Riverside County Department of Public Social Services
Contracts Administration Unit
10281 Kidd Street
Riverside, CA 92503

AGREEMENT: CS-03175

PARTNER: Commercially Sexually Exploited Children (CSEC)

EFFECTIVE: October 1, 2015 – September 30, 2016

WHEREAS, the signing parties desire to provide services to Commercially Sexually Exploited Children (CSEC) through the Riverside county CSEC Protocol;

WHEREAS, the signing parties (hereinafter referred to as "Partners") are qualified to provide services to Commercially Sexually Exploited Children (CSEC) through this Protocol;

WHEREAS, the Partners are willing to perform these services in accordance with the TERMS and CONDITIONS (T&C) attached hereto and incorporated herein by this reference. The T&C specify the responsibilities of the Partners;

NOW THEREFORE, the Partners do hereby covenant and agree that they shall provide services in accordance with the TERMS and CONDITIONS contained herein and exhibits attached hereto and incorporated herein (hereinafter referred to as an "Agreement").

TABLE OF CONTENTS

List of Attachments/Exhibits:

TERMS AND CONDITIONS

I. DEFINITIONS

A. AHT – Anti-Human Trafficking
B. AWOL – Absent without Leave/Runaway
C. RCCAT – The Riverside County Child Assessment Team Provides multidisciplinary forensic exams and interviews for children, from infants to 17 years of age, who have suffered abuse or neglect. Through a multidisciplinary team approach, Riverside University Health System (RUHS), Department of Public Social Services (DPSS), Law Enforcement (LE), the District Attorney's Office (DA), and the Riverside University Health System/Behavioral Health provide forensic medical exams, forensic interviews, emergency medical care, crisis intervention, social services, mental health services, and advocacy. An advocate accompanies victims of abuse and their families through medical and legal procedures. The multidisciplinary approach minimizes the trauma that often results from the experience of victimization. The staff also provides expert testimony, as well as consultation and training, to community agencies and schools.
D. CASA – Court Appointed Special Advocate (Voices for Children/CASA)
E. CSD – Department of Public Social Services Children's Services Division
F. CSEC – Commercially Sexually Exploited Children
G. CSE-IT – Commercially Sexually Exploited – Identification Tool
H. CWS – Child Welfare Services
I. DOPH – Department of Public Health (in the process of a name change to Riverside University Health System/ Public Health)
J. DPSS – Department of Public Social Services
K. FCT – Family Child Team
L. FFA – Foster Family Agency
M. HT – Human Trafficking
N. IR – Immediate Response (CSD term for social worker to investigate immediately)
O. LGBTQ – Lesbian, Gay, Bi-Sexual, Transgender, Questioning
P. MDT – Multi-Disciplinary Team
Q. MOU – Memorandum of Understanding
R. NMD – Non-Minor Dependent
S. "Partner" refers to the employees, agents and representatives of the partners identified in this Agreement who are providing services under this Agreement.
T. PACT – Preventing and Addressing Child Trafficking
U. PCWTA – Public Child Welfare Training Academy
V. RCAHT – Riverside County Anti-Human Trafficking
W. RCOE – Riverside County Office of Education
X. RUHS – Riverside University Health System (previously known as Riverside County Regional Medical Center)
Y. RUHS/BH – Riverside University Health System / Behavioral Health (previously known as Riverside County Mental Health (also included Substance Abuse Programs))
Z. RUHS/PH – Riverside University Health System / Public Health (previously known as Riverside County Public Health)
AA. SCM - Stages of Change Model helps service providers understand and respond to the process of behavioral change. In CSEC, counseling service providers have identified that for many victims, behavioral change does not happen in one step but rather through a progression that may include:
    - Pre-contemplation
    - Contemplation
    - Preparation

- Action
- Maintenance

BB. STIs/ STDs - sexually transmitted infections/sexually transmitted diseases
CC. SOGIE – Sexual Orientation, Gender Identity, & Expression
DD. TDM – Team Decision Making
EE. Trauma-Informed – According to the Substance Abuse and Mental Health Services Administration, "A program, organization, or system that is trauma-informed:
- Realizes the widespread impact of trauma and understands potential paths for recovery
- Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and
- Seeks to actively resist re-traumatization."

FF. Trauma-Informed Care – A strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment.
GG. Vicarious Trauma – Occurs when an individual who was not an immediate witness to the trauma absorbs and integrates disturbing aspects of the traumatic experience into his or her own functioning. Symptoms associated with vicarious trauma are very similar to Post Traumatic Stress Disorder. Compassion fatigue may be a precursor to vicarious trauma, and based on some definitions, vicarious trauma and compassion fatigue are essentially equivalent.
HH. Victim-Centered – An approach that places the victim at the heart of the planning and implementation of services in a meaningful way. This approach requires effort to engage and inform the victim so she/he is empowered throughout the process.

