarcerated
Branded	A tattoo on a victim indicating ownership by a trafficker/pimp.
Bottom/Bottom bitch/Head Bitch In Charge (HIBC)	A pimp who has multiple girls under his control will appoint one of them as the “bottom bitch” to supervise the others, report violations, and often help inflict punishment on them.
Circuit/Track/Blade/Bully	A set area known for prostitution activity. This can be an area around a group of strip clubs and pornography stores or a particular stretch of street. Within a country, it can be a series of cities among which prostituted people are moved.
Choosing up	The process by which a different pimp takes “ownership” of a victim. Victims are instructed to keep their eyes on the ground at all times. According to traditional pimping rules, when a victim makes eye contact with another pimp (accidentally or on purpose), she is choosing him to be her pimp. If the original pimp wants the victim back, he must pay a fee to the new pimp. When this occurs, he will force the victim to work harder to replace the money lost in the transaction.
Commercially sexually exploited children (CSEC)	Are forced and coerced into performing sexual acts for the purpose of sexual exploitation. Methods of force and coercion include multiple forms of physical, sexual and emotional abuse.
Daddy	What pimps require their victims to call them.
Date/Lick/Elbow	Describes the exchange when prostitution takes place or the activity of prostitution.
Exit Fee	Money a pimp will demand from a victim who is thinking about trying to leave. It will be an exorbitant sum, to discourage her from leaving. Most pimps never let their victims leave freely.
Family or folks	A group of victims under the control of a trafficker/pimp; the trafficker/pimp is attempting to recreate the family environment.
Finesse Pimp	A pimp who controls his victims without using violence.
The Game	The subculture of prostitution. “The Game” functions as a subculture, complete with established rules, hierarchy and language. People who do not actively participate in “the Game” are viewed as not understanding how it works nor understanding the people involved.

Term	Definition
Gorilla Pimp	A pimp who controls his victims almost entirely through violence.
Human Trafficking	The recruitment, harboring, transporting, obtaining, or maintaining of a person by means of force, fraud or coercion, for purposes of involuntary servitude, debt, bondage, slavery, or participation in sex trade.
Lot Lizard	A derogatory term for a victim being prostituted at truck stops.
Out of Pocket	The phrase describing when a victim is not under control of a pimp but working on a pimp-controlled track, leaving her vulnerable to threats, harassment, and violence in order to make her “choose” a pimp. This may also refer to a victim who is disobeying the pimp’s rules.
Posting	Posting ads on the internet and social media sites
Quota	Amount of money prostituted victim must turn over to the pimp every night.
Rackin’/Dough	Making money, specifically \$1000
Roll	Commit robbery on a date/trick/john
Seasoning/Breaking	Combination of psychological manipulation, intimidation, gang rape, sodomy, beatings, deprivation of food and sleep, isolation from family, friends, and other sources of support, and threatening or holding victims children or other family members. The purpose is to totally break down the victim’s resistance and ensure that she will do anything she is told.
Sister Wife/Wife in Law/Wifey	What victim’s in a pimp’s stable call each other.
Renegade	A person involved in prostitution without a pimp
Squad	A collaborative effort among a group of people to make money either through prostitution or other criminal activity
Squaring Up	Attempting to escape or exit prostitution
Stable	A group of victims under the control of a single pimp.
Telly	Hotel or motel
Trap House	A physical place where prostitution and other sexual activities occur
Trafficker/Pimp	Person who buys, trades, and or sells women and children for sexual exploitation.

Term	Definition
Trappin	Working or other activities in the life
Trick	Describes both the act of prostitution and the person buying it. Usage: “turning a trick” or “with a trick”.
Turn Out	Used both to describe being forced into prostitution and a person newly involved in prostitution.

NOTE: Terms have been provided in order for the SW to understand the CSEC victim’s language. Terms should not to be used by the SW unless they have had training in using them with their CSEC clients.

