13. Human Trafficking (HT)

13.0 PURPOSE: The purpose of the Child Welfare Services (CWS) protocol is to

ensure that trafficked children and youth are correctly identified and

receive appropriate services and protections.

13.1 AUTHORITY:

Federal and State Statutes and Administrative Rules:

A.	45 CFR 1340.14	Reporting by mandated and non-mandated persons to a child protective agency or constituted authority
B.	Public Law 113-183	The Preventing Sex Trafficking and Strengthening Families Act
	Public Law 114-22	Justice for Victims of Trafficking Act of 2015
C.	CHAP 346-14, HRS	Establishment and administering of programs, standards and adoption of rules for protection of abused and neglected children
D.	CHAP 350-1, HRS	Review of who must report, how reports are to be submitted, and confidentiality of reports
E.	CHAP 350-2, HRS	Action on reporting
F.	CHAP 587A-4, HRS	Definitions ("Harm")
G.	CHAP 587A-5, HRS	Jurisdiction
H.	CHAP 587A-7, HRS	Safe family home factors
l.	CHAP 587A-11, HRS	Investigation; department powers
J.	CHAP 1610-6, HAR	Eligibility requirements
K.	CHAP 1610-9, HAR	Authorization
L.	CHAP 1610-10, HAR	Confidentiality
M.	CHAP 1610-17, HAR	Acceptance of Reports
N.	CHAP 1610-23, HAR	Child welfare assessment
Ο.	CHAP 1610-25, HAR	Intervention services
P.	CHAP 1610-45, HAR	Termination of child welfare casework services

13.2 HUMAN TRAFFICKING PROTOCOL

13.2.1 Definition

- A. Any child who is identified by a state as a victim of sex trafficking or severe forms of trafficking (as defined in sections 103(9)(A), (9)(B), and (10) of the Trafficking Victims Protection Act of 2000 as stated below) is considered a victim of "child abuse and neglect" and "sexual abuse."
 - 1. 103(9) Severe forms of trafficking in persons. The term "severe forms of trafficking in persons" means—
 - (A) sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or
 - (B) the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.
 - 2. 103(10) Sex trafficking
 The term "sex trafficking" means the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act.

13.2.2 Screening and Identification

Screening of children and youth for human trafficking will be conducted if there are indicators (see 13.4, A. Human Trafficking Risk Factors and Indicators) or information that the child/youth is being exploited. Screening should be conducted in a safe environment and in a trauma-informed manner.

A. Interview Considerations

- 1. Be aware that victims may be uncooperative as they may not recognize that they are being exploited, may be bonded or "in love" with their pimps, may be afraid of getting punished for talking, and/or may have trust issues with adults/CWS.
- 2. Victims typically do not fully disclose at the initial contact.
- 3. To increase the likelihood of engaging the child/youth:

- Ensure that the child's/youth's basic needs are met first, such as food, drink, clothing, medical or therapeutic care, etc.;
- b. Talk in a caring, non-judgmental way using a strengths-based and trauma-informed approach;
- c. Do not ask the child/youth any questions in the presence of anyone who may be the trafficker, including relatives, a boyfriend, etc.
- d. Do not allow a possible trafficker to provide interpreter services if the child/youth does not speak English;
- e. Use a safe, private area to talk where the child/youth cannot be seen or overheard by a possible trafficker;
- f. Use plain language and avoid labeling; and
- g. Be aware of language the child/youth uses that may indicate trafficking (see 13.4, C. Trafficking Terminology).

See 13.4, B. National Human Trafficking Recourse Center (NHTRC) Polaris Project Comprehensive Human Trafficking Assessment for additional assessment tips and sample questions.

4. Screening interviews shall be conducted only to determine immediate safety concerns and "red flag" behavior by the child. If a screening interview is held, minimal information should be gathered to assess child's immediate safety and involvement in human trafficking. The specific details of the exploitation shall be handled as part of a full interview or by the human trafficking service provider.

B. <u>Screening Tools</u>

- When human trafficking is known or suspected, CWS and Voluntary Case Management (VCM) staff will complete the Loyola University Rapid Screening Tool (RST) for Child Trafficking (see 13.4, D. RST), which is based on information about the child/youth from all sources.
- 2. The worker may also have the child/youth complete the Commercial Sexual Exploitation of Children (CSEC) Identification Survey (optional) for commercially sexually exploited children if adequate information about the child/youth is not available (see 13.4, E. CSEC Identification Survey).

