The Human Trafficking Assessment Tool is to be used as an assessment for risk and victimization of child/youth human trafficking. The indicators listed in Part 1 of this tool help to determine whether a child/youth may be a victim of human trafficking, or is at risk of being a victim of human trafficking. When *any one or more indicator* is recorded in Part 1 of this tool, Part 2 must be completed. Part 2 of this tool serves as a more comprehensive assessment of the child/youth to determine the likelihood of risk and victimization of human trafficking.

If at any time during the process of this assessment a disclosure of human trafficking is made, the screener should stop the interview and immediately make a referral for a CAC forensic interview to be completed, unless in an emergency situation in which immediate safety concerns are present. *If the child/youth has already disclosed being a victim of human trafficking, this tool does NOT need to be completed.* Instead, a CAC forensic interview should be scheduled to occur as soon as reasonably possible.

**When to Complete Tool**

This tool MUST be completed and documented in FACES:

* Within 24 hours for victim(s) and non-victim(s) listed on a CA/N report with allegations of human trafficking
* Within 24 hours of a child/youth in state custody returning from being on the run, missing, or abducted
* Within 24 hours for any child/youth that is involved with Children’s Division through a CA/N report, FCS case, or AC case in which there is a suspicion of human trafficking, history of human trafficking, and/or new concerns of human trafficking
* Within 24 hours of contact with an unaccompanied youth
* Within 72 hours for children/youth that are involved with Children’s Division through a CA/N report, FCS case, or AC case in which it is learned that there is a known history of running away from home/placement
* When a child’s circumstances change or new information is learned about the child/youth which warrants the usage of a more comprehensive screening of human trafficking
* Immediately when imminent safety concerns are present in which there are immediate concerns for a child/youth being trafficked

**Part 1: Indicators Section:** The information from the indicators in Part 1 of this tool should be based on the information already gathered as part of the work with the child/youth and family or in the prior case history review. ***Do not directly ask the child or family the questions in Part 1, this section is not a questionnaire.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Child/Youth:** |  | **DOB:** |  |
| **Person Completing Form:** |  | **Date:** |  |
|  |  |  |  |

The following is a list of red flags that indicate a child/youth *may* be a victim of human trafficking or is at risk of being a victim of human trafficking if the answer is “YES” to any of the following indicators.

|  |  |
| --- | --- |
|  | **YES** |
| There are signs of sexual activity and reason to believe that the child/youth, or parent/guardian, were given/promised something in return for the sexual acts. |  |
| There is reason to believe there are photographs, social media posts, or other recordings of sexual acts, sexually explicit and/or suggestive images including nude images of/with the child/youth. |  |
| Child/youth has (or recently had) inappropriate, sexually suggestive activity on social media websites and/or chat apps. |  |
| The child/youth has a history of two or more runaway episodes or episodes of homelessness/couch surfing in the past year. |  |
| The child/youth has tattoos that show, imply, or suggest ownership and/or that he or she does not have an explanation for (i.e. dollar sign, someone’s name, money bag, star, or hearts). |  |
| The child/youth associates with age-inappropriate friends, boyfriends, and/or girlfriends. |  |
| The child/youth is known to associate, or recently associated with, a confirmed or suspected victim of trafficking and/or trafficker. |  |
| The child/youth has a history of multiple or chronic sexually transmitted infections, pregnancies/abortions, or reports multiple sexual partners. |  |
| The child/youth has money, a cell phone, hotel keys, a box of baby wipes, multiple pre-paid cards, large quantity of condoms or other items that he or she does not have the resources to obtain. |  |
| A gang affiliation has been disclosed, reported, or suspected. |  |
| Someone else other than the parent/guardian is in control of child/youth’s identification/belongings. |  |
| The child/youth has no knowledge about the community he/she is located in. |  |
| The child/youth has no personal items/possessions. |  |
| Reason to believe that the child/youth is being forced to work against their will. |  |
| Any other reason to believe the child/youth may be a victim of sex and or labor trafficking? If yes, please explain: |  |

**Results: Documentation and Required Actions**

No indicators have been marked “Yes”. Case manager enters “No Risk Indicators” into the narrative portion of FACES and no further screening is needed

There are one or more indicators marked “Yes”. The worker must complete Part 2 of this tool, as outlined in policy.

**Part 2: Comprehensive Assessment Section**

Based on the nature and circumstances related to the reasons for completing this section of the Human Trafficking Assessmnet Tool, screeners should ensure that this screening is completed in a safe and non-threatening environment to promote the establishment of rapport and trust with the child/youth. Do not interview a child/youth in front of a suspected trafficker or individual who is exhibiting controlling behavior over the child/youth.