Appendix C

Trauma Bonds

This experience is known as trauma bonding or the Stockholm syndrome; some indicators include the following on the part of the victim:

- Displays hyper vigilance to exploiter's needs
- Seeks to keep exploiter happy to decrease violence
- Tries to “get inside” exploiter’s/trafficker’s/customer’s needs
- Sees world from exploiter's perspective; may or may not have his or her own perspective
- Experiences sense of self through exploiter’s/trafficker’s/customer’s eyes
- Denies violence when violence and threats of violence are actually occurring
- Considers outside authorities and people trying to win the victim’s release or escape the “bad guys”
- Has been trained to distrust law enforcement and social service providers
- Views the exploiter as the “good guy” and protector; has been brain washed into loving the exploiter
- Is thankful and grateful exploiter/trafficker/customer has not killed them
- Has been told that they are all alone and if they leave no one will take care of them
- Has been taught there is no safe place to go

Appendix D Questions to Ask

Law enforcement and community agencies frequently report concerns about Child/youth who they suspect are being exploited. The following is useful information to gather for these types of reports:

- Do the parents have a role in the exploitation? Are they aware? Are they the exploiters?
- Do these agencies have history with this child/youth?
- Do these agencies know who the perpetrators are (exploiter, gang, and/or john)?
- Was there a sex act within the past 72 hours? Are there concerns about the child/youth being assaulted? Does the child/youth need medical attention?
- Does the child/youth have a safe place to go? Has he or she contacted the parents? If so, what was their response?
- Were other child/youth involved?
- Did the child/youth appear under the influence?
- Where was the child/youth located? Who was the child/youth with? What did the child/youth have on him or her (condoms, cell phones, drugs, money, phone numbers)?
- Does the report indicate the child/ youth was “advertised” on the Internet, craigslist, Facebook, Instagram, or other site? If possible, the screener should go to site and print the ad because it will likely be erased by the time the caseworker is assigned.
- Has the child/youth been trafficked in other locations? State? Country? Do those locations have a record of the child/youth?

Screeners should attempt to gather the following information in their reports:

- What information do you have that leads you to believe this child/youth has been sexually abused or “prostituted”?
- Has the child/youth disclosed having been raped, having an older boyfriend, or that he or she is being trafficked?
- What did you see on the Internet? Is it still there? What site?
- Do other people who have similar concerns? Are the Child/youth’s parents aware of this concern? What is their response?
- Describe what “out of control” is (e.g., drug use, running away)? When the child/youth runs away, where does he or she stay? Who takes care of the child/youth? Is there mention of staying in hotels, people “putting them up” in a hotel?
- Do you have concerns that this child/youth is being trafficked (or use the word “prostituted,” if that helps them understand the question)? Has the child/youth admitted to “prostituting?”
- Have the police been involved? Are there any other agencies involved?
- Are there any of the following signs indicative of exploitation?
 - Unexplained injuries (includes tattoo branding)
 - Sexually transmitted disease
 - Pregnancy
 - Unexplained money (new clothes or changed appearance such as hair and nails)
 - Unusual cell phone activity
 - Reports that they are “having sex” with multiple partners (especially adult men)
 - A controlling or violent boyfriend
 - Trips out of town
 - Truancy from school
 - Gang involvement
 - Street family
 - Mention of someone providing “free” drugs

Questions for the child/youth
Living situation

- Where are you from? Is this where you live now?

- Do you currently live with your parents? If not, where do you live and with whom?
- What is your relationship like with your parents/guardians and siblings?
- Do you go to school? What subjects do you like/dislike?
- Are you involved in any activities at school? (Yes: Which? No: Do you wish you were?)
- Have you ever left home without parent/guardian knowledge?"
- How many times have you run away? Where do you like to go when you run away?"
- What were some of the ways you took care of yourself while you were away from home?
- Did you do any traveling while you were gone? Where did you go? Can you describe what you saw? Who did you go with? How did you get from one place to the next?
- While you were away from home, did anything keep you from going back? Did you experience anything that made you uncomfortable or scared?
- Do you feel safe now?"
- Do you have a best friend? Who is that?

Arrest history

- Have you ever been arrested? For what? What happened when you were arrested?
- Was there a person you could count on to help you through the experience? How did you know you could rely on them?

Dating status/ sex related

- Do you have a boyfriend or girlfriend? How did you meet? What do you two do for fun? Where do you go?
- Every couple has problems. What are some things about your relationship that you do not like?
- What are some of the things that person does to show he or she cares for you?
- How old is he/she?
- Are you sexually active? Do you use contraception? What kind?
- How frequently do you have sex?
- Have you ever had a sexually transmitted disease? What type?
- Have you ever been pregnant? Have you ever had an abortion?
- Are any of your friends sexually active?

