

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency



Administrative Issuance: CFSA-17-1

TO: All Staff

FROM: Heather D. Stowe, Ph.D., LICSW
Principal Deputy Director

DATE: January 9, 2017

RE: Commercial Sexual Exploitation and Sex Trafficking Identification and Response¹

Commercial sexual exploitation/sex trafficking is a serious crime and victims of commercial sexual exploitation/sex trafficking need support and services. Perpetrators of commercial sexual exploitation/sex trafficking frequently target vulnerable populations such as homeless and runaway children and youth, children and youth in the foster care system, children and youth in the juvenile justice system, refugees, and Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) youth. Children and youth who have been removed from their homes because of child abuse or neglect are at high risk of being victims of commercial sexual exploitation/sex trafficking.² To better serve our foster children, child welfare service providers must become familiar with the indicators that a child may be a victim and the steps to address the needs of children and youth who have been sexually exploited.

This administrative issuance provides information and guidance on:

- Identification of indicators to determine whether a child has been sexually exploited
- Responding to suspected and confirmed cases of commercial sexual exploitation/sex trafficking
- Linking the child to appropriate services

If you have any questions regarding this issuance, please contact your immediate supervisor or your administration's commercial sexual exploitation/sex trafficking liaison.

Definitions

1. **Commercial Sexual Exploitation** - Sexual exploitation is the sexual abuse of children and youth through the exchange of sex or sexual acts for drugs, food, shelter, protection, other basics of life, and/or money. Sexual exploitation includes involving children and youth in creating pornography and sexually explicit websites.
2. **Sex Trafficking** - the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act, in which the commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age.³

Note: Those who recruit persons under the age of 18 into commercial sexual exploitation violate federal anti-trafficking laws, even if there is no force, fraud, or coercion.

¹ This administrative issuance addresses provisions of the Preventing Sex Trafficking and Strengthening Families Act, P.L. 113-183.

² Human Rights Project for Girls, *Child Welfare and Domestic Child Sex Trafficking Fact Sheet* (2015).

³ This definition, which comes from federal legislation, draws a distinction between individuals under 18 years old and individuals over 18 years old. For purposes of this AI, however, the terms “minor”, “child”, and “youth” refer to individuals under 21 years old unless otherwise noted.



Key Indicators and Red Flags

Often it is difficult for trafficked children and youth to articulate that they have been exploited because of fear of retaliation from abusers or arrest by law enforcement and the stigma associated with being labeled as a victim of trafficking.⁴ Below are some key indicators and red flags that a minor may be a victim of commercial sexual exploitation/sex trafficking. The list is not exhaustive. Each indicator taken individually may not imply a trafficking situation and not all victims of commercial sexual exploitation/sex trafficking will exhibit these signs. However, a child or youth who exhibits several indicators may need further assessment.

1. Physical Indicators

- a. Observe the youth's face and body for signs of physical abuse, such as bruises, black eyes, burns, cuts, broken bones, broken teeth, multiple scars.
- b. Look for tattoos on the neck and/or lower back that the child/youth is reluctant to explain. Such a tattoo may be a man's name or initials, which is prevalent among U.S. citizen victims of commercial sexual exploitation/sex trafficking.
- c. Look for other types of branding, such as scars from cutting or burning.

2. Emotional Indicators

- a. Observe whether the youth exhibits excessive concern about displeasing a "partner," "boyfriend"/"girlfriend," or other older "friend."
- b. Take notice of the youth's general demeanor, which may be fearful, anxious, depressed, submissive, tense, or nervous if he or she is being victimized by a trafficker.
- c. Be aware of sudden changes in the youth's behavior, relationships, etc.

3. Lack of Self-Determination Indicators

- a. Observe the presence of an overly controlling and abusive "partner" or friend.
- b. Observe the youth's interpersonal interactions and note whether the youth exhibits an inability to look in the eyes or face of people, especially his/her "boyfriend"/"girlfriend" or "partner" when different from their cultural norms.
- c. Note whether the youth's communication is restricted or controlled (e.g., can only talk on the phone for short periods of time or not at all, will only text, won't talk in front of boyfriend/girlfriend or partner).
- d. Be wary of a youth who claims to be "just visiting" an area but is unable to articulate where he/she is staying or cannot remember addresses; the youth does not know the city or state of his/her current location.
- e. Observe whether the child/youth appears to be in possession and control of his or her own resources, such as money, food, shelter, transportation, driver's license or ID, and/or cell phone.

