

INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 4: Assessment

Section 47: Human Trafficking (HT)

Effective Date: April 1, 2024 Version: 6

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POLICY OVERVIEW

Children involved in the child welfare system are at a higher risk for being exposed to Human Trafficking (HT). It is critical for the Indiana Department of Child Services (DCS) to be diligent in its efforts to identify and/or assess suspected HT to ensure child safety.

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PROCEDURE

DCS will follow all procedural steps outlined in policy 4.03 Conducting the Assessment-Overview in addition to the steps listed below.

Upon receipt of a suspected HT assessment or upon observation of potential HT indicators with DCS youth or dual status youth, the Family Case Manager (FCM) will:

1. Be aware of potential signs of HT during the assessment, including but not limited to visits to the home and interviews with the child and/or family (including caregivers);

Note: Not all Preliminary Reports of Alleged Child Abuse or Neglect (310) are identified as HT reports at the Hotline level due to a lack of information. It is important to be aware of any indicators or red flags of HT (see Human Trafficking "Red Flags" for the General Public).

- 2. Assess the medical needs of each child suspected to be a HT victim and determine whether an immediate and/or acute medical exam is warranted and arrange for an exam if determined to be needed. See policy 4.16 Medical Examinations, Psychological Testing, Drug Screens, and Substance Abuse Evaluations for additional support. Factors to be considered include:
 - a. Suspected sexual assault,
 - Potential exposure to sexually transmitted infection (STI) (formerly known as sexually transmitted diseases [STDs]) or other communicable diseases. See policy 8.31
 Testing and Treating for HIV, STDs, and Other Communicable Diseases for additional information.
 - c. Evidence of physical injuries which may need immediate care, and
 - d. Suspected substance use or potential exposure to substances.
- 3. Notify the HT Regional Field Lead of suspected human trafficking within 24 hours in emergency situations;

Note: Upon identification of a foreign-born national child, the FCM must contact the HT Regional Field Lead as soon as possible and no more than 24 hours and complete a referral through KidTraks to the Focused Needs Team. The Health and Human Services (HHS) Office on Trafficking in Persons (OTIP) must be notified within 24 hours of identification of a foreign-born national child who is a suspected or confirmed victim of trafficking.

- Contact the HT Regional Field Lead within five (5) business days in non-emergency situations to schedule a staffing with the HT Regional Field Lead and the FCM Supervisor;
- 5. Staff with the law enforcement agency (LEA) and/or the local multi-disciplinary team (MDT) (this may include LEA, local prosecutor's office, victim advocates, and the Child Advocacy Center [CAC]) to gain additional information about the child and/or family and discuss next steps, as appropriate;
- 6. Complete the Human Trafficking Screening Tool when:
 - a. A child returns from a runaway episode (see policy 5.22 Missing and Runaway Children),
 - b. A new report of CA/N with allegations of HT is received,
 - c. There are any potential indicators of HT observed during an open assessment or case.
 - d. A child's behaviors or circumstances significantly change (e.g., child becomes secretive, has excessive online activity, withdraws from friends, has changes in interests, or obtains new items the child does not have the monetary means to purchase) or new information is gathered that warrants the usage of a more comprehensive screening tool, and
 - e. Imminent child safety concerns are present in which there are immediate concerns about HT.
- 7. Complete the Human Trafficking Screening and Assessment Tool when the Human Trafficking Screening Tool recommends completion of the Human Trafficking Screening and Assessment Tool as a next step;
- 8. Staff the Human Trafficking Screening Tool, Human Trafficking Screening and Assessment Tool (if applicable), and any additional information and observations (including medical concerns) with the FCM Supervisor, HT Regional Field Lead, or Focused Needs Team to determine next steps;
- 9. Discuss with the appropriate local LEA a plan for a forensic interview if this is determined to be the next step and consider the safety of the alleged victim of HT prior to the forensic interview (see policy 4.09 Interviewing Children). If the local LEA is not able to assist with the interview, reach out to the HT Regional Field Lead for guidance;

Note: During the forensic interview, it is important to ensure the location of the interview is appropriate and safe for the child, and that the child be separate from family, friends, or other contacts where possible as the individual may be the child's trafficker or be involved with the HT (see policies 4.06 Exigent Circumstances and 4.09 Interviewing Children).

10. Identify an appropriate placement for the child, if it is determined the child is not safe to remain in the child's home. Determine if a non-custodial parent or other relatives would be an appropriate placement option prior to considering other options (see policy 4.28 Removals from Parents, Guardians, or Custodians); **Note:** When selecting a placement, the FCM will consider that many children who are victims of HT run away from their placements and return to their trafficker or a similar situation from which they came. The child should not be placed until it is determined that the potential placement is not the trafficker or associated with the trafficker, and that the child may remain safe in the placement.

- 11. Staff the assessment, including all decisions on securing placements with the following individuals:
 - a. The FCM's immediate Supervisor,
 - b. Local Office Director (LOD) or designee, as deemed necessary,
 - c. HT Regional Field Lead or Focused Needs Team, and/or
 - d. Clinical Services Specialist (CSS).
- 12. Staff with the DCS Staff Attorney before a petition is filed and as deemed necessary;
- 13. Refer the child and/or family for appropriate services after a Child and Adolescent Needs and Strengths (CANS) Assessment has been completed (see policies 2.23 Verifying Citizenship or Immigration Status and 5.10 Family Services); and
- 14. Document staffing decisions, any indicators of HT, and all interview notes in the case management system.