Visible tattoo

- What does your tattoo mean? When did you get it? Was someone there while you got it? Who?

Non-visible tattoo

- Do you have a tattoo? Do you have someone's name tattooed on you? What does it mean?

Substance abuse related

- Do the people you hang out with use drugs? If yes, what types of drugs?
- Do members of your family use drugs? If yes, what types of drugs?
- Do you or have you used drugs? If yes, what type of drugs and when do you use them?
- How do you get and/or pay for these drugs?

Exploitation/ abuse-related

- Have you ever felt pressured or forced to have sex? Who has pressured you?
- What happens if you do not have sex?
- What type of sex acts do you have to do? Do you get anything for these sex acts?
- What happens after you are forced to have sex?
- Have you ever told anyone? Who?
- When was the last time you had to "perform" sex acts for someone?

- How often are you forced to have sex?
- Do you know anyone else who is forced to have sex? Friends involved?
- Have you ever had sex in exchange for money, food, somewhere to stay, or anything else?
- Are you fearful to stop? Why? What would happen?
- Are any of your siblings in the same situation?"

Mental health status

- Do you currently have any thoughts about suicide or hurting yourself?
- Have you ever tried to hurt yourself on purpose?
- Would you ever kill yourself?
- Have any of your friends ever committed suicide or attempted suicide?"

Interviewing parents and guardians

- Are you aware of your child/youth's victimization? How did you become aware?
- What attempts have you made to try and protect your youth? Did you seek community resource assistance? Medical treatment? Therapy?
- What are the child/youth's responsibilities in the home? Does he or she babysit siblings? How frequently? Does the child/youth spend time with siblings in the community? Go to the mall? Park? Participate in community activities?
- What have the other children/siblings said about spending time with the child/youth? Are there certain people they spend time with? What do they do? Where do they go? Is it possible that the other children are exposed to the exploiter?
- What are the rules for the children in the home when the adults are away? Are other children or youth allowed to come over? Is there a curfew? Are they allowed to leave if adults are not present? Are you concerned for your other children's safety or concerned that they are also at risk for becoming sexually exploited?