II. PARTNERS

A. Riverside County Department of Public Social Services (DPSS)
B. Riverside County Probation Department
C. Riverside University Health System/Public Health (RUHS/PH)
D. Riverside University Health System/Behavioral Health (includes Substance Abuse Program)
E. Riverside County Sheriff's Department / Riverside County Anti-Human Trafficking Task Force (RCAHT)
F. Operation Safehouse
G. Riverside County District Attorney's Office
H. Riverside County Juvenile Defense Panel
I. Riverside County District Attorney's Office, Division of Victim's Services
J. Riverside County Office of County Counsel - CSD
K. Riverside County Public Defender's Office
L. Voices for Children/Court Appointed Special Advocates (CASA)
M. Riverside University Health System (previously known as RCRMC)
N. Riverside County Child Assessment Team (RCCAT)
O. Public Child Welfare Training Academy (PCWTA)
P. Million Kids
Q. Riverside County Office of Education (RCOE)
R. Run2Rescue

III. RESPONSIBILITIES

A. Partners shall assign staff to be liaisons for this Agreement.

B. Partners shall adhere to the Statement of Work in **Attachment A**, as it now exits or may be modified in the future. **Attachment A** is attached hereto and incorporated herein by this reference.

IV. ADMINISTRATIVE

A. CONFIDENTIALITY
The Partners shall maintain the confidentiality of all information and records and comply with all other statutory laws and regulations relating to privacy and confidentiality.

Each party shall ensure that case record information is kept confidential when it identifies an individual by name, address, or other information. Confidential information requires special precautions to protect it from loss, unauthorized use, access, disclosure, modification, and destruction.

The parties to this Agreement shall keep all information that is exchanged between them in the strictest confidence, in accordance with Section 10850 of the Welfare and Institutions Code. All records and information concerning any and all persons referred to the Partner shall be considered and kept confidential by the Partner, its staff, agents, employees and volunteers. The Partner shall require all of its employees, agents, subcontractors and volunteer staff who may provide services under this Agreement with the Partner before commencing the provision of any such services, to maintain the confidentiality of any and all materials and information with which they may come into contact, or the identities or any identifying characteristics or information with respect to any and all participants referred to the Partner by Riverside County.

The confidentiality of juvenile records is established under section 827 and 828 of the Welfare and Institutions Code, California Rules of Court, Rule 5.552 and case law. The Juvenile Court has exclusive jurisdiction over juvenile records and information, and has the responsibility to protect the interests of minors and their families in the confidentiality of any records and information concerning minors involved in the justice system, and to provide a reasonable method for release of these records and information in appropriate circumstances.

Partner shall ensure that no person will publish, disclose, use, permit, or cause to be published, disclosed, or used, any confidential information pertaining to any applicant or recipient of services under this Agreement. The Partner agrees to inform all persons directly or indirectly involved in administration of services provided under this Agreement of the above provisions and that any person deliberately violating these provisions is guilty of a misdemeanor.

B. CHILD ABUSE REPORTING
If Partner is a mandated reporter under Penal Code Sections 11165 -11174.3, the Partner shall establish a procedure acceptable to the County and in accordance with applicable laws to ensure that all employees, volunteers, consultants, subcontractors or agents performing services under this Agreement report child abuse or neglect to a child protective agency as defined in the Penal Code.

C. ADULT AND ELDER ABUSE REPORTING
The Partner shall provide documentation of a policy and procedure acceptable to DPSS to ensure that all employees, volunteers, consultants, subcontractors, or agents performing

services under this Agreement report elder and dependent adult abuse pursuant to Welfare & Institutions Code (WIC) Sections 15600 et seq.

Suspected incidents of abuse should be immediately reported to DPSS, followed by a written report within two working days.

V. GENERAL

A. EFFECTIVE PERIOD

This Agreement is effective October 1, 2015 to September 30, 2016, and will renew automatically in one- (1)- year increments, unless terminated as outlined in Section V.D.

B. NOTICES

All notices, claims, correspondence, and/or statements authorized or required by this Agreement shall be addressed to the appropriate Contact in the Commercially Sexually Exploited Children (CSEC) partner listing in **Exhibit A**, attached hereto and incorporated herein by this reference.

C. MODIFICATION OF TERMS

No addition to or alteration of the terms of this Agreement, whether by written or verbal understanding of the parties, their officers, agents, or employees shall be valid unless made in writing and formally approved and executed by both parties.

D. TERMINATION

This Agreement may be terminated upon the termination of the State program and notification shall be sent out to contacts in Section V.B.

E. ENTIRE AGREEMENT

This Agreement constitutes the entire Agreement between the parties hereto with respect to the subject matter hereof, and all prior or contemporaneous agreements of any kind or nature relating to the same shall be deemed to be merged herein.

Commercially Sexually Exploited Children (CSEC)
Protocol for Riverside County

SIGNATURE PAGE - #1

_____ _____
Date

Susan von Zabern
Director for
Riverside County Department of Public Social Services
4060 County Circle Drive
Riverside, CA 92503

Commercially Sexually Exploited Children (CSEC)
Protocol for Riverside County

SIGNATURE PAGE - #2

_____ _____
Date

Mark Hake
Chief Probation Officer for
Riverside County Probation Department
3960 Orange Street
Riverside, CA 92501

Commercially Sexually Exploited Children (CSEC)
Protocol for Riverside County

SIGNATURE PAGE - #3

_____ _____
Date

Susan D. Harrington
Director for
Riverside University Health System/Public Health
4065 County Circle Drive
Riverside, CA 92503

Commercially Sexually Exploited Children (CSEC)
Protocol for Riverside County

SIGNATURE PAGE - #4

_____ _____
Date

Jerry A. Wengerd
Director for
Riverside University Health System / Behavioral Health
4095 County Circle Drive
Riverside, CA 92503

