

State of Florida Department of Children and Families

Rick Scott Governor

Mike Carroll Secretary

DATE:

April 10, 2015

TO:

DCF Regional Managing Directors

Community-Based Care Lead Agency CEOs

Sheriff's Offices Conducting Child Protection Investigations

Regional Family and Community Services Directors

CBC Contract Managers

THROUGH:

Vicki Abrams, Assistant Secretary for Operations panice Thomas, Assistant Secretary for Child Welfare Kraci Leavine, Director of Child Welfare Practice

FROM:

Elisa Cramer, Community Services Manager

Kimberly Grabert, Statewide Human Trafficking Prevention Director

SUBJECT:

Human Trafficking Screening Tool and Foster Parent Training

PURPOSE: The purpose of this memorandum is to provide a status update on two statutory requirements involving the identification of human trafficking victims and the training of foster parents who care for human trafficking victims.

Human Trafficking Screening Tool

Section 409.1754(1)(a), Florida Statutes, requires the following:

The department shall develop or adopt one or more initial screening and assessment instruments to identify, determine the needs of, plan services for, and determine the appropriate placement for sexually exploited children.

To address this statutory requirement, the Department of Children and Families and the Department of Juvenile Justice convened a Statewide Human Trafficking Tools Workgroup. This workgroup has created the Human Trafficking Screening Tool (HTST). This tool was designed to help child welfare and delinquency professionals screen for possible youth victims of human trafficking and is based on previously validated tools, as well as current published research regarding the development of such tools. Please find a copy of the tool attached.

The Department of Children and Families will begin using this tool among specified Child Protective Investigators on April 13, 2015. Two pilot sites have been identified, Hillsborough and Duval counties. This tool will eventually be implemented by all Child Protective Investigators investigating human trafficking allegations and Community-Based Care Lead Agencies on suspected human trafficking victims among their caseloads. Once a child has been identified as a probable victim using the HTST, the tool will not need to be completed again. All parties will share the tool. Any tools completed by DJJ staff will be forwarded to Regional

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Criminal Justice Coordinators. The Criminal Justice Coordinators will forward the received tool, via e-mail, to the assigned Child Protective Investigative Supervisor (CPIS), who will upload the tool into FSFN. Once the tool has been scanned, it should be uploaded into the filing cabinet. The CPIS should choose "other" for file type and label it as the HT tool.

Only individuals who have completed the Specialized Human Trafficking Training, as detailed in the "Specialized HT Requirements for Training" memo signed on July 22, 2014, may execute the tool. CFOP 175-14 will be updated to reflect the new tools and their implementation guidelines.

Trainings on the HTST were held in Hillsborough County on April 1, 2015 and Duval County on April 7, 2015. Additional trainings will be scheduled and held as the Office of Child Welfare incorporates feedback from the pilot sites. The rest of the state is targeted to implement the tool by the end of the 2015 calendar year.

Foster Parent Curriculum Training

Section 409.1678(7)(e), F.S., requires:

The community-based care lead agencies shall ensure that foster parents of safe foster homes and staff of safe houses complete intensive training regarding, at a minimum, the needs of sexually exploited children, the effects of trauma and sexual exploitation, and how to address those needs using strength-based and trauma-informed approaches. The department shall specify the contents of this training by rule and may develop or contract for a standard curriculum.

The Florida Department of Children and Families has reviewed and approved two curricula for training safe foster home parents.

These curricula, by Devereux Florida and Citrus Health Network, are the only two curricula that currently have been submitted to the Department for consideration in training and preparing foster parents to work with commercially sexually exploited children under the safe foster home model.

Community-based care lead agencies are encouraged to contact these organizations for information on their pricing schedules and curriculum and training components. Contact information is below for the approved vendors:

CHANCE Specialized Therapeutic Foster Care Training Program developed by Citrus Health Network, Inc.

Contact: Dr. Kimberly McGrath

Phone: 305-424-3031

KimberlyM@citrushealth.com

DELTA Curriculum developed by Devereux

Contact: Lisa Pompano Phone: 386-523-4297 LPOMPA@devereux.org Human Trafficking Screening Tool and Foster Parent Training April 10, 2015 Page 3 of 3

ACTION REQUIRED: Please share this information with all Child Protective Investigators, Case Managers and Supervisors who handle investigations or services for human trafficking victims.

CONTACT INFORMATION: If you have any questions about the Screening Tool pilots, please contact Sue Aboul-Hosn at (407) 719-4228 or <u>Sue.Aboul-Hosn@myflfamilies.com</u>.

If you have questions about the foster parent training, please contact Tisha Pierre at (850) 228-9984 or Tisha.Pierre@myflfamilies.com.