4. Social or Behavioral Indicators

- a. Observe whether the youth is dressed in inappropriate clothing (e.g., lingerie or other attire associated with the sex industry).
- b. Note whether the youth uses sexual language or terminology that is too mature for their age.
- c. Note personal hygiene (trafficking victims often have poor hygiene and wear clothing that is unwashed or malodorous).
- d. Look into if the youth frequently runs away.
- e. Look into the youth's attendance at school and determine whether the youth attends school on a regular basis or has frequent unexplained absences.

⁴ Several jurisdictions, including the District of Columbia, have put in place laws that grant immunity to victims of child sex trafficking from arrest and prosecution in an effort to reduce further traumatization of this vulnerable population. See D.C. Code § 22-2701(d).

- f. Observe whether the youth is interested in, or is involved in a romantic relationship with adults or older men.
- g. Observe whether the youth suddenly has an excess amount of cash or expensive items (e.g., jewelry, clothing, shoes, and purses).
- h. Notice if the youth is in possession of hotel keys.

5. **Medical Indicators**⁵

- a. Evidence of sexual trauma.
- b. Evidence of physical trauma including cutting, other self-inflicted injuries, or suicide attempts.
- c. Signs of malnourishment, digestion issues or general poor health.
- d. Multiple or frequent sexually transmitted infections (STIs), especially evidence of a lack of treatment for STIs.
- e. Multiple or frequent pregnancies and abortions.
- f. Reports an excessively large number of sexual partners, especially when it is not age-appropriate (e.g., 15 year old girl reporting dozens of sexual partners).
- g. Presence of unexplained or unusual scar tissue – potentially from forced abortions.
- h. Evidence that the victim has had to have sexual intercourse while on her monthly cycle (e.g., use of cotton balls or other products which leave residual fibers).
- i. May either be in crisis, or may downplay existing health problems or risks.
- j. Drug addiction.

Procedures

Identification of a child who has been sex trafficked may occur at any stage of a CFSA case or involvement. The following are the different processes for responding to cases of commercial sexual exploitation/sex trafficking.

Section A

Child Protective Services Response to Commercial Sexual Exploitation/Sex Trafficking Reports

1. For reports of commercial sexual exploitation/sex trafficking, the hotline worker receives and records the information, and in consultation with the supervisor, determines the direction of the referral:
 - a. If the legal caregiver or other member of the household is identified as the alleged perpetrator, then the report is entered into FACES.NET as a child abuse/neglect referral “sexual exploitation of a child by a caregiver”.
 - i. CPS-I conducts a joint investigation with the Metropolitan Police Department (MPD) consistent with CPS-I policy and practice.
 - ii. Based on the findings of the investigation where evidence supports that the child/youth was sexually exploited, CPS-I makes a referral for community-based services. For the purposes of this administrative issuance, “community-based services” include:
 - 1) Designated [community resources](#) specializing in commercial sexual exploitation/sex trafficking assessment and intervention, runaway and homeless youth programs, and other identified resources.
 - 2) Mental health services as needed (including secondary providers if the initial provider is unavailable).
 - 3) Medical care through a trauma-informed care provider.

⁵ The information related in this subsection would generally be provided by a medical practitioner or by self-report.

- b. If the alleged perpetrator is not the parent, guardian, legal custodian, or other adult member of the household, the report will be entered into FACES.NET as I&R “Commercial sexual exploitation of children (sex trafficking of minors)” and immediately referred to MPD.
 - i. When a child is brought to CFSA, efforts will be made to conduct a preliminary assessment to ensure child safety and well-being.
 - ii. Depending on the results of the assessment and/or MPD’s conclusions, a referral is made to one of the designated community resources specializing in commercial sexual exploitation/sex trafficking assessment and intervention, runaway and homeless youth programs, and other identified resources and services.
2. All reports that indicate alleged commercial sexual exploitation/sex trafficking regardless of whether the alleged perpetrator is the caregiver or not must be referred to MPD. The Hotline worker shall send a report to MPD immediately and no later than 24 hours after the information is received.
3. If at any time during a family assessment a child discloses he or she has been sex trafficked, by a parent, guardian, legal custodian, or other adult member of the household, as defined by this administrative issuance, the family assessment program manager shall contact the Hotline supervisor to convert the case to a CPS investigation and add sex exploitation as the allegation.
 - The report will follow the investigations protocol for sex abuse and/or the protocol for commercial sexual exploitation/sex trafficking reports outlined above.