Commercially Sexually Exploited Children (CSEC)
Protocol for Riverside County

SIGNATURE PAGE - #5

_____ _____

Stanley Sniff Date
Sheriff for
Riverside County Sheriff Department
Riverside County Anti-Human Trafficking Task Force (RCAHT)
4095 Lemon Street
Riverside, CA 92501

Commercially Sexually Exploited Children (CSEC)
Protocol for Riverside County

SIGNATURE PAGE - #6

_____ _____
Date

Kathy McAdara
Executive Director for
Operation Safehouse
9685 Hayes Street
Riverside, CA 92503

Commercially Sexually Exploited Children (CSEC)
Protocol for Riverside County

SIGNATURE PAGE - #7

_____ _____
Date

Michael A. Hestrin
District Attorney for
District Attorney's Office
3960 Orange Street, 8th Floor
Riverside, CA 92501

_____ _____
Date

Michael A. Hestrin
District Attorney for
Riverside County District's Attorney's Office, Division of Victim Services
3960 Orange Street, 8th Floor
Riverside, CA 92501

Commercially Sexually Exploited Children (CSEC)
Protocol for Riverside County

SIGNATURE PAGE - #8

_____ _____
Date

Michael Burns
Attorney for
Riverside – Riverside County Juvenile Defense Panel
9991 County Farm Road
Riverside, CA 92503

Commercially Sexually Exploited Children (CSEC)
Protocol for Riverside County

SIGNATURE PAGE - #9

_____ _____

Robert Oblachinski Date
Attorney for
Southwest - Riverside County Juvenile Defense Panel
30111 Technology Drive, Suite 160
Murrieta, CA 92563

Commercially Sexually Exploited Children (CSEC)
Protocol for Riverside County

SIGNATURE PAGE - #10

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Commercially Sexually Exploited Children (CSEC)
Protocol for Riverside County

SIGNATURE PAGE - #11

_____ _____
Date

Gregory P. Priamos
Department Head for
Riverside County Office of County Counsel
3960 Orange Street Suite 500
Riverside, CA 92501

Commercially Sexually Exploited Children (CSEC)
Protocol for Riverside County

SIGNATURE PAGE - #12

_____ _____
Date

Steven L. Harmon
Public Defender for
Riverside County Public Defender's Office
4200 Orange Street
Riverside, CA 92501

Commercially Sexually Exploited Children (CSEC)
Protocol for Riverside County

SIGNATURE PAGE - #13

_____ _____
Date

Sharon Lawrence
President and CEO for
Voices for Children/Court Appointed Special Advocate (CASA)
5555 Arlington Avenue
Riverside, CA 92504

Commercially Sexually Exploited Children (CSEC)
Protocol for Riverside County

SIGNATURE PAGE - #14

_____ _____
Date

Jennifer Cruikshank
Chief Operations Officer for
Riverside University Health System
26520 Cactus Ave.
Moreno Valley, CA 92555

_____ _____
Date

Laurie Fineman
Administrator for
Riverside University Health System
Riverside County Child Assessment Team (RCCAT)
26520 Cactus Ave.
Moreno Valley, CA 92555

Commercially Sexually Exploited Children (CSEC)
Protocol for Riverside County

SIGNATURE PAGE - #15

_____ _____
Date

Nancy Satterwhite
for
Public Child Welfare Training Academy
6505 Alvarado Road
San Diego, CA 92120

Commercially Sexually Exploited Children (CSEC)
Protocol for Riverside County

SIGNATURE PAGE - #16

_____ _____
Date

Opal Singleton
President and CEO for
Million Kids
P.O. Box 7295
Riverside, CA 92513

Commercially Sexually Exploited Children (CSEC)
Protocol for Riverside County

SIGNATURE PAGE - #17

_____ _____
Date

Diana Walsh-Reuss
Associate Superintendent for
Riverside County Office of Education
3939 Thirteenth Street
Riverside, CA 92501

Commercially Sexually Exploited Children (CSEC)
Protocol for Riverside County

SIGNATURE PAGE - #18

_____ _____
Date

Shannon Forsythe
Director for
Run2Rescue
P.O. Box 71238
Riverside, CA 92513

Attachment A - CSEC Interagency Protocol Agreement

COUNTY OF RIVERSIDE
DEPARTMENT OF PUBLIC SOCIAL SERVICES
COMMERCIALLY SEXUALLY EXPLOITED CHILDREN (CSEC)

Interagency Protocol Agreement
October 1, 2015

Prepared by:

The Program Development Region
Children's Services Division
Department of Public Social Services
10/01/2015

County Contact: Allison Donahoe-Beggs, Regional Manager
(951) 413-5450
adonbegg@riversidedpss.org

INTERAGENCY PROTOCOL AGREEMENT AMONG[1]

- Riverside County Department of Public Social Services (DPSS), Children's Services Division (CSD)
- Riverside County Probation Department
- Riverside University Health System / Public Health (previously called Department of Public Health)
- Riverside University Health System/ Behavioral Health (includes Substance Abuse Programs)
- Riverside County Sheriff's Department /Riverside County Anti-Human Trafficking Task Force (RCAHT)
- Operation Safehouse
- Riverside County Juvenile Defense Panel
- Riverside County CSD County Counsel's Office
- Riverside County District Attorney's (DA) Office
- Riverside County DA's Office of Victim's Services
- Riverside County Public Defenders' Office
- Voices for Children/Court Appointed Special Advocates (CASA)
- Riverside University Health System (RUHS)
- Riverside County Child Assessment Team (RCCAT)
- Public Child Welfare Training Academy (PCWTA)
- Million Kids
- Riverside County Office of Education (RCOE)
- Run2Rescue

For a glossary of terms, acronyms and abbreviations used in this document please refer to the Agreement Terms and Conditions.