Non-custodial parents

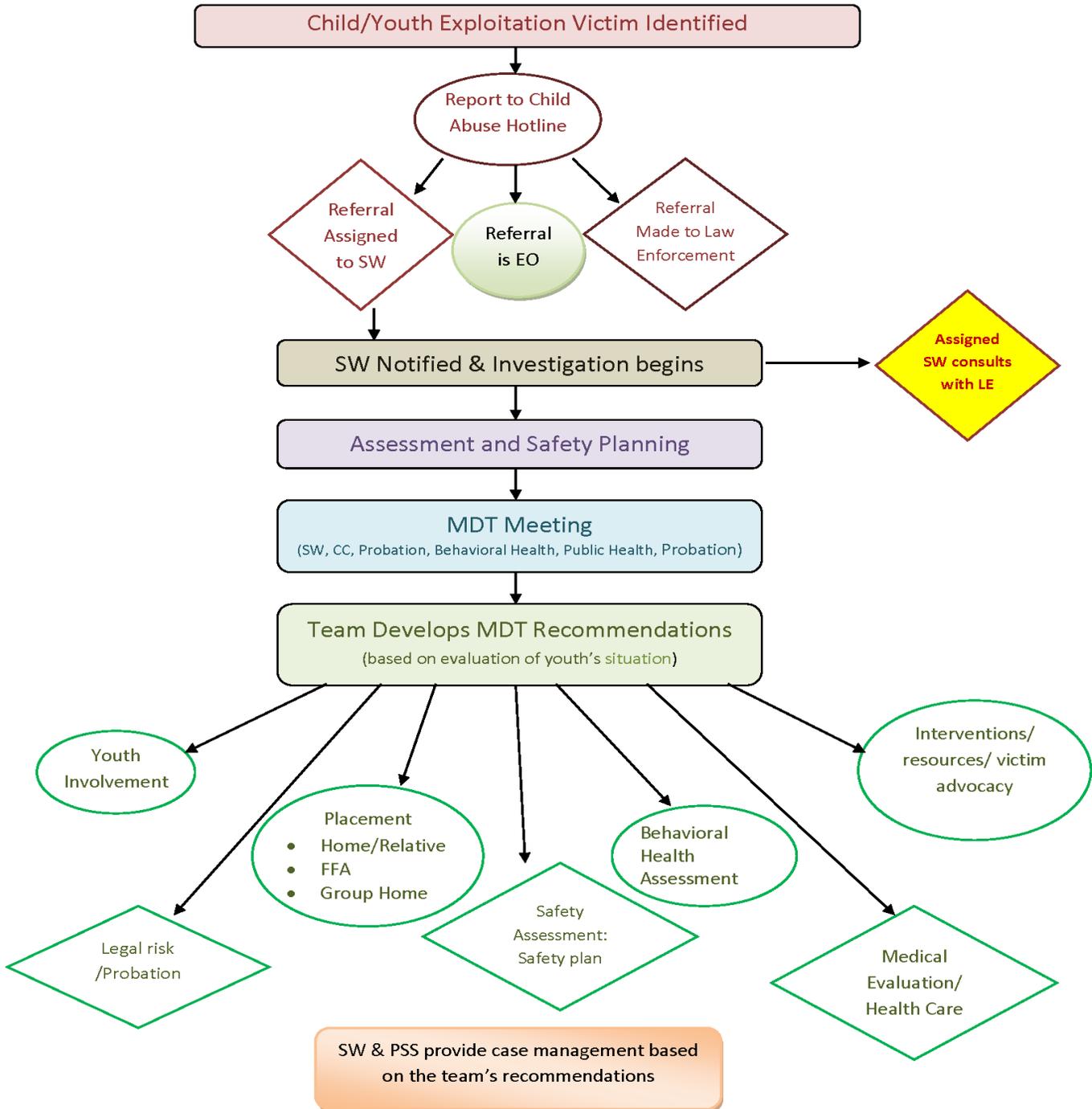
- Are you aware of your child/youth's victimization? If so, how?
- Have you had concerns for your child/youth? What are they? What have you noticed? What changes have you seen? What have you done about their concerns?
- What is your belief about the custodial parent's ability to recognize risk and protect your daughter/son? Do you have concerns for your other children?

Siblings

- Does your sister/brother babysit you? How frequently? What do you do with your sister/brother?
- Do you spend time with your sister/brother outside of the home? Where do you go? Do you go to the mall? Park? Participate in community activities?
- Have you met your sister/brother's friends? What are they like? How does your sister/brother act around them? What do they do together?
- Do you ever spend time with your sister/brother's friends? What do you do?
- What are the rules for the children in the home when the adults are away? Does your sister/brother follow the rules? Is there a curfew? Does your sister/brother get in trouble?
- Does your sister/brother tell you any secrets? Have you ever been worried about your sister/brother? Has your sister/brother ever been hurt?
- Have your sister/brother's friends ever bought you anything? Told you that you are pretty? Taken you out?
- Does your sister/brother have a Facebook/Instagram page or any other pages? Have you seen what is on those pages? (Be sure to ask questions around pornography use or exposure).

Appendix E
CSEC Flow Chart

COMMERCIALLY SEXUALLY EXPLOITED CHILDREN (CSEC) RESPONSE FLOW CHART



**Appendix F
Power and Control Wheel**



Note: this wheel was adapted from the Domestic Abuse Intervention Project's Duluth Model Power and Control Wheel, available at www.theduluthmodel.org

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Appendix G
Commercial Sexual Exploitation Identification Tool (CSE-IT) – version 2.0
WestCoast Children’s Clinic