If you have any questions regarding the Department of Juvenile Justice implementation, please contact Bethany Brimer at (850) 597-6063 or bethany.brimer@djj.state.fl.us

ATTACHMENTS:

Human Trafficking Screening Tool "Specialized HT Requirements for Training" memo (July 22, 2014)

cc: Regional Criminal Justice Coordinators

Human Trafficking Screening Tool (HTST) Instructions

This guide¹ is designed to help child welfare and delinquency professionals screen for possible youth victims of human trafficking. The tool, in its entirety, should be used by the Department of Children and Families' Child Protective Investigators, the Sheriff's Offices Child Protective Investigators and Community-Based Care Lead Agency staff or their contracted providers as outlined below. Human trafficking may be suspected for a number of reasons.

Department of Children and Families

The following indicators will trigger Child Protective Investigators (CPI) to conduct the HTST with a child or victim listed in their report. Only staff who have completed the Specialized Human Trafficking training may complete the tool. A non-specialized CPI who recognizes any of the below indicators on a child or victim in an investigation is to request a specialized CPI to administer the screening tool.

Community-Based Care Lead Agencies

When a child on a Family Case Manager's (FCM) caseload has any of the following indicators, the FCM will refer the child to the Community-Based Care Lead Agency's designated specialized screener to conduct the HTST. If a dependent child already has a current designation in FSFN as confirmed CSEC involved on the person management page, the HTST does not need to be utilized on that child.

Indicators: (All are independent indicators with the exception of running away and history of sexual abuse.)

- History of running away or getting kicked out 4+ times in addition to a history of sexual abuse.
 (Definition of running away or getting kicked out of home: Include times the youth did not voluntarily return within 24 hours, and include incidents not reported by or to law enforcement.)
- Current incident or history of inappropriate sexual behaviors (not limited to prostitution)
- Youth's acknowledgement of being trafficked
- Child has no personal items or possessions (including identity documents if foreign born labor trafficking)
- Child is not allowed or unable to speak for him/herself and may be extremely fearful
- Child appears to have material items that he or she cannot afford (e.g. cell phones, expensive clothing, tablets, etc.)
- Child has no knowledge about the community he/she is located in
- Child shows signs of being groomed (i.e. hair done, nails done, new clothing, etc. that child cannot afford or justify how paid for)
- Suspicious tattoos or other signs of branding (e.g. tattoos of the trafficker's names, dollar signs, diamonds, stars, etc. May also have certain designs/logos on nails, jewelry, etc.)
- Child associates and/or has relationships with age-inappropriate friends, boyfriends, and/or girlfriends
- Child known to associate with confirmed or suspected CSEC youth
- Child is recovered from runaway episode in a hotel or known area of prostitution
- Child has inappropriate, sexually suggestive activity on social media websites and/or chat apps
- Report of human trafficking by parent/guardian, law enforcement, medical or service provider,

¹ The contents of this guide and the screening tool were informed by the research and reporting of the Vera Institute (2014) Screening for Human Trafficking: Guidelines for Administering the Trafficking Victim Identification Tool (TVIT), the Polaris Project (see www.PolarisProject.org), and the Covenant House (2013) Human Trafficking Interview and Assessment Measure.

teacher, child protective services, and/or juvenile probation officer.

To ensure that the tool is administered effectively, all screeners should follow the screening protocol set forth in this guide. It is important for screeners to understand that questions designed to screen for human trafficking are invasive by nature and may reveal that a youth is suffering from the effects of exposure to trauma. As such, screeners must take care to create a safe environment in which they establish rapport and trust with the youth. Additionally, screeners should be prepared to call upon therapeutic and legal staff in responding to the needs of trafficking victims.

Youth may be reluctant to respond due to a lack of trust, fear of consequences related to disclosure, and/or not viewing themselves as a victim. Strengths-based, non-judgmental, and trauma-informed approaches should be used to engage youth in a conversation to secure answers to the questions within the tool, rather than reading items verbatim. Motivational interviewing techniques may also be used to gently question inconsistencies and encourage disclosure. The guidelines that follow provide instruction for following the screening protocol for administering the HTST and should be adhered to each time a screening is conducted.

HTST Screening Protocol

Screening Preparation

The screening should be conducted in a safe and non-threatening environment. Screeners should be well-prepared, should be comfortable working with victims of trauma, and should recognize the need to ask questions in an appropriate manner that is sensitive to the needs of youth. The following guidelines should be followed when preparing to conduct a HTST screening:

- Read through the entire screening tool and this Administration Guide, so that you are familiar with the tool and able to conduct the screening in a conversational style, allowing the youth to direct the flow of discussion.
- Conduct the screening in a private, quiet environment designed to make the youth feel physically comfortable and safe.
- ⇒ Be prepared to provide the youth with basic needs, such as an interpreter, tissues, drink, food, clothing, medical or therapeutic care, and/or access to services, as appropriate.
- ☐ If an interpreter is necessary, he/she should be trustworthy (unknown to the youth being interviewed) and able to use the same wording as the screener when asking questions and the same wording as the youth when answering questions. Use of an agency or certified interpreter is required (per DCF Operating Procedure 60-10, Chapter 3, in compliance with the laws governing ADA and Section 504 of the Rehabilitation Act), and interviewers need to offer such to the youth when possible.
- Do not interview a youth in front of a suspected trafficker or individual who is exhibiting controlling behavior over the youth. Do not allow this person to interpret for the youth if he/she does not speak fluent English.
- Recognize that dressing in uniforms, suits, or other formal attire may cause youth to fear that you are with immigration services or other enforcement agencies.