As to Riverside County's Commercially Sexually Exploited Children (CSEC) Program

WHEREAS, an individual who is a commercially sexually exploited child[2] (CSEC) or is sexually trafficked, as described in Section 236.1 of the California Penal Code, or who receives food or shelter in exchange for, or who is paid to perform sexual acts described in Section 236.1 or 11165.1 of the California Penal Code, and whose parent or guardian failed to, or was unable to protect the child, is a commercially sexually exploited child and may be served through the Riverside County Child Welfare System pursuant to California Welfare and Institutions Code (W&IC) Section 300(b)(2); and

WHEREAS, Riverside County elected to participate in the CSEC Program as described in W&IC Section 16524.7 in order to more effectively serve CSEC by utilizing a multidisciplinary approach for case management, service planning, and the provision of services; and

[1] The following statement was provided by the Riverside County Superior Court Juvenile Division: ***"The Court is a neutral party and must maintain neutrality, and cannot display any perception of bias. While the Court fully supports the protocol, the Court refrains from voting on particular issues and declines involvement on particular committees."***

[2] For the purposes of this document, let it be understood that the terms "child" and "youth" may be used interchangeably, depending on the context, and recognizing that there are some very young children who have been exploited and there are adolescents who may be offended when called a "child."

WHEREAS, the parties to this Interagency Protocol, as listed above, have developed the following Agreement to guide Riverside County's approach to serving CSEC; and

WHEREAS, the Agreement reflects Riverside County's and the parties' commitment to the following guiding principles:

A. The commercial sexual exploitation of children must be understood as child abuse and reported as such, and should not be criminalized.
B. Responses to CSEC in Riverside County will be:
    a. Victim-centered,
    b. Trauma-informed,
    c. Strengths-based,
    d. Developmentally appropriate,
    e. Culturally, linguistically, and LGBTQ competent and affirming,
    f. Committed to active efforts that engage CSEC early and often,
    g. Multidisciplinary, individualized, flexible, and timely, and
    h. Data and outcome driven.
C. The parties to this Agreement implement policies and procedures that:
    a. Ensure and track cross-system collaboration at the system and individual case level,
    b. Incorporate mechanisms to identify and assess CSEC at key decision points,
    c. Address the unique physical and emotional safety considerations of CSEC, and
    d. Address unique physical and emotional safety considerations, including vicarious trauma of staff, caregivers, and other relevant support persons.

WHEREAS, the parties have formed a CSEC Steering Committee to provide ongoing oversight and support to ensure the county agencies and partners effectively collaborate to better identify and serve victims of commercial sexual exploitation and children at risk of becoming exploited through the Agreement; and

WHEREAS, the parties agree to form a multidisciplinary team (MDT), pursuant to California W&IC Section 16542.7(d)(2) for CSEC, to build on a youth's strengths and respond to his/her needs in a coordinated manner; and

WHEREAS, California W&IC Sections 18960-18964 states a county may establish a child abuse multidisciplinary team (MDT) within the county to allow provider agencies to share confidential information in order for provider agencies to investigate reports of suspected child abuse or neglect pursuant to California Penal Code Section 11160, 11166, or 11166.05, or for the purposes of child welfare agencies making a detention determination; and

WHEREAS, the parties agree that the information they receive from the other parties concerning a child that is obtained during the identification and assessment process or during a multidisciplinary team meeting shall be used solely for prevention, identification, and treatment purposes and shall otherwise be confidential and retained in the files of the entity performing the screening or assessment. Such information shall not be subject to subpoena or other court process for use in any other proceeding or for any other purpose pursuant to California W&IC Section 18961.(c); and

WHEREAS, the parties, as defined by law, must comply with mandatory reporting guidelines as defined by California Penal Code Sections 1164-11174.3 and report known or suspected child abuse and neglect, which includes sexual exploitation; and

WHEREAS, this Agreement defines the mutually agreed upon responsibilities of each of the parties under the CSEC Program pursuant to California W&IC Section 16524.7;

This Agreement is not intended to establish legal duties or otherwise alter the respective responsibilities of the parties; and

NOW, THEREFORE, the parties of this Agreement set forth the following as the terms and conditions of their understanding:
The details of the agreements in this Interagency Protocol, including a description of the activities and the specific responsibilities of the parties to this Agreement, are organized into the following format:

I. Riverside County CSEC Steering Committee

In order to ensure that Riverside County effectively implemented a multidisciplinary CSEC collaboration, an interagency CSEC Steering Committee was formed in 2013. Meeting quarterly since its formation in September of 2013, the CSEC Steering committee has four subcommittees which meet monthly:

- Identification/Assessment and Data Outcomes
- Placement and Team Decision Making (TDM)[3]
- Prevention and Training
- Service Delivery and Case Management

The four subcommittees report their progress at each CSEC Steering Committee meeting. Listed only by position title and agency, the following lists those who regularly participated on the CSEC Steering Committee during the formative years of 2012-2015:

CSD	Deputy Director Regional Manager Central Intake Center Staff Development Manager Research Specialist Youth Partner Regional Manager Placement Services Assistant Regional Manager Policy Children's Social Services Supervisor (multiple participants) Regional Manager Court & Specialized Investigations (CSI) Regional Manager Mid County Region Program Specialist

[3] CSEC MDT's are facilitated by and implemented by TDM and CFT facilitators who have been trained and experienced in MDT meeting facilitation and are skilled to adapt the TDM/CFT format to meet the needs of CSEC and the unique timeline specifications as agreed upon in this Protocol.