It is likely that a child/youth may be reluctant to respond to these questions due to fear, lack of trust, fear of consequences related to disclosure, and/or not viewing themselves as a victim. Therefore, a non-judgmental and trauma informed approach must be utilized to engage the child/youth in a conversation rather than reading these questions verbatim. If at any time the child/youth is clearly not ready to engage in this conversation, it is appropriate to end the assessment and re-attempt the completion of this section within no later than five (5) business days. Some questions in this section are not appropriate or applicable for a child twelve (12) years and younger. *Use your best judgment to determine which questions are appropriate to ask a child twelve (12) years and younger based on their developmental age.*

|  |  |  |
| --- | --- | --- |
| **Date of Screening** | **Person Completing Tool**: | |
| **Child/Youth Name** | | **DOB** |

The following is to be completed with the parent(s)/caretaker(s) if available, not to be read to the child/youth.

|  |  |
| --- | --- |
| 1. Does the child/youth have a cell phone that someone else pays for or might be paying   for?  Yes  No | |
| If yes, who might be paying for it? |  |
|  |  |
| 1. Does the child/youth return home with new clothing, money, or other items that were not provided by the parent(s)/guardian(s)? | |
| 1. Does the child/youth have internet postings or text/cell phone messages that indicate there has been an exchange of sex for something of value to him/her? | |