- Use strengths-based and trauma-informed care approaches during the screening, allowing youth to lead the direction of the conversation.
- The screening process may need to take place over multiple contact points if the screener judges that the youth needs more time. The screener may postpone the discussion to a later time when the youth is ready to discuss his/her experiences. When a youth displays acute signs of anxiety, the screener should consider contacting a trained mental health professional to complete a session with the youth.

The screening tool contains a number of techniques used to help screeners administer the tool properly. Screeners should be familiar with these techniques which include the following:

- Instructions to screeners are provided in the HTST in *italics* throughout the tool. These instructions guide screeners to sub-questions that may need to be asked, sections that require information to be filled in, and questions that include prompts for further explanation.
- Introductory comments and questions to youth are in **bold typeface**. Introductory comments should be read to the youth. Screeners should use a conversational approach to secure answers to the HTST questions, being sensitive to the needs of youth who may be suffering from the effects of exposure to trauma.
- Screeners should use professional judgment in deciding whether to preface a question or a prompt with phrasing such as, "Please tell me more about that..." or "If you are comfortable, could you tell me about that?"
- Sections A, B, H, and I are preceded with the instruction − (DO NOT READ TO YOUTH) − these sections are intended to be completed by the screener and not asked of the youth.
- Please use the lines provided within the tool to record youth's responses to open-ended questions or any additional information that has been disclosed to you that is specific to your determination of the child's involvement.
- At the end of selected questions, you will see this symbol
 which asks that screeners code for the likelihood that the youth's responses suggest any evidence of the problem targeted by the preceding item(s). An example is provided below:

| _, | Evidence of Unsafe Living Environment: (Check one) | Vaa | NIA | |
|----|--|-----|-----|--|
| | Evidence of Unsale Living Environment. (Check one) | 165 | INO | |

Item-by-Item Guide for Administering the Tool

Section A is to be completed by the screener and not asked of the youth.

Section A – Background Information

(DO NOT READ TO YOUTH)

| 1. | Date of Screening: / / (MM/DD/YYYY) |
|----|-------------------------------------|
| 2. | Location of screening: |
| 3. | Screener Name: |

- 4. Reason for Screening: (Check all that apply)
 - O History of running away or getting kicked out 4+ times in addition to history of sexual abuse. (Definition of running away or getting kicked out of home: Include times the youth did not voluntarily return within 24 hours, and include incidents not reported by or to law enforcement.)
 - O History of running away or getting kicked out 4+ times, in addition to any independent indicator below.
 - O Current incident or history of inappropriate sexual behaviors (not limited to prostitution)
 - O Youth's acknowledgement of being trafficked
 - O Child has no personal items or possessions (including identity documents if foreign born labor trafficking)
 - O Child is not allowed or unable to speak for him/herself and may be extremely fearful
 - O Child appears to have material items that he or she cannot afford (e.g. cell phones, expensive clothing, tablets, etc.)
 - O Child has no knowledge about the community he/she is located in
 - O Child shows signs of being groomed (i.e. hair done, nails done, new clothing, etc. that child cannot afford or justify how paid for)
 - O Suspicious tattoos or other signs of branding (e.g. traffickers' names, dollar signs, diamonds, stars, etc. May also have certain designs/logos on nails, jewelry, etc.)
 - Child associates and/or has relationships with age-inappropriate friends, boyfriends, and girlfriends
 - O Child known to associate with confirmed or suspected CSEC youth
 - O Child is recovered from runaway episode in a hotel or known area of prostitution
 - O Child has inappropriate, sexually suggestive activity on social media websites and/or chat apps.
 - O Report of human trafficking by parent/guardian, law enforcement, medical or service provider, teacher, child protective services, and/or juvenile probation officer.
- 5. Mode of Screening:

- O Screening with interpreter
- O Screening without interpreter
- O Interpreter needed but unavailable

Section B is to be completed by the screener and not asked of the youth.

| Se | ction B – Demographic Information | (DO NOT READ TO YOUTH) |
|---|--|--|
| 6. | Youth's Name: | |
| 7. | FSFN Child ID # | |
| 8. | Intake # | |
| 9. | DCF FSFN case ID # | |
| 10. | SSN (last four digits): | |
| 11. | Sex: | |
| 12. | Race/Ethnicity: | |
| 13. | Preferred Language: | |
| you and can that con imm | s is an interview to better understand your current questions about yourself. Try to be as honest as a hard for you to answer. You do not have to answer take a break at any time, ask to finish at a later time to you can trust me and that your safety is my prior impletely confidential, unless you describe a situation and the danger or at risk of being abused or hurting have any questions? | you can. Some questions may be sensitive er anything you don't want to answer. You ne, or stop the session. I want you to know ity. Everything you say will be kept on where you or someone else is in |
| ľd l | like to begin with some general questions about yo | ou and your personal background. |
| 14. | What is your date of birth?// | (MM/DD/YYYY) |
| | 14a. (If youth does not know, ask): Approxima | ately how old are you? |