	Assistant Regional Manager Metro Region
RCAHT	Sergeant Deputy Sheriff Criminal Intelligence Analyst Training and Outreach Coordinator
Million Kids	President & CEO
PHN/Teen Clinic	Assistant Director
Riverside County District's Attorney's Office, Division of Victim Services	District Attorney Supervising Advocate of Division of Victims Services
Probation	Supervising Probation Officer Juvenile Services Division Director
Operation Safehouse	Executive Director CSEC Director
RCCAT	CAC Administrator
Run 2 Rescue	Director
RCMH	Supervisor
Youth Foster Services	Coordinator
Specialized Care Foster Family Agency (FFA)	Social Worker Supervisor
Public Child Welfare Training Academy (PCWTA)	LCSW Trainer County Consultant

The purpose of the CSEC Interagency Steering Committee was initially described as:

- Create and adopt a protocol;
- Formalize and coordinate collaboration among agencies;
- Monitor implementation of the model service delivery protocols and MDT structure;
- Refine protocols across disciplines in the county, ensuring the involvement of county system, community based service providers, advocates and youth (including survivors);
- Identify challenges and work collaboratively across departments and systems to address them;
- Track outcomes of the county's implementation of the protocols and model service delivery protocols, in collaboration with PACT Project Evaluator;
- Report successes and acknowledge/celebrate progress with those people and agencies involved in implementing the pilot project;
- Support short and long-term planning for the pilot project, establishing clear goals and objectives in alignment with the overall PACT Program goals and objectives;
- Provide annual report to the State on the number of children served, services received, promising practices, and any identified gaps in services and resources.

With input from the parties to this agreement and in keeping with the guidance provided by the CSEC Action Team of the California Child Welfare Council, while also affirming the original purpose of the committee, the newly revised purpose of the Riverside County CSEC Steering Committee is now described as: Providing ongoing oversight and leadership to ensure Riverside County agencies and partners effectively collaborate to better identify and serve youth who are at risk of or have been commercially sexually exploited, specifically:

- Developing the Interagency Riverside County CSEC Protocol Agreement
- Implementing the Agreement

- Overseeing on-going implementation of the Agreement
- Collecting and analyzing aggregate data related to the Agreement
- Revising the Agreement as needed on an on-going basis
- Assessing the sufficiency of CSEC-specific resources in Riverside County
- Identifying necessary training and ensuring such training occurs
- Providing an annual report to the State in compliance with the State and Federal requirements.

CSEC Steering Committee Members (October, 2015)
The following parties agree to participate in the Steering Committee and fulfill the responsibilities defined in this Interagency Protocol Agreement:

Required:[4] [5]

- Riverside County Department of Public Social Services (DPSS), Children's Services Division (CSD) - Lead
- Riverside County Probation Department
- Riverside County Department of Public Health
- Riverside County Department of Mental Health (includes Substance Abuse Programs)

Optional:

- Riverside County Sheriff's Department / Riverside County Anti-Human Trafficking Task Force (RCAHT)
- Operation Safehouse
- Riverside County Juvenile Defense Panel
- Riverside County CSD County Counsel
- Riverside County District Attorney's (DA) Office
- Riverside County District's Attorney's Office, Division of Victim Services
- Voices for Children/Court Appointed Special Advocates (CASA)
- Riverside University Health System (RUHS)
- Riverside County Child Assessment Team (RCCAT)
- Public Child Welfare Training Academy (PCWTA)
- Million Kids
- Riverside County Office of Education (RCOE)
- Run2Rescue

CSEC Steering Committee
Each party to this Agreement will fulfill the following responsibilities as part of its work on the CSEC Steering Committee under this Agreement:

- Appoint a director or designee empowered to make decisions on behalf of the party to participate
- Attend regularly scheduled meetings and participate collaboratively in the committee

[4] CAL. W&IC Section 16524.8(a) mandates that Child Welfare, Probation, Mental Health, Public Health, and the Juvenile Court be involved in drafting the interagency protocol.

[5] After requesting the court for participation as a partner in this Agreement, the following statement was provided by the Riverside County Superior Court Juvenile Division: ***"The Court is a neutral party and must maintain neutrality, and cannot display any perception of bias. While the Court fully supports the protocol, the Court refrains from voting on particular issues and declines involvement on particular committees."*** Let it be known that the Juvenile Court has been involved in an advisory capacity in the Riverside County CSEC Steering Committee and has been involved, as appropriate, in drafting this interagency protocol while maintaining neutrality.