The FCM Supervisor will:

- 1. Discuss all information regarding the case, the Human Trafficking Screening Tool, and the Human Trafficking Screening and Assessment Tool (if applicable) with the FCM;
- 2. Participate in a staffing with the HT Regional Field Lead and the FCM;
- 3. Guide the FCM in arranging a forensic interview and/or an immediate or acute medical examination, if needed; and
- 4. Discuss next steps with the HT Regional Field Lead, as necessary.

Upon receipt of a suspected HT assessment or upon observation of potential human trafficking indicators, the **HT Regional Field Lead** will:

- 1. Discuss the report with the Family Case Manager (FCM) within 24 hours of notification for emergency situations;
- 2. Schedule a staffing with the FCM and FCM Supervisor within five (5) business days for non-emergency situations to ensure all parties are aware of the HT concerns, required duties are completed, and to discuss resources for the child and/or family;
- 3. Notify the Focused Needs Team as soon as possible and no more than 24 hours following the identification of a foreign-born national child;
- 4. Assist the FCM with notifying the OTIP through the HHS Shepherd Anti-Trafficking Information Management System within 24 hours following the identification of a foreign-born national child; and
- 5. Continue to be a regional resource to assist the FCM with follow-up guidance, resources, and education, as appropriate, throughout the assessment.

The Focused Needs Team will:

- 1. Provide assistance to the HT Regional Field Lead and field staff, as needed, throughout the assessment: and
- 2. Create a referral for immigration relief, if deemed necessary.

The CSS will provide consultation to secure a placement for a child, as needed.

The DCS Staff Attorney will discuss the case with the FCM and seek court intervention, as needed

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RELEVANT INFORMATION

Definitions

Dually Adjudicated (Dual Status)

A dually adjudicated case is defined in 31-41-1-2 as "a child who is alleged to be or is presently adjudicated to be a child in need of services under IC 31-34-10 or IC 31-34-11 and is alleged to be or is presently adjudicated to be a delinquent child under IC 31-37-12 or IC 31-37-13".

Human Trafficking (HT)

The Trafficking Victims Protection Act of 2000 define human trafficking as:

- 1. Sex trafficking- The recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act where the commercial sex act is induced by force, fraud, or coercion, or the person being induced to perform such act is under 18 years of age.
- 2. Labor trafficking- 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.

Indiana Code (IC 31-9-2-133.1) defines human or sexual trafficking of children to include a child who is recruited, harbored, transported, or engaged in forced labor, involuntary servitude, prostitution, juvenile prostitution (IC 35-31.5-2-178.5), child exploitation (IC 35-42-4-4(b)), marriage, unless authorized by a court (IC 31-11-1-7), trafficking for the purpose of prostitution, juvenile prostitution, or participation in sexual conduct (IC 35-42-4-4(a)), or human trafficking (IC 35-42-3.5-0.5).

Human Trafficking (HT) Regional Field Lead

HT Regional Field Leads (see Human Trafficking Response System) are individuals identified within their region who are trained to assist with the following:

- 1. Recognizing potential indicators of HT;
- 2. Providing resources available to assist in assessing HT; and
- 3. Assisting field staff to complete a thorough HT assessment.

Forms and Tools

- Child and Adolescent Needs and Strengths (CANS) Assessment available in the case management system
- DCS Human Trafficking Information email address
- <u>DCS Human Trafficking Response System</u> available on the <u>Focused Needs</u> SharePoint
- <u>Health and Human Services (HHS) Shepard Anti-Trafficking Information Management System</u>
- <u>Human Trafficking "Red Flags" for the General Public</u> available on the <u>Focused Needs</u> SharePoint
- Human Trafficking Screening and Assessment Tool available in the case management system under Blank Forms
- Human Trafficking Screening Tool available in the case management system under Plans/Tools
- Missing & Runaway Child Flowchart available on the Focused Needs SharePoint

United States Department of Justice Key Legislation on Human Trafficking

Related Policies

- 2.23 Verifying Citizenship or Immigration Status
- 4.03 Conducting the Assessment Overview
- 4.09 Interviewing Children
- 4.16 Medical Examinations, Psychological Testing, Drug Screens, and Substance Abuse Evaluations
- 5.10 Family Services
- 5.22 Missing and Runaway Children
- 8.31 Testing and Treatment for HIV, STDs, and Other Communicable Diseases

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LEGAL REFERENCES

- IC 31-9-2-133.1: "Victim of human or sexual trafficking"
- IC 31-11-1-7: Petition for marriage of individual 16 or 17 years of age; evidentiary hearing; emancipation
- IC 31-34-1-3.5: Victim of human or sexual trafficking
- IC 31-34-10: Initial Hearing on Child in Need of Services Petition and Issuance of Summons
- IC 31-34-11: Factfinding Hearing on Child in Need of Services Petition
- IC 31-37-12: Initial Hearing and Issuance of Summons
- IC 31-37-13: Factfinding Hearing
- IC 31-41-1-2: "Dual status child"
- IC 35-31.5-2-178.5: "Juvenile prostitution"
- IC 35-42-3.5: Human and Sexual Trafficking
- IC 35-42-3.5-0.5: Definitions
- IC 35-42-4-4: Child exploitation; possession of child pornography; exemptions; defenses
- 22 USC 7102: Definitions

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PRACTICE GUIDANCE- DCS POLICY 4.47

Practice Guidance is designed to assist DCS staff with thoughtful and practical direction on how to effectively integrate tools and social work practice into daily case management in an effort to achieve positive family and child outcomes. Practice Guidance is separate from Policy.

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