| 15. | 5. What country were you born in? | | | | | |
|-----|-----------------------------------|-------------|--|--|--|--|
| 16. | 6. What city do you live in? | | | | | |
| | | 16a. res | (DO NOT READ TO YOUTH) Was youth arrested outside the city in which he/she ides? | | | |
| | | | O No | | | |
| | | | O Yes | | | |
| 17. | Do | you go | to school? | | | |
| | \circ | No (If 'r | no,' skip to Item 18) | | | |
| | | • | 'yes,' proceed to Item 17a below) | | | |
| | _ | • | d to answer | | | |
| | 0 | Keluse | d to answer | | | |
| | | 17a. | Where do you go to school? (Fill in. If school entered, ask item 17b) | | | |
| | | | | | | |
| | | 17b. | How many days have you attended school in the last two weeks? | | | |
| | | | O 0 days | | | |
| | | | O 1-5 days | | | |
| | | | O 6-10 days | | | |
| | | | O Not applicable/school not in session | | | |
| 40 | D- | | t on the Internet IMI; Fi or use phone or tablet onne? | | | |
| 10. | טט | you ge | t on the Internet, Wi-Fi, or use phone or tablet apps? | | | |
| | 0 | No (If 'r | no,' skip to Item 19) | | | |
| | 0 | Yes (If | 'yes,' ask Item 18a below) | | | |
| | 0 | Refuse | d to answer | | | |
| | | 18a. | What kind of sites or apps do you use? (Check all that apply) | | | |
| | | | ☐ Twitter | | | |
| | | | □ Instagram | | | |
| | | | □ Snapchat | | | |
| | | | □ Online game chat | | | |
| | | | ☐ Instant messaging | | | |
| | | | □ Facebook | | | |
| | | | □ Tinder | | | |
| | | | □ Craigslist | | | |
| | | | Backpage | | | |
| | | | Other apps or sites (fill in) | | | |
| | | | Refused to answer | | | |

| 19. | | ve you e one app | ver agreed to meet someone you met online or through the Internet or through a ? |
|------------|------|---------------------|---|
| | 0 | No | |
| | 0 | Yes (If ') | yes,' prompt by saying, Tell me more about that.) |
| | 0 | Refused | d to answer |
| <u>Evi</u> | deno | ce of Un | safe Online Activity: (Check one) Yes No |
| 20 | 80 | do vou | currently have a boyfriend or girlfriend? |
| 20. | 0 | | o,' skip to Item 21) |
| | 0 | • | yes,' ask Item 20a and Item 20b below) |
| | 0 | | d to answer |
| | | | |
| | | 20a. | How old is he/she? |
| | | | O Less than 10 years old |
| | | | O 10 to 15 years old |
| | | | O 16 to 17 years old |
| | | | O 18 to 21 years old |
| | | | 22 years or olderRefused to answer |
| | | | O Relused to aliswel |
| | | 20b. | How did you meet? |
| | | | O Through a friend |
| | | | O At school |
| | | | O Through a family member |
| | | | Online (Facebook, Internet, game console) |
| | | | O Public place (mall, movies, sports event) |
| | | | O Work |
| | | | O Other (Fill in) |
| | | | O Refused to answer |
| 21. | Do | you hav | re any tattoos? |
| | 0 | No (If 'n | o,' skip to Item 22) |
| | 0 | Yes (If ') | yes,' ask Item 21a through Item 21c below) |
| | 0 | | d to answer or responded no, but staff observed tattoos (If selected, ask items 21a 21c below) |
| | | | What is the tattoo(s)? (Screener may respond to this item based on youth response and/or based on observation of the tattoo.) (Check all that apply.) |
| | | | □ Dollar/currency sign, money bags |

| | | Star/hearts |
|---------------|---------------|---|
| | | Male name |
| | | Female name |
| | | Nickname or street name |
| | | Refused to answer |
| | | Other (Describe) |
| | 21b. W | hat does your tattoo(s) mean? (Check all that apply) |
| | | Family connection |
| | | Personal meaning (Fill in) |
| | | Romantic partner's name |
| | | Gang-related |
| | | Suspected trafficker's name/initials |
| | | Forced branding/ownership |
| | | No meaning |
| | | Don't know the meaning |
| | | Refused to answer |
| | | Other (Fill in) |
| 21c. | Who was | with you when you got your tattoo(s)? (Check all that apply) |
| | | Family member |
| | | Friend |
| | | Romantic partner |
| | | No one |
| | | Suspected trafficker |
| | | Gang member |
| | | Refused to answer |
| | | Other (Fill in) |
| 22. Do | you have a | any scars or brands that were made intentionally, not from an accident or injury? |
| (Sc | creener sho | uld respond based upon youth answer and/or observation of visible scars) |
| 0 | No (If 'no,' | skip to Item 23) |
| 0 | Yes (If 'yes | s,' ask Item 22a) |
| 0 | Refused to | answer |
| 0 | Screener o | observes mark(s), but youth denies mark(s) made intentionally |
| | | ho was with you when you got your brand(s) or when you received the scar? |
| | | Family member |
| | | Friend |