- Report on successes, barriers to providing services, and areas for improvement, including recommendations for adapting the Agreement and training needs/gaps
- Provide aggregate data on identified CSEC including the numbers identified and the services accessed by those youth

CSEC Steering Committee Specific Roles and Responsibilities
In addition to the above responsibilities for each party to this Agreement, the following describes the specific responsibilities of CSD as the lead agency of the Steering Committee.

Riverside County Department of Public Social Services (DPSS), Children's Services Division (CSD)

- Convening and serving as LEAD AGENCY of CSEC Steering Committee
- Providing staff to coordinate the CSEC Steering Committee
- Gathering aggregate data from the MDTs to present and analyze with the CSEC Steering Committee
- Provide staff participation and leadership for subcommittees as needed
- Participate in the Service Delivery & Case Management Subcommittee

In addition to the roles and responsibilities related to the Steering Committee identified above, the parties to this Protocol agree to attend and participate in Subcommittees as appropriate to their expertise and areas of involvement.

II. Identification and Screening

Understanding that identifying children who are victims of exploitation, or at risk of becoming victims is both essential and challenging, the parties agree to collaborate together to build and implement an effective strategy to identify and serve exploited children. The parties also acknowledge that children who have been commercially exploited come to the attention of agencies and providers in a number of different ways.

The parties affirm that they will comply with mandatory reporting laws as set forth in the Child Abuse and Neglect Reporting Act (CANRA). The parties understand that they are required to report abuse or neglect when they know or have reasonable suspicion that abuse or neglect has occurred. The parties acknowledge that sexual exploitation is a form of sexual abuse and must be reported by mandated reporters. Sexual exploitation includes: "Conduct involving matter depicting a minor engaged in obscene acts…Any person who knowingly promotes, aids, or assists, employs, uses, persuades, induces, or coerces a child or any person responsible for a child's welfare, who knowingly permits or encourages a child to engage in, or assist others to engage in, prostitution or a live performance involving obscene sexual conduct…"

All parties agree to inform and train their staff to be cognizant of the factors that contribute to the invisibility of exploited children including:

- a general lack of public awareness
- the fact that exploited children often do not view themselves as victims
- the efforts of exploiters to hide their crimes including moving victims often

Additionally, in an effort to increase identification of CSEC, the parties agree to inform their staff of some of the common risk factors correlated with CSEC victimization including:

- greater vulnerability with younger ages
- history of emotional, physical, or sexual abuse
- parental substance abuse
- school-related problems such as truancy and learning disabilities
- running away

- child welfare involvement
- placement in foster care or a group home
- exposure to domestic violence
- lack of supervision, care, and basic necessities like food, clothing, shelter

The parties agree to educate and train their staff who come into contact with children and adolescents to recognize the warning signs, and identify the common personal, educational, and legal characteristics of CSEC. While these warning signs and characteristics do not necessarily imply a child is being exploited, awareness of these correlations provides the opportunity, when warranted, to provide further screening and assessment.

The parties agree to share information and awareness about CSE in order to make it less likely that those who come into contact with victims will miss the warning signs of CSE and fail to identify its victims.[6]

Screening Process

All parties agree to work cooperatively to refer any youth who is identified as (or is suspected of being) a CSE victim in order to receive screening and assessment. Each party agrees to either have one or more staff person trained in CSEC including administering the screening tool or agrees to refer the youth to CSD where there are trained CSEC screeners and CSEC Identified Social Workers available.

The CSEC Steering Committee identified below and all parties, as they are trained, agree to utilize the Commercial Sexual Exploitation Identification Tool (CSE-IT) – Pilot Version (Exhibit B) to screen youth. Riverside County partners, as a pilot county to implement the CSE-IT, agree to participate in on-going training in using this screening tool.

This training will address the importance of early identification and will present the CSE-IT as a method of screening and identifying commercially sexually exploited youth. After this training participants will be able to:

- Identify at least two advantages of using the CSE-IT to identify commercially sexually exploited youth.
- List the 10 key indicators of CSEC.
- Describe the importance of using a trauma informed approach when interviewing sexually exploited youth.

The following parties are responsible for specific screening responsibilities, in addition to other appropriate screening activities in order to identify youth who have been commercially sexually exploited, are being commercially sexually exploited, or are at risk of becoming commercially sexually exploited.

DPSS – CSD

Studies have estimated that anywhere from 50 - 80% of victims of commercial sexual exploitation are or were formerly involved with child welfare.[7] Specific to California, in San Diego between 80-95% of CSEC were known to the Child Welfare System. [8] In the San Francisco Bay Area over 75% of the 113 youth studied, described experiencing child abuse and neglect prior to their commercial sexual exploitation. [9] Additionally,

[6] The California Child Welfare Council publication titled ENDING THE COMMERICAL SEXUAL EXPLOITATION OF CHILDREN: A CALL FOR MULTI-SYSTEM COLLABORATION IN CALIFORNIA (2013) is a valued resource regarding warning signs and common characteristics as well as system collaboration to identify and serve CSEC. Available at: http://www.youthlaw.org/fileadmin/ncyl/youthlaw/publications/Ending-CSEC-A-Call-for-Multi-System_Collaboration-inCA.pdf

[7] http://www.youthlaw.org/fileadmin/ncyl/youthlaw/publications/Ending-CSEC-A-Call-for-Multi-System_Collaboration-inCA.pdf

[8] http://www.chhs.ca.gov/initiatives/cachildwelfarecouncil/

[9] http://www.chhs.ca.gov/initiatives/cachildwelfarecouncil/

children who experienced sexual abuse are 28 times more likely to be arrested for prostitution at some point in their lives than children who did not. [10] The San Francisco, Los Angeles, and San Diego metropolitan areas are all rated as areas of "high intensity child prostitution" in the county.[11] The Inland Empire, specifically Riverside County, located directly north of San Diego County and directly east of Los Angeles County, has been referred to as an "extension of LA," when identifying "hotspots" for CSEC.[12]

In consideration of the evidence of a strong link between CSE and child welfare involvement, Riverside County CSD agrees to continue to take active steps and fully participate as the lead in this Agreement in order to identify exploited children and those at risk of exploitation, in addition to collaborating with partner agencies to provide a multi-system response.