1. HOUSING AND CAREGIVING. The youth experiences housing or caregiving instability for any reason.	No Information	No Concern	Possible Concern	Clear Concern
a. Youth runs away or frequently leaves their residence for extended periods of time (overnight, days, weeks).	0	0	1	2
b. Youth experiences unstable housing, including multiple foster/group home placements.	0	0	1	2
c. Youth experiences periods of homelessness, e.g. living on the street or couch surfing.	0	0	1	2
d. Youth relies on emergency or temporary resources to meet basic needs, e.g. hygiene, shelter, food, medical care.	0	0	1	2
e. Parent/caregiver is unable to provide adequate supervision.	0	0	1	2
f. Youth has highly irregular school attendance, including frequent or prolonged tardiness or absences.	0	0	1	2
g. Youth has current or past involvement with the child welfare system.	0	0	1	2
Indicator 1 Score: A subtotal of 0 to 3 = <i>No Concern</i> . A subtotal of 4 or 5 = <i>Possible Concern</i> . A subtotal from 6 to 14 = <i>Clear Concern</i> . Circle score here ☐☐	0	No Concern 0	Possible Concern 1	Clear Concern 2
2. PRIOR ABUSE OR TRAUMA. The youth has experienced trauma (not including exploitation).	No Information	No Concern	Possible Concern	Clear Concern
a. Youth has been sexually abused.	0	0	1	2
b. Youth has been physically abused.	0	0	1	2
c. Youth has been emotionally abused.	0	0	1	2
d. Youth has witnessed domestic violence.	0	0	1	2
Indicator 2 Score: A subtotal of 0 or 1 = <i>No Concern</i> . A subtotal of 2 = <i>Possible Concern</i> . A subtotal from 3 to 8 = <i>Clear Concern</i> . Circle score here ☐	0	No Concern 0	Possible Concern 1	Clear Concern 2
3. PHYSICAL HEALTH AND APPEARANCE. The youth experiences notable changes in health and appearance.	No Information	No Concern	Possible Concern	Clear Concern
a. Youth presents a significant change in appearance, e.g. dress, hygiene, weight.	0	0	1	2
b. Youth shows signs of physical trauma, such as bruises, black eyes, cigarette burns, or broken bones.	0	0	1	2
c. Youth has tattoos, scarring or branding, indicating being treated as someone’s property.	0	0	1	2
d. Youth has repeated or concerning testing or treatment for pregnancy or STIs.	0	0	1	2
e. Youth is sleep deprived or sleep is inconsistent.	0	0	1	2
f. Youth has health problems or complaints related to poor nutrition or irregular access to meals.	0	0	1	2
g. Youth’s substance use impacts their health or interferes with their ability to function.	0	0	1	2
h. Youth experiences significant change or escalation in their substance use.	0	0	1	2
Indicator 3 Score: A subtotal of 0 or 1 = <i>No Concern</i> . A subtotal of 2 or 3 = <i>Possible Concern</i> . A subtotal from 4 to 16 = <i>Clear Concern</i> . Circle score here ☐☐	0	No Concern 0	Possible Concern 1	Clear Concern 2
4. ENVIRONMENT AND EXPOSURE. The youth’s environment or activities place them at risk of exploitation.	No Information	No Concern	Possible Concern	Clear Concern
a. Youth engages in sexual activities that cause harm or place them at risk of victimization.	0	0	1	2
b. Youth spends time where exploitation is known to occur.	0	0	1	2
c. Youth uses language that suggests involvement in exploitation.	0	0	1	2
d. Youth is connected to people who are exploited, or who buy or sell sex.	0	0	1	2
e. Youth is bullied or targeted about exploitation.	0	0	1	2
f. Youth has current or past involvement with law enforcement or juvenile justice.	0	0	1	2