| | □ Romantic partner □ No one □ Suspected trafficker □ Gang member □ Refused to answer | |
|---------------|--|--|
| | □ Other (Fill in) | |
| <u>Eviden</u> | nce of Forced Tattooing/Branding: (Check one) Yes No | |
| Secti | ion D – Living Conditions | |
| | I'd like to talk to you about where you live and the people you live with. o, tell me about your current living situation. What type of place do you live in? | |
| (S | Screener may prompt the youth by listing examples from below) (Check all that apply) | |
| | House Apartment Group/foster home Car/van Shelter Rehabilitation facility Hotel or motel Part of a residence – garage, basement, shed | |
| | Father Mother Both parents Guardian Step-parent Relative(s) Friend(s) Romantic partner (girlfriend/boyfriend) By myself Refused to answer | |

| | | Other (| Fill | in) |
|------------|---------------------|--------------------------------|------------------------|---|
| 25. | Do | you pay | y fo | r where you live? |
| | 0 | • | | skip to Item 26) s,' ask Item 25a below) |
| | 25 | a. | Но | w do you pay for where you live? (Check all that apply) |
| 26. | (No | No Yes | h m | Parents/relatives Friends Romantic partner Myself through employment/job Myself through selling drugs Myself through stealing Myself through engaging in sexual acts for money/material gain Panhandle/beg Refused to answer Other (Fill in) Thad any contacts or visits from the Department of Children and Families? ay use other terminology including HRS, CPS, CBC, and/or The State) answer |
| | | | | e Living Environment: (Check one) Yes No |
| Se | cti | on E – | W | ork Information |
| any a p | ythio lace wo | ng you he to stay orking at | nave v, dr t a f | k you some questions about work situations. What I mean by "work" is done where you have received something of value, like money, food, clothing, ugs, or gifts, in exchange for your efforts. This could include a more typical job ast-food restaurant or store, but may also include things that some kids have to n away from their homes, anything where you were given something of value for |

your efforts. So, your boss may have been a typical employer or may have been a family member,

friend, boyfriend or girlfriend, or someone you lived with or had a relationship with.

27. So, do you have a job or did you have one before coming here?

- O No (If 'no,' skip to Item 35)
- O Yes (If 'yes,' continue to Item 28 below)

| 28. | Wh | at type of work do you do? (Check all that apply) |
|-------------|-----|--|
| | | Agricultural/farm work |
| | | Housekeeping/janitorial work |
| | | Door-to-door sales |
| | | Restaurant work |
| | | Construction |
| | | Retail |
| | | Nails/hair |
| | | Massage |
| | | Personal dancing, stripping, or similar activity |
| | | Refused to answer |
| | | Other (Fill in) |
| 29. | Но | w much money do you make an hour? (Screener may ask relative to the minimum wage rate) |
| | 0 | At or below minimum wage (Minimum wage is \$7.93/hour in Florida) |
| | 0 | More than minimum wage but less than \$15 an hour |
| | 0 | \$15-\$25 an hour |
| | 0 | More than \$25 an hour |
| | 0 | Does not know |
| | 0 | Refused to answer |
| 30. | Do | es your boss or supervisor owe you money? |
| | 0 | No |
| | 0 | Yes |
| | 0 | Refused to answer |
| 31. | Do | any of your family members owe your boss money? |
| | 0 | No |
| | 0 | Yes |
| | 0 | Refused to answer |
| Scre | en | er may prompt for something else that is owed like a favor, house, property, or land. |
| <u>Evid</u> | enc | ce of Indentured Servitude: (Check one) Yes No |
| | | |

| | - | ever worked or done something for your boss without getting the payment that you would get? | | | | |
|-------------|---------------------------------|---|--|--|--|--|
| 0 | O No (If 'no,' skip to Item 33) | | | | | |
| 0 | Yes (If | 'yes,' ask Item 32a through Item 32c below) | | | | |
| 0 | Refuse | d to answer | | | | |
| | 32a. | What kind of work was it? | | | | |
| | 32b. | What payment did you expect? | | | | |
| | 32c. | What did you receive? | | | | |
| | | e and work at the same place? | | | | |
| 00 5 | | | | | | |
| | | and work at the same place. | | | | |
| 0 | No | | | | | |
| 0 | Yes | | | | | |
| 0 | Refuse | d to answer | | | | |
| | n you q supervi | uit or could you have quit your job at any time without punishment from your boss sor? | | | | |
| 0 | No | | | | | |
| 0 | Yes | | | | | |
| 0 | Refuse | d to answer | | | | |
| | | think about the future, what do you want to do when you get older? (Fill in) | | | | |
| | , Ju | | | | | |

Section F – Leaving or Running Away from Home

I'd like for you to think about the past 12 months and times when you have been away from home.