Section B

Identification of Commercial Sexual Exploitation/Sex Trafficking Through the Placement Screening and Comprehensive Assessment Processes

1. During the pre-placement/replacement screening or 30-day comprehensive assessment at the Healthy Horizons Assessment Center (HHAC), the nurse practitioner with the assistance of the social worker/family support worker and the child, as appropriate, completes the screening form.
Note: the nurse practitioner completes the screening form with youth 18 years and older exclusively, unless the youth requests the presence of the social worker/family support worker.
2. If answers to questions on the screening form show indicators of commercial sexual exploitation/sex trafficking, the nurse practitioner will complete the HHAC Sex Trafficking questionnaire.
3. If the answers to the additional questions indicate commercial sexual exploitation/sex trafficking and the youth discloses that he/she has been sex trafficked or endorses the results of the screening indicating he/she has been sex trafficked:
 - a. The nurse practitioner:
 - i. Informs the social worker/family support worker
 - ii. Notifies Hotline (see Section A above for process)
 - iii. Contacts the CFSA trauma coach and clinical services supervisor and/or assigned clinical services staff within the Office of Well Being via email and phone during business hours and via email only afterhours
 - iv. Emails a copy of the completed HHAC Sex Trafficking questionnaire to the HHAC Supervisor within 24 hours
 - v. Enters information in the FACES medical screens

- c. Social worker:
 - i. Notifies the assigned assistant attorney general (AAG) and guardian ad litem (GAL) (prior to making referrals for new placements (if needed))
 - ii. Immediately contacts one of the designated community resources to initiate intervention (prior to placement of the child if during pre-placement screening)
 - iii. Notifies staff in Placement for review of suitable placement opportunities (as applicable)
 - iv. Enters information in a FACES contact note
4. If the answers to the additional questions indicate commercial sexual exploitation/sex trafficking without disclosure or endorsement of the results of the screening by the youth, the nurse practitioner:
 - a. Informs the social worker of the suspicion and that they need to continue to monitor for potential trafficking indicators
 - b. Notifies the HHAC Supervisor who will follow-up with the trauma coach/ assigned clinical services staff
 - c. Clears the child for placement (as applicable)
 - d. Enters information in the FACES medical screens

Section C

Identification of Commercial Sexual Exploitation/Sex Trafficking During Ongoing Services

1. If at any time a child being served by CFSA discloses he or she has been sex trafficked, the ongoing social worker shall:
 - a. Immediately contact one of the designated community resources for evaluation of the child
 - i. Work with the community resource to determine appropriate services
 - ii. Follow-up with community resource for feedback and next steps
 - b. Contact Hotline (see Section A for process)
 - c. Convene an internal commercial sex exploitation committee (CSEC) meeting to:
 - i. Develop a safety plan in collaboration with community resource and parent (as appropriate)
 - ii. Re-evaluate placement as appropriate
 - d. The internal CSEC shall include:
 - i. Supervisory social worker
 - ii. Program manager
 - iii. Trauma coach/ assigned clinical services staff
 - iv. Placement, as applicable
 - v. Nurse care manager
 - vi. Foster parent or caregiver, as appropriate
 - vii. Assigned AAG
 - viii. GAL
 - e. Document all actions in FACES contact notes
 - f. Consult with administration's commercial sexual exploitation/sex trafficking liaison to determine whether the case should be referred to the commercial sexual exploitation of children multi-disciplinary team (CSEC MDT) for review

2. For situations where there are indicators of commercial sexual exploitation/sex trafficking without disclosure from the child, the social worker shall:
 - a. Complete the commercial sexual exploitation/sex trafficking questions in the Child Stress Disorders Checklist-Child Welfare (CSDC-CW)
 - In situations where additional clinical support is needed, contact the trauma coach/assigned clinical services staff for assistance in completing the CSDC-CW
 - b. Notify the trauma coach/assigned clinical services staff for follow-up to:
 - i. Review the results of the CSDC-CW when there are significant indicators of commercial sexual exploitation/sex trafficking
 - ii. Convene an internal CSEC meeting
 - c. Contact Hotline (see Section A for process)
 - d. Document all actions in FACES contact notes
 - e. Consult with the administration's commercial sexual exploitation/sex trafficking liaison to determine whether the case should be referred to CSEC MDT for review
3. In the event that a child is believed to be missing/absconded, to have been abducted, or to have run away, the resource provider or caregiver and social worker shall follow the reporting procedures located in the [Missing/Absconded Children policy](#).
 - a. The social worker will determine and document the primary factors that contributed to the child's running away or being absent from foster care in FACES contact notes.
 - b. When a youth has returned to CFSA from abscondence or missing status, the nurse practitioner conducts a pre-placement medical screening, including an assessment to determine if the youth participated in commercial sexual exploitation/sex trafficking activities (see Section B above for process).
 - c. Following a return from abscondence, children and youth must complete an STI screen. *See the Sexually Transmitted Infections (STI) Screening Process administrative issuance for additional information.*
 - d. When it is determined that a youth has returned from abscondence/runaway (does not include curfew violators) for the fourth or greater time, the social worker shall convene an internal CSEC to include the individuals identified in 1(d) above and MPD.