g. Gang affiliation or contact involves youth in unsafe sexual encounters.	0	0	1	2
Indicator 4 Score: A subtotal of 0 = <i>No Concern</i> . A subtotal of 1 = <i>Possible Concern</i> . A subtotal from 2 to 14 = <i>Clear Concern</i> . Circle score here <input type="text"/>	0	No Concern 0	Possible Concern 1	Clear Concern 2
5. RELATIONSHIPS AND PERSONAL BELONGINGS. The youth's relationships and belongings are not consistent with their age or circumstances, suggesting possible recruitment by an exploiter.	No Information	No Concern	Possible Concern	Clear Concern
a. Youth has unhealthy, inappropriate or romantic relationships, including (but not limited to) with someone older/an adult.	0	0	1	2
b. Youth meets with contacts they developed over the internet, including sex partners or boyfriends/girlfriends.	0	0	1	2
c. Explicit photos of the youth are posted on the internet or on their phone.	0	0	1	2
d. Youth receives or has access to unexplained money, credit cards, hotel keys, gifts, drugs, alcohol, transportation.	0	0	1	2
e. Youth has several cell phones or their cell phone number changes frequently.	0	0	1	2
f. Youth travels to places that are inconsistent with their life circumstances.	0	0	1	2
Indicator 5 Score: A subtotal of 0 = <i>No Concern</i> . A subtotal of 1 or 2 = <i>Possible Concern</i> . A subtotal from 3 to 12 = <i>Clear Concern</i> . Circle score here <input type="text"/>	0	No Concern 0	Possible Concern 1	Clear Concern 2
6. SIGNS OF CURRENT TRAUMA. The youth exhibits signs of trauma exposure.	No Information	No Concern	Possible Concern	Clear Concern
a. Youth appears on edge, preoccupied with safety, or hypervigilant.	0	0	1	2
b. Youth has difficulty detecting or responding to danger cues.	0	0	1	2
c. Youth engages in self-destructive, aggressive, or risk-taking behaviors.	0	0	1	2
d. Youth has a high level of distress about being accessible by cell phone.	0	0	1	2
Indicator 6 Score: A subtotal of 0 = <i>No Concern</i> . A subtotal of 1 or 2 = <i>Possible Concern</i> . A subtotal from 3 to 8 = <i>Clear Concern</i> . Circle score here <input type="text"/>	0	No Concern 0	Possible Concern 1	Clear Concern 2
7. COERCION. The youth is being controlled or coerced by another person.	No Information	No Concern	Possible Concern	Clear Concern
a. Youth has an abusive or controlling intimate partner.	0	0	1	2
b. Someone else is controlling the youth's contact with family or friends, leaving the youth socially isolated.	0	0	1	2
c. Youth is coerced into getting pregnant, having an abortion, or using contraception.	0	0	1	2
d. Someone is not allowing the youth to sleep regularly or in a safe place, go to school, eat, or meet other basic needs.	0	0	1	2
e. The youth or their friends, family, or other acquaintances receive threats.	0	0	1	2
f. Youth gives vague or misleading information about their age, whereabouts, residence, or relationships.	0	0	1	2
Indicator 7 Score: A subtotal of 0 = <i>No Concern</i> . A subtotal of 1 = <i>Possible Concern</i> . A subtotal of 2 to 12 = <i>Clear Concern</i> . Circle score here <input type="text"/>	0	No Concern 0	Possible Concern 1	Clear Concern 2
8. EXPLOITATION. The youth exchanges sex for money or material goods, including food or shelter.	No Information	No Concern	Possible Concern	Clear Concern
a. Youth is exchanging sex for money or material goods, including food or shelter for themselves or someone else, e.g. child, family, partner.	0	0	1	2
b. Youth is watched, filmed or photographed in a sexually explicit manner.	0	0	1	2
c. Youth has a history of sexual exploitation.	0	0	1	2
d. Youth is forced to give the money they earn to another person.	0	0	1	2
Indicator 8 Score: A subtotal of 0 = <i>No Concern</i> . A subtotal of 1 = <i>Possible Concern</i> . A subtotal from 2 to 8 = <i>Clear Concern</i> . Circle score here <input type="text"/>	0	No Concern 0	Possible Concern 1	Clear Concern 2

Scoring Instructions:

1. Enter each Indicator Score in the corresponding box in this table.
2. Add Indicator Scores 1 through 7 and enter the total in box A.
3. If Indicator 8 score = 1 (Possible Concern), enter 4 in box B. If Indicator 8 score = 2 (Clear Concern), enter 9 in

box B.

4. Add boxes A and B for a Total Score between 0 and 23, and enter the Total Score in the final box.
5. Plot the Total Score on the Continuum of Concern below to determine level of concern for exploitation.

Indicator:		Indicator score
1. HOUSING AND CAREGIVING		
2. PRIOR ABUSE OR TRAUMA		
3. PHYSICAL HEALTH AND APPEARANCE		
4. ENVIRONMENT AND EXPOSURE		
5. RELATIONSHIPS AND PERSONAL BELONGINGS		
6. SIGNS OF CURRENT TRAUMA		
7. COERCION		
Add scores for indicators 1 through 7 (Score cannot exceed 14):	A.	
8. EXPLOITATION		
If Indicator 8 score is 1 (Possible Concern) put 4 in Box B If Indicator 8 score is 2 (Clear Concern) put 9 in Box B	B.	
TOTAL: Add boxes A and B for a total score between 0-23.	TOTAL	

Continuum of Concern
(draw a line indicating level of concern for exploitation)