CSD Central Intake Child Abuse and Neglect Hotline Staff

CSD agrees to maintain the Child Abuse Hotline and screen referrals to identify if there are allegations related to sexual exploitation. A CSEC identifying intake script is being developed from the full CSE-IT and will be utilized by Intake Staff during the Hotline call. The script will be used to elicit information from the reporter asking questions designed to alert the screener and investigative social worker to possible CSE indicators. Intake workers have begun to receive training in identifying CSEC and will continue to receive on-going training as a group and in one-on-one training.

The full CSE-IT (Exhibit B) will be utilized by CSD staff (and other CSE-IT trained partners) when the initial contact finds an indication the youth might be exploited or at risk of exploitation. Indicators may include, but are not limited to:

- Child 10 years or older (younger at greater risk for exploitation)
- Risk of runaway / AWOL
- Unstable housing / multiple foster care or group home placements
- School truancy
- History of involvement with law enforcement, juvenile justice, or child welfare
- Inadequate supervision
- Unhealthy or inappropriate relationships with someone much older
- Access to large amounts of cash, gifts, luxury items, new cell phone etc.
- Use of technology involves social or sexual behavior that is atypical for his/her age
- Health problems related to sexual activity
- Engaging in dangerous or risky behaviors
- History of Exposure to traumatic experiences
- Physical signs or emotional symptoms resulting from exposure to trauma
- Indications that youth is being controlled or coerced
- History of exploitation or victimization

Additionally, all youth, age 10 and above, who are chronic runaways or who live in the same home where another youth is identified as having been exploited will be screened for exploitation.

[10] FRANCINE T. SHERMAN & LISA GOLDBLATT GRACE, THE SYSTEM RESPONSDE TO THE COMMERCIAL SEXUAL EXPLOITATION OF GIRLS, IN JUVENILE JUSTICE; ADVANCING RESEARCH, POLICY, AND PRACTICE, 337 (Francine T. Sherman & Francine H. Jacobs eds., 2011); C. Widom, National Institute of Justice, Victims of Childhood Sexual Abuse: Later Criminal Consequences (JU, 1995, NCJ 151525)

[11] http://www.chhs.ca.gov/initiatives/cachildwelfarecouncil/

[12] Statement from the WestCoast Children's Clinic CSE-IT trainer at "You Can't Stop Something You Can't See" training for CSEC Identified Social Workers on 8-4-15.

All CSD staff have been alerted to the creation of special project codes (SPC) to track human trafficking/Commercially Sexually Exploited Children (CSEC) in both referrals and cases. CSD staff select a special project code when receiving information that a child or Non-Minor Dependent (NMD) is the victim of human trafficking (sexual exploitation or labor trafficking) or when there are high risk indicators that a child or NMD is at risk of becoming involved in human trafficking.

When a youth is identified as a CSE or an at-risk child, the referral is assigned to an identified and trained CSD CSEC investigative social worker to further screen and assess in collaboration with the parties to this agreement.

CSD CSEC Identified Social Workers

Over 40 CSD supervisors, investigative social workers, and continuing social workers have been trained as CSEC Identified Social Workers. CSD agrees to continue identifying and making available staff members who are trained and skilled in identifying and serving CSEC. CSEC Identified Social Workers were chosen in consideration of their training, experience, and skills in engaging youth while interviewing on sensitive issues.

All CSD social work staff assigned to provide identification or services to victims of CSE will participate in specialized training on CSEC and will act as experts in the understanding of the diverse needs and provision of services to victims. The specialized training will include, at a minimum the following:

- Child Trafficking 101: Understanding the Child Trafficking Problem
- Child Trafficking 102: Identification and Response for Specific Professions
- Child Trafficking 103: Implementing the Preventing and Addressing Child Trafficking (PACT) Program Model and Protocols

Additionally, as CSEC subject matter experts, the CSD CSEC Identified Social Workers are trained to take the information they receive back to their regions and units. They are encouraged to “keep the discussions alive” and increase awareness throughout the Division regarding risk factors, identification, and services for CSEC. CSD agrees to offer on-going training to CSD Identified Social Workers on a quarterly basis to provide new information and updated best practices.

CSD Foster Homes, Foster Family Agencies, Group Homes, and Foster Youth

In recognition that a comprehensive approach, involving parties who come in contact with youth, is needed in order to identify exploited children, CSD agrees, in concert with the parties to this Agreement, to make training available for foster care youth, foster homes, and group homes. This training will include an emphasis on identifying and serving CSEC.