The following is to be completed with the child/youth in a conversational manner, not to be read verbatim. Some questions will be inappropriate or not applicable for a child under the age of twelve (12) years. Use your best judgment in deciding which questions to ask a child under the age of twelve (12) years, based on the developmental age of the child.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Do you go to school?  Yes  No | | | | | | | | | | | | |
| If yes, where? | |  | | | | | | | | | | |
| 1. How many days have you attended school in the last two weeks? | | | | | | | | | | |  | |
| 1. When you’re not at school, where are you? | | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
| 1. Do you get on the Internet, Wi-Fi, or use phone/tablet apps?  Yes  No | | | | | | | | | | | | |
| * 1. If yes, what kind sites or apps do you use? (Check all that apply) | | | | | | | | | | | | |
| Twitter | | | | | | | | | | | | |
| Instagram | | | | | | | | | | | | |
| Snapchat | | | | | | | | | | | | |
| Online game chat, which one? | | | | |  | | | | | | | |
| Instant messaging, which one? | | | | |  | | | | | | | |
| Facebook | | | | | | | | | | | | |
| Tinder | | | | | | | | | | | | |
| Craigslist | | | | | | | | | | | | |
| TikTok | | | | | | | | | | | | |
| Other apps/sites | | |  | | | | | | | | | |
| 1. Have you ever agreed to meet someone you met online or through a phone app?   Yes  No | | | | | | | | | | | | |
| If yes, tell me more about that. | | | | | | | | | | | | |
| * **Evidence of Unsafe Online Activity**: (Check one based on the answers to questions 2 and 3)  Yes  No | | | | | | | | | | | | |
| 1. Do you currently have a boyfriend or girlfriend? | | | | | | Yes  No | | | | If yes, how old? | |  |
| 1. If yes, how did you meet? | | | | | | | | | | | | |
| 1. If yes, tell me more about your relationship. | | | | | | | | | | | | |
| 1. If yes, what do your parents/guardians think about this relationship? | | | | | | | | | | | | |
| 1. Do you have any tattoos?   Yes  No | | | | | | | | | | | | |
| 1. If yes, how many and what are they? | | | | | | | | | | | | |
| 1. If yes, what do they mean? | | | | | | | | | | | | |
| 1. If yes, who was with you when you got your tattoo(s)? | | | | | | | | | | | | |
| 1. Do you have any scars that were made intentionally, not from an accident or injury? | | | | | | | | | | | | |
| 1. If yes, who was with you when you received the scar(s)? | | | | | | | | |  | | | |
|  | | | | | | | | |
| * **Evidence of Forced Tattooing/Branding**:(Check one based on the answers to questions 5-6)  Yes  No | | | | | | | | | | | | |
| 1. Tell me about your current living situation. What type of place do you live in? | | | | | | | | | | | | |
| 1. Who lives with you? | | |  | | | | | | | | | |
| 1. Do you pay for where you live?  Yes  No | | | | | | | | | | | | |
| If yes, how do you pay? | | | |  | | | | | | | | |
|  | | | |
| * **Evidence of Unsafe Living Environment:** (Check one based on the answers to questions 7, 7a, and 7b)  Yes  No | | | | | | | | | | | | |
| 1. Have you run away, stayed away, or left home without permission in the past year?   Yes  No | | | | | | | | | | | | |
| 1. If yes, how many times? | | |  | | | |  | | | | | |
| 1. If yes, how long were you gone the last time you left home? | | | | | | | |  | | | | |
|  | | | | | | | |
| * **Evidence of Excessive Running Away:** (Check one based on the answers to questions 8, 8a, and 8b)  Yes  No *If no, skip to question 15.* | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| 1. Where did you go when you most recently left home/placement? | | | | | | | | | | | | |
| 1. While you were away, how did you support yourself? | | | | | | | | | | | | |
| 1. While you were away, were you in control of your own money? | | | | | | | | | | | | |
| 1. Who were you with while you were away? | | | | | | | | | | | | |
| 1. While you were away, were you ever given things like money, drugs, or clothes? | | | | | | | | | | | | |
| * **Evidence of Questionable Support While Away:** (Check one based on the answers to questions 9-12a)  Yes  No | | | | | | | | | | | | |
| 1. Did you ever leave town while you were away from home/placement? | | | | | | | | | | | | |
| 1. While you were away, were you ever not allowed to go home? | | | | | | | | | | | | |
| 1. Have you ever been in a place with locked doors, locked windows, or anything else to stop you from leaving somewhere that you wanted to leave? If yes, tell me more about that. | | | | | | | | | | | | |
| 1. Have you ever traveled someplace and not known where you were? | | | | | | | | | | | | |
| * **Evidence of Inability to Leave:** (Check one based on the answers to questions 14-16)   Yes  No | | | | | | | | | | | | |
| * **Evidence of Forced Restraint:** (Check one based on the answer to question 15)   Yes  No | | | | | | | | | | | | |
| 1. While you were away (or at any time) did you experience anything or were you made to do anything that made you uncomfortable? (e.g. dancing, stripping, posing for photos, or sex of any kind, etc.) | | | | | | | | | | | | |
| 1. Have you or someone else ever received something of value like money, a place to stay, food, clothes, gifts, favors, or illegal substances in exchange for you doing something you didn’t feel comfortable or safe doing? If yes, tell me more about that. | | | | | | | | | | | | |
| * **Evidence of Exploitation:** (Check one based on the answers to questions 17-18)   Yes  No | | | | | | | | | | | | |
| 1. Do you/did you have a job?  Yes  No *If no, skip to question 22.* | | | | | | | | | | | | |
| 1. What type of work do you do? | | | | | | | | | | | | |
| 1. How much money do you make an hour? | | | | | | | | | | | | |
| 1. How long is a normal work shift? | | | | | | | | | | | | |
| 1. Are you owed money for work you have done? | | | | | | | | | | | | |
| 1. Have you ever worked or done something without getting the payment that you thought you would get? | | | | | | | | | | | | |
| 1. If yes, what kind of work was it? | | | | | | | | | | | | |
| 1. What payment did you expect? | | | | | | | | | | | | |
| 1. What did you receive? | | | | | | | | | | | | |
| * **Evidence of Deceptive Payment Practices:** (Check one based on the answers to questions 19-19e )  Yes  No | | | | | | | | | | | | |
| 1. Do you live and work at the same place? | | | | | | | | | | | | |
| 1. Can you quit or could you have quit your job at any time without punishment? | | | | | | | | | | | | |
| 1. Have you ever been forced to get or use false identification, like a fake ID? | | | | | | | | | | | | |
| * **Evidence of Forced Deception:** (Check one based on answer to question 22)   Yes  No | | | | | | | | | | | | |

Post Screening Assessment (To be completed by the screener)

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| --- |
| Did you observe any nonverbal indicators of past or present victimization (such as shutting down, refusing to answer, refusing to give names, conflicting responses, or potentially false responses)? If so, explain. |
| Based on the responses identified through the use of this assessment, please indicate using your best judgment the likelihood that the child/youth is a victim of trafficking or sexual exploitation:  Likely not  Not sure  Likely is  Sex Trafficking  Labor Trafficking  Sexual Exploitation |
| If you answered “likely is” in response to the likelihood of trafficking, staff must:   * Call the National Human Trafficking Hotline at (888) 373-7888 * Call in a new report to CANHU if human trafficking is not a current allegation in an open investigation * Notify local law enforcement for a co-investigation * Proceed to schedule a CAC forensic interview within 24 hours to occur as soon as reasonably possible. |
| If you answered “not sure”, consult with a supervisor to determine next steps. |
| What are the next steps and/or referrals for services for this child/youth? |