13.2.3 Response

- A. If at any time, human trafficking is known, suspected, or indicated by the RST and in consultation with the supervisor, the following shall be completed **within 24 hours**:
 - 1. Make a report to CWS intake who will to create a HTC case.
 - 2. Intake to cross-report to police as a possible human trafficking case (or call 911 if there is a need for immediate response);
 - 3. Intake to make a referral to the 24/7 human trafficking service provider for consultation about services, which may include:
 - a. Food, clothing, or other immediate needs;
 - b. Comprehensive human trafficking assessment;
 - c. Forensic examination within 48 hours;
 - d. Forensic interview:
 - e. Medical/dental examination and treatment;
 - f. Clinical/trauma assessment and treatment;
 - g. Behavioral health assessment and services;
 - h. Substance abuse assessment and services;
 - Crisis response/management related to human trafficking
 - j. Comprehensive case management related to human trafficking:
 - k. Case management, including contact with the health plan care coordinator for special health care needs;
 - I. Child and Adolescent Mental Health Division (CAMHD) referral;
 - Convening a multi-agency team for service planning, including a determination of which agency should take the lead;
 - n. Placement;
 - o. Mentorship/victim advocacy;
 - p. Legal services;
 - q. Labor/employment remedies;
 - r. Immigration relief;
 - s. Transportation; and
 - t. Other support services, such as but not limited to educational, employment, financial, and independent living resources.

Treatment services shall be provided through available resources, e.g., QUEST, public and private resources, to the extent possible. Families with no resources shall be referred to purchase of service treatment services as slots/funding are available. If services are needed and not available through these sources, consult with your supervisor.

- B. Review the Hawaii Coalition Against Human Trafficking (HCAHT) Consent to Share Information form (see 13.4, F. HCAHT Consent to Share Information) with the parent/legal guardian and request signature on the form. If CWS has permanent custody, consent is not required. Current provider able to obtain consents when necessary.
- C. Send a copy of the RST and HCAHT Consent, if signed, to CWS Program Development (PD) for tracking.

13.2.4 Tracking

A. CWS PD will submit the HCAHT Suspected Victim Data Report form (see 13.4, G. HCAHT Suspected Victim Data Report) with coded identifier information to HCAHT, if appropriate, for statewide data collection.

13.3 CWS AND VCM PROCEDURES FOR HUMAN TRAFFICKING PROTOCOL

13.3.1 CWS Intake

Reports of abuse and/or neglect are received through hotline calls, written reports, or police protective custody. During the intake process, if there are any indications of potential HT, CWI will complete the RST.

- A. If Child Welfare Intake (CWI) determines that human trafficking is known or suspected and there is no harm, neglect, or threat of harm or neglect by a parent or caregiver, CWI will:
 - 1. Complete the intake process.
 - a. Create a case in CPSS for child suspected or known to be trafficked.
 - b. Enter "HTC" for target group.
 - c. Enter "STRF" for Sex Trafficking or "LTRF" for Labor Trafficking for type of abuse (CD39 screen).
 - d. Use the 60 series for alleged perpetrators.
 - e. Assign to the HTC case to the CWS Human Trafficking unit (T0, T2-T9).

- 2. Cross-report to police (or call 911 if there is a need for immediate response).
- 3. Notify the HTC provider.
 - a. Send the redacted HTC Intake to the community-based Human Trafficking service provider.
- 4. Send copy of the Intake to the Human Trafficking Unit (T0, T2-T9) Liaison (TL), Section Administrator, and PD. The TL will input data in CPSS regarding HTC cases for National Child Abuse and Neglect Data System (NCANDS).
- B. If Child Welfare Intake (CWI) determines that human trafficking is known or suspected **and** that the parent or caregiver is the alleged trafficking perpetrator, CWI will **within 24 hours**:
 - Complete the intake process and create 2 separate cases in CPSS.
 - a. Child case (HTC)
 - Create a case in CPSS for child suspected or known to be trafficked.
 - ii. Enter "HTC" for target group.
 - iii. Enter "STRF" for Sex Trafficking or "LTRF" for Labor Trafficking for type of abuse (CD39 screen).
 - iv. Use the 60 series for alleged perpetrators including parents.
 - v. Assign to the HTC case to the CWS Human Trafficking Unit (T0, T2-T9).
 - b. Parent/Caregiver case (CWS)
 - i. Create a case in CPSS for parents/caregiver for abuse/neglect.
 - ii. Designate "CPS" for target group for the parent/caregiver's case.
 - iii. Enter "STRF" for Sex Trafficking or "LTRF" for Labor Trafficking for type of abuse (CD39 screen).
 - Select other types of harm based on report and assessment, if applicable (CD39 screen).
 - v. Use the parent/caregiver codes for the alleged familial perpetrators, such as 01 and 02.
 - vi. Assign to appropriate CWS Section.
 - 2. Cross-report to police (or call 911 if there is a need for