| 36. | Ha | ve you | run away, stayed away, or left your home without permission in the past year? |
|--------------|------|---------|---|
| | 0 | No (If | 'no,' skip to Item 37) |
| | 0 | Yes (If | 'yes,' ask Items 36a through 36k below) |
| | 0 | Refuse | ed to answer |
| | | 36a. | How many times have you run away or left without permission? |
| | | | O 1 to 5 times |
| | | | O 6 to 10 times |
| | | | O 11 to 20 times |
| | | | O More than 20 times |
| | | | O Refused to answer |
| | | 36b. | How long were you gone the last time you left home? |
| | | | O 1 to 6 days |
| | | | O 1 to 4 weeks |
| | | | O 2 to 3 months |
| | | | O 4 months or longer |
| | | | O Refused to answer |
| E vid | lend | ce of E | wcessive Running Away: (Check one) Yes No Where did you go when you left? (Check all that apply) |
| | | 000. | |
| | | | Friend's placeRelative's place/other biological parent's place |
| | | | Romantic partner's place |
| | | | ☐ Motel/hotel |
| | | | □ Street |
| | | | ☐ Out of town |
| | | | □ Pro-social adult's place |
| | | | Anti-social adult's place |
| | | | □ Street gang |
| | | | ☐ Refused to answer |

| | 36d. | While you were away, how did you support yourself? (Check all that apply) |
|--------|----------|---|
| | | ☐ Family/relatives took care of me |
| | | ☐ Friend(s) took care of me |
| | | □ Romantic partner helped |
| | | □ Worked (legal employment/jobs) |
| | | ☐ Money through drugs |
| | | ☐ Money/material gain/favors from prostitution, stripping or similar activities |
| | | ☐ Didn't stay away long enough to need support |
| | | ☐ Stealing |
| | | ☐ Government assistance |
| | | □ Panhandling |
| | | ☐ Borrowed money from friends |
| | | ☐ Trafficker/pimp |
| | | ☐ Refused to answer |
| | | Other (Fill in) |
| | 36e. | While you were away, were you in control of your own money? |
| | | O No |
| | | O Yes |
| | | O Refused to answer |
| | 36f. | Who were you with while you were away? (Check all that apply) |
| | | □ No one |
| | | ☐ Friends |
| | | □ Romantic partner |
| | | □ Suspected trafficker/pimp |
| | | ☐ Guardian |
| | | ☐ Family/relatives |
| | | ☐ Street gang |
| | | ☐ Refused to answer |
| | 36g. | Did that person(s) ever give you things like money, drugs or clothes? |
| | | O No |
| | | O Yes |
| | | O Refused to answer |
| Evider | nce of Q | uestionable Support While Away: (Check one) Yes No |

| 36h. | Did you leave town while you were away from home? |
|---------------|--|
| | O No |
| | O Yes |
| | O Refused to answer |
| 36 i. | While you were away, did anyone you were with not allow you to go back home? |
| | O No |
| | O Yes |
| | O Refused to answer |
| Evidence of F | orced Restraint: (Check one) Yes No |
| tricked ini | to doing something you didn't want to do. While you were away, did you experience anything that made you uncomfortable? |
| 00, | O No |
| | O Yes; if so, what? (Fill in) |
| | O Refused to answer |
| 36k. | Sometimes, young people who are away from home can be taken advantage of and asked to do sexual activities in exchange for something of value. These activities can include dancing, stripping, posing for photos, or sex of any kind. While you were away, did anyone ever ask you to do something like that? |
| | O No |
| | O Yes. |
| | O Refused to answer |
| Evidence of O | ppressive Activities: (Check one) Yes No |

Section G – Sexual Exploitation/Coercion/Control

| | 37. In thinking about your past experiences, has anyone ever locked doors or windows or anything else to stop you from leaving work or home? | | |
|---------|--|------|---|
| | | 0 | No |
| | | 0 | Yes |
| | | 0 | Refused to answer |
| | Evic | dend | ce of Inability to Leave: (Check one) Yes No |
| | 38. | Ha | s anyone ever forced you to get or use false identification, like a fake ID or fake green card? |
| | | 0 | No |
| | | 0 | Yes |
| | | 0 | Refused to answer |
| | <u>Evic</u> | deno | ce of Forced Deception: (Check one) Yes No |
| | 39. | | s anyone ever pressured you to touch someone physically or sexually when you didn't nt to? |
| | | 0 | No |
| | | 0 | Yes |
| | | 0 | Refused to answer |
| | 40. | Ha | s anyone ever asked/made you do anything sexually that you didn't want to do? |
| | | 0 | No |
| | | 0 | Yes |
| | | 0 | Refused to answer |
| | 41. | На | s anyone in your home ever done anything sexually to you that you didn't want? |
| | | 0 | No |
| | | 0 | Yes |
| | | 0 | Refused to answer |
| | Evic | deno | ce of Sexual Exploitation: (Check one) Yes No |