- immediate response).
- 3. Notify the HTC provider.
 - a. Send the redacted HTC Intake to the community-based Human Trafficking service provider.
- Send copies of the HTC and CWS Intakes to the assigned CWS Section, Human Trafficking Unit (T0, T2-T9) Liaison (TL), Section Administrator, and PD. The TL will input data in CPSS regarding HTC cases for NCANDS.
- C. If Child Welfare Intake (CWI) determines that human trafficking is known or suspected and there is harm, neglect, or threat of harm or neglect by a parent or caregiver, CWI will:
 - Complete the intake process and create 2 separate cases in CPSS.
 - a. Child case (HTC)
 - Create a case in CPSS for child suspected or known to be trafficked.
 - ii. Enter "HTC" for target group.
 - iii. Enter "STRF" for Sex Trafficking or "LTRF" for Labor Trafficking-for type of abuse (CD39 screen).
 - iv. Use the 60 series for alleged perpetrators.
 - v. Assign to the HTC case to the CWS Human Trafficking Unit (T0, T2-T9).
 - b. Parent/Caregiver case (CWS)
 - Create a case in CPSS for parents/caregiver for abuse/neglect.
 - ii. Designate "CPS" for target group for the parent/caregiver's case.
 - iii. Select appropriate types of harm based on report and assessment.
 - iv. Use the parent/caregiver codes for the alleged familial perpetrators, such as 01 and 02.
 - v. Assign to appropriate CWS Section.
 - 2. Cross-report to police (or call 911 if there is a need for immediate response).
 - 3. Notify the HTC provider.
 - a. Send the redacted HTC Intake to the community-based Human Trafficking service provider.

- Send copies of the HTC and CWS Intakes to the assigned CWS Section, Human Trafficking Unit (T0, T2-T9) Liaison, Section Administrator, and PD. The TL will input data in CPSS regarding HTC cases for NCANDS.
- D. If Child Welfare Intake (CWI) determines that human trafficking is known or suspected **and** there is **low or moderate risk issues for a parent or caregiver**, CWI will:
 - 1. Complete the intake process and create 2 separate cases in CPSS if assigned to VCM.
 - a. Child case (HTC)
 - Create a case in CPSS for child suspected or known to be trafficked.
 - ii. Enter "HTC" for target group.
 - iii. Enter "STRF" for Sex Trafficking or "LTRF" for Labor Trafficking for type of abuse (CD39 screen).
 - iv. Use the 60 series for alleged perpetrators.
 - v. Assign to the HTC case to the CWS Human Trafficking Unit (T0, T2-T9).
 - b. Parent/Caregiver case
 - Create a case in CPSS for parents/caregiver for abuse/neglect for VCM referrals.
 - ii. Designate "CPS" for target group for the parent's or caregiver's VCM case.
 - iii. Use the parent/caregiver codes for the parents or caregivers such as 01 and 02.
 - iv. Assign to appropriate VCM Unit.
 - v. Send the redacted intake to the VCM provider.
 - 2. Parent/Caregiver referral FSS- if assigned to FSS
 - a. Create the intake in the subsystem in CPSS.
 - b. Send redacted intake to the FSS provider.
 - 3. Cross-report to police (or call 911 if there is a need for immediate response).
 - 4. Notify the HTC provider.
 - a. Send the redacted HTC Intake to the community-based Human Trafficking service provider.
 - 5. Send copies of the HTC and VCM or FSS Intakes to the assigned VCM unit or FSS provider, Human Trafficking Unit

(T0, T2-T9) Liaison, HT Section Administrator, and Program Development. The TL will input data in CPSS regarding HTC cases for NCANDS.