| | . Have you or someone else received something of value like money, a place to stay, food, clothes, gifts, favors, or drugs in exchange for your performing a sexual activity? | | |
|---|---|--|--|
| O No | | | |
| O Yes | | | |
| O Refused to answer | | | |
| Evidence of Compensation for Sexu | ual Activity: (Check one) Yes No | | |
| Screener, close out the interview by s | aying the following to the youth: | | |
| I want to thank you for being open questions, or is there anything that | with me and answering these questions. Do you have any you would like to talk about? | | |
| Section H - Parent/Guardian | n Information (DO NOT READ TO YOUTH) | | |
| Section H is to be completed by the se | creener. | | |
| 43. Did you speak with the child's par | ent(s) or guardian(s)? | | |
| O No | | | |
| Yes (If yes, to whom did you s | speak?) | | |
| If yes, then ask parent/guardian items | 44-47. | | |
| 44. Does the parent/guardian report the might be paying for? | hat youth has a cell phone that a third party/trafficker pays for or | | |
| O No | | | |
| O Yes | | | |
| 45. Does the parent/guardian report the clothing or money that were not perfectly the clothing of the control of the clothing | hat youth returns home from running away with hair/nails done, new rovided by the parent/guardian? | | |
| O No | | | |
| O Yes | | | |
| | youth has internet postings or text/cell phone messages that g sex for something of value to him/her? | | |
| O No | | | |
| O Yes | | | |
| 47. If youth has a tattoo of someone ε person is? | else's name, does guardian verify this person is who youth says the | | |
| O No | | | |
| O Yes | | | |
| Evidence of Potential Trafficking: (0 | Check one) Yes No | | |

Section I – Post-Screening Assessment

(DO NOT READ TO YOUTH)

| Se | Section I is to be completed by the screener. | | |
|-----|--|---|--|
| 48. | 48. Did you observe any nonverbal indicators of past victimization? (If so, explain) | | |
| | | | |
| | | | |
| | | | |
| 49. | Did | you observe any indicators that the youth's responses may have been false? (If so, explain) | |
| | | | |
| | | | |
| | | | |
| 50. | Ind | icate the likelihood that the youth is a victim of trafficking: | |
| | 0 | Definitely not | |
| | 0 | Likely not | |
| | 0 | Not sure | |
| | 0 | Likely is | |
| | 0 | Definitely is | |
| 51. | 51. Provide at least three reasons for your answer in Item 50: | | |
| | 1. | | |
| | 2. | | |
| | 3. | | |

If you answered "not sure," "likely is," or "definitely is":

For CBC staff - call the Florida Abuse Hotline at 1-800-962-2873 and schedule a Multidisciplinary Team (MDT) staffing as soon as possible or as is required by CFOP 175-14. If the child is a possible or confirmed CSEC victim, place the appropriate designation in FSFN.

For DCF staff - schedule an MDT staffing as soon as possible or as is required by CFOP 175-14. Please add the appropriate human trafficking maltreatment code to your investigation, if not already included.

Reminder: If you have personal knowledge that the youth is a victim of human trafficking, you must call the Florida Abuse Hotline.

| 52. Wha referrals | t kind of service referrals, if any, will you make for the youth? (You may include MDT service .) |
|-------------------|---|
| 1. | |
| | |
| | |
| | |
| 5. | |



State of Florida Department of Children and Families

Rick Scott Governor

Mike Carroll Interim Secretary

DATE:

July 22, 2014

TO:

Regional Managing Directors

Community-Based Care Lead Agencies

DCF CBC Contract Managers

Sheriff's Offices conducting child protective investigations

THROUGH: Peter Digre, Deputy Secretary

Janice Thomas, Assistant Secretary for Child Welfare Traci Leavine, Child Welfare Practice Director Elisa Cramer, Community Services Manager

FROM:

Kimberly Grabert, Human Trafficking Prevention Director

SUBJECT:

Training Requirements for Specialized Human Trafficking Designation

PURPOSE: House Bill 7141, which was approved by the 2014 Legislature, created s. 409.1754, Florida Statutes, which cites administrative requirements for serving child victims of sexual exploitation.

The new law requires "specialized intensive training" for child protective investigators and case managers who are handling cases involving a sexually exploited child. Section 409.1754(2)(a)1, Florida Statutes, says:

(2) TRAINING: CASE MANAGEMENT: TASK FORCES.—

a)1. The department and community-based care lead agencies shall ensure that cases in which a child is alleged, suspected, or known to have been sexually exploited are assigned to child protective investigators and case managers who have specialized intensive training in handling cases involving a sexually exploited child. The department and lead agencies shall ensure that child protective investigators and case managers receive this training before accepting a case involving a sexually exploited child.

This memorandum outlines the training requirements for child protective investigators (DCF and Sheriff's Offices) and dependency case managers, in order to comply with the new law. This training also is extended to DCF licensing staff members.

This memo also provides guidance about ongoing training requirements and broad parameters for developing local, individualized training in different regions and circuits.