- E. For reports on active CWS cases, an intake shall be created for HT Child. CWS case to remain with active CWS worker. Intake to complete the RST and sends referral to HT provider. Active CWS worker shall be notified of case for tracking.
- F. If HT is suspected or known in current VCM/FSS cases, case should be assessed if needs to be elevated to CWS.

13.3.2 Active CWS case (Assessment and/or Permanency)

If at any time, when human trafficking is known or suspected, the <u>CWS or VCM worker</u> will complete the RST. The assigned worker may also ask the youth to complete the CSEC Identification Survey if adequate information about the child/youth is not available.

- A. If abuse or neglect by a parent, legal guardian or caregiver is confirmed by the CWI, <u>CWS Worker</u>:
 - 1. If human trafficking is known or suspected, the <u>CWS worker</u> will:

a. Within 24 hours:

- Make a report to the Intake hotline as a possible human trafficking case (if not previously identified and reported at intake).
- ii. Intake to cross-report to police (if not previously identified and reported at intake); and
- iii. Make a crisis referral call to a 24/7 human trafficking service provider for consultation about services.
- b. Review the HCAHT Consent to Share Information form with the parent/legal guardian and request signature on the form.
- c. Refer the case to a CWS Permanency, VCM, or FSS worker as determined by the safety/risk assessments and flag the case for human trafficking follow-up in the narrative.
- d. Send a copy of the RST, and HCAHT Consent, if signed, to CWS PD and TL for tracking.
- B. If abuse and/or neglect by a parent, legal guardian, or caregiver is **not confirmed or unsubstantiated** following the CWS

investigation and human trafficking is known or suspected, the CWI, <u>CWS worker</u> will close the case or refer it to VCM or FSS, as determined by the safety/risk assessments.

- 1. If the case will be closed or referred to FSS, the <u>CWS worker</u> will:
 - a. Provide the parent/legal guardian information about human trafficking resources and encourage them to contact police.
 - b. Notify the HTC provider.
 - c. Send the redacted HTC Intake to the community-based Human Trafficking service provider.
 - d. Contact the provider via phone (crisis referral call) to alert the provider of the referral.
 - e. Notify CWS PD and TL of the closure or referral to FSS.
- C. If there is an active CWS case or the case is referred to VCM, the CWS worker will:

1. Within 24 hours:

- Make a report to the Intake hotline as a possible human trafficking case (if not previously identified and reported at intake).
- b. Intake to cross-report to police(if not previously identified and reported at intake); and
- c. Make a crisis referral call to a 24/7 human trafficking service provider for consultation about services.
- 2. Review the HCAHT Consent to Share Information form with the parent/legal guardian and request signature on the form (if CWS has permanent custody, a consent is not required).
- 3. Notify the VCM worker of the worker assigned to the active CWS case and flag the case for human trafficking.
- 4. Refer to family to community- based Human Trafficking service provider. (send copy of redacted intake to provider)
 - a. Provider will report to the TL. The TL will input data in CPSS regarding HT cases for NCANDS.

13.3.3 Ongoing HT assessment

- A. <u>CWS Permanency and VCM Workers</u> will re-evaluate all children/youth for human trafficking if not previously identified as follows:
 - 1. Complete the RST:
 - Quarterly for children/youth six (6) years of age or older in CWS foster care;
 - b. Following a child's/youth's return from runaway;
 - c. Upon a change in circumstance that impacts risk factors: and
 - d. Prior to case closure.
 - Complete the Child and Adolescent Needs and Strengths assessment (see 13.4, H. CANS) with a Commercial Sexual Exploitation module for children in CWS care for 9 or more months who are accepted for Safety, Permanency, and Wellbeing (SPAW) or Wrap services.
 - 3. Complete the Safety of Placement assessment for children in CWS care quarterly, based on placement date.

13.4 HUMAN TRAFFICKING FORMS

- A. Human Trafficking Risk Factors and Indicators
- B. NHTRC Polaris Project Comprehensive Human Trafficking Assessment
- C. Trafficking Terminology
- D. Loyola University Rapid Screening Tool (RST) for Child Trafficking
- E. CSEC Identification Survey Dr. George F. Rhoades, Jr. (2014)
- F. <u>Hawaii Coalition Against Human Trafficking (HCAHT) Consent to Share Information</u>
- G. <u>HCAHT Suspected Victim Data Report</u>
- H. Child and Adolescent Needs and Strengths (CANS)