1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

Specialized Human Trafficking Training
Initial Training needed to start accepting cases with human trafficking victims

| | ing needed to start accepting | cases with human trafficking victims |
|---------|-------------------------------|---|
| 3 Hours | Human Trafficking 101 | Intro to minor sex trafficking |
| | | National & local scope of problem |
| | | Victim profiling (vulnerabilities, statistics, |
| | | traditional ideologies) |
| | | Primary manifestations of minor sex trafficking |
| | | Trafficker profiling |
| | | Recruitment/grooming techniques |
| | | Methods of control/coercion |
| | | "The Game" (terminology, rules) |
| | | Demand/Buyer profiling (mindset, belief |
| | | systems) |
| | | Impact of trauma on victims |
| | | Psychological/behavioral indicators, basic |
| | | overview of complex trauma |
| 1 Hour | HB 7141: An expansion of | Details of House Bill 7141 |
| | the Safe Harbor Act | Training |
| | | Tools |
| | | Task Forces |
| | | Licensure and Certification of safe houses and |
| | | safe foster homes |
| | | Training for residential and foster providers |
| | | Human Trafficking Commission |
| | | OPPAGA Study (Office of Program Policy |
| | | Analysis and Governmental Accountability) |
| 2 Hours | Additional Live Training on | Examples: |
| 14 | Specialized Topics | Gangs in Trafficking |
| | 7 | Local procedures and policies |
| | (Can choose one or more) | Understanding complex trauma |
| | | Demand Reduction Strategies (Man up |
| | | program) |
| 29.5 | | Cultural Competency with At-Risk populations |
| | | At-Risk Populations: APD, LGBTQ, and/or |
| ET. | | DJJ/DCF crossover children |
| | | Organizations sharing their experiences with |
| | | cases: Homeland Security, FBI, Miami SAO, |
| | | etc. |
| | | Motivational Interviewing |
| | | Development of Local Case Studies |
| | | Strength-based Training |
| | | National research trends in treatment for CSEC |
| | | Poly-victimization |
| | | Trauma training for non-professionals |
| | | Survival Panel |

Ongoing Training required for Completion of Specialized Human Trafficking

| 12 months following initial training | 1 hour of training per quarter, cannot be |
|--------------------------------------|---|
| | combined into one training experience. |
| | For a total of 4 hours in the fiscal year. |
| After first 12 months | 1 hour of training per quarter, cannot be |
| | combined into one training experience. For |
| | a total of 4 hours each fiscal year. |

Ongoing training can consist of webinars, independent readings, live trainings or conferences.

The Community-Based Care Lead Agencies (CBCs) and Regions will need to track training for their staff. They are responsible for verifying completion of the training prior to acceptance of cases. CBCs and Regions may choose to utilize the Training Tracker functionality located within FSFN.

There is a link at the Center for Child Welfare site for Human Trafficking (http://centerforchildwelfare.fmhi.usf.edu/SexualExploitation/SexualExploitation.shtml) and continuous building of an online library and webinar trainings:

http://centerforchildwelfare.fmhi.usf.edu/LegislativeChanges/HB7141.shtml. If you have materials you would like to share for the library, including videotaped presentations, contact Kimberly Grabert at Kimberly Grabert@dcf.state.fl.us.

There also will be a resource for all staff with trainers available by region and statewide through a link on the Human Trafficking page at the Child Welfare site. In addition, there is a link to the Human Trafficking Contact List by Circuit. Task Forces in each area are an excellent resource for trainings.

ACTION REQUIRED: Please share this memorandum with all child welfare staff members who serve child victims of human trafficking. Licensing staff also are encouraged to attend these trainings. Additional guidance for colleagues who have already completed training and for CBCs interested in developing their own training is below.

Grandfather Clause

If you have staff members who have completed a minimum of 10 hours of training in the last 24 months on Human Trafficking, they need only complete the one-hour webinar on House Bill 7141 to be qualified for meeting the initial training criteria.

They will need to complete **one hour** of additional training per quarter in the first 12 months and the subsequent annual re-certification of **one hour** per quarter.

Developing your own training

The majority of CBCs in the state have participated in the Kristi House Training. This training is sufficient to meet the 3 hours of Human Trafficking 101. DCF Circuits and Regions, Sheriff's Offices conducting child protective investigations and CBCs may develop individual training, incorporating the components listed on the first page. Please share a copy of your training with Kimberly Grabert, Kimberly Grabert@dcf.state.fl.us, for prior review by the Office of Child Welfare.

The HB 7141 training presentation, including a downloadable PowerPoint, is available at http://centervideo.forest.usf.edu/dcfimplementation/housebills/housebills.html. You may use experts, task forces, tools purchased from trainers, etc. to provide the last 2 hours of required training, but it must be live in-class training.

CONTACT INFORMATION: If you have questions or need more information, please contact Kimberly Grabert at kimberly_grabert@dcf.state.fl.us or (352) 303-1366.

CC: JoShonda Guerrier, Director of Child Welfare Strategic Projects Kellie Sweat Darnell, Director of Child Welfare Operations Regional Family and Community Services Directors Regional Licensing Staff