CSD Cross Reporting

When a CSD social worker or intake worker identifies that a youth has been exploited, a cross report will be made to the Riverside County Anti-Human Trafficking Task Force (RCAHT) in order to work collaboratively to further assess and to offer the opportunity to identify possible additional victims.

A log is kept to track all youth who have been cross reported to RCAHT. This provides the opportunity to keep an accurate count of how many youth have been identified as exploited or at risk for exploitation. It also provides a mechanism to have historical data regarding youth who have been served in the past and may be coming again to the attention of CSD or RCAHT or a party to this agreement. Recognizing that youth may cycle in and out of services, this collaboration provides an historical account of what has been offered and/or provided to the youth in the past giving a “heads up” to what might need to happen to ensure a positive outcome in the current contact.

Riverside County Probation Department

As a party to this Interagency Protocol Agreement, and specific to identification and screening, Probation agrees to:

- Train Juvenile Hall intake staff, Deputy Probation Officer/Juvenile Supervision, and school - assigned Deputy Probation Officer in identifying and screening for CSEC.
- Train appropriate Probation staff to enable them to utilize the CSE-IT whenever there is an indicator that a youth has been or is at risk of being exploited.

Riverside University Health System / Public Health, Riverside University Health System, and Riverside County Child Assessment Team (RCCAT)

As a party to this Interagency Protocol Agreement, and specific to identification and screening, RUHS/PH, RUHS, and RCCAT agree to:

- Train appropriate staff such as emergency room medical personnel, clinic staff, teen clinic staff, and other medical professionals including physicians and nurses to identify and screen for CSEC.
- Train appropriate health care professionals, as identified by RUHS/PH, RUHS, and RCCAT, to utilize the CSE-IT whenever there is an indicator that a youth has been or is at risk of being exploited.
- Utilize the CSE-IT whenever a youth presents with chronic sexually transmitted infections/sexually transmitted diseases (STIs/STDs) to identify if the youth could be exploited or at risk of exploitation.
- Utilize the CSE-IT whenever a youth is pregnant or has received multiple pregnancy tests to identify if the youth has been exploited or is at risk of exploitation.

Riverside University Health System / Behavioral Health (includes Substance Abuse Programs)

As a party to this Interagency Protocol Agreement, and specific to identification and screening, RUHS/BH agrees to:

- Train Mental Health clinicians in identifying and screening for CSEC.
- Train appropriate Mental Health staff to enable them to utilize the CSE-IT whenever there is an indicator that a youth has been or is at risk of being exploited.

Riverside County Sheriff's Department / Riverside County Anti-Human Trafficking Task Force (RCAHT)

As a party to this Interagency Protocol Agreement, and specific to identification and screening, RCAHT agrees to:

- Collaborate productively with other partners to help identify and serve victims.
- Promote greater public awareness through marketing, training, and exposure to the nature and scope of human trafficking.
- When possible, conduct joint operations and investigations to locate potential victims of human trafficking.

Operation Safehouse

As a party to this Interagency Protocol Agreement, and specific to identification and screening, Operation Safehouse agrees to:

- Identify and screen exploited youth, or at risk youth, for their residential care program, as appropriate, regardless of whether they are dependents, dual status youth, or private placements.
- Ensure that each victim of human trafficking within their program receives comprehensive case management services which include an Intake Interview and Assessment.

Riverside County District Attorney's Office

As a party to this Interagency Protocol Agreement, and specific to identification and screening, the Riverside County District Attorney's Office agrees to:

- Train appropriate staff, as identified within the DA's office, including Juvenile Court Attorneys, Victim Services Staff, and Family Justice Staff, in identifying and screening for CSEC.

- Train appropriate staff to utilize the CSE-IT whenever there is an indicator that a youth has been or is at risk of being exploited or refer the youth to the appropriate partner for screening.

Screening Tool

As described, CSD agrees to use the Commercial Sexual Exploitation Identification Tool (CSE-IT) which will be administered as a screening instrument. All parties have received and reviewed a copy of the CSE-IT and the WestCoast Children's Clinic publication titled "Identifying Commercially Sexually Exploited Children: Guidelines for Administering the Commercial Sexual Exploitations- Identification Tool (CSE-IT)" (Exhibit C).

Use of Information/Statements Obtained During Screening

Unlike many screening tools used by social workers, those who are trained to administer the CSE-IT are instructed to fill out the screening tool using information about the youth that they have obtained through the referral, the case file, knowledge of the child, information from other contacts and colleagues, and information they have already received from talking with the youth or knowing the youth. Administrators of the screening tool are trained that they are not to use the tool as an interview guide. Administrators are not to go over the screening tool with the youth. The tool is not to be given to the youth to fill out. The screening is not to be used as a diagnostic tool. The tool is only to be used to reflect information the administrator has at the time he or she is completing the tool. As the administrator is not using the tool in the presence of the youth and is not interviewing the youth related to the tool, utilizing a script to read to the youth prior to administering the tool does not apply. The tool can be updated as needed to increase accuracy as new information comes to light.

The CSE-IT is designed as a universal tool to be used for anyone who meets a set of criteria. In this pilot phase of using the CSE-IT, the only criterion for those to be screened is age. The tool is to be used universally for children 10 or older. At this time, children 10 or older on the caseloads of the CSD CSEC Identified Social Workers will be screened.

The parties agree that the information and statements obtained related to the youth as part of the screening process will be maintained, disclosed, and used only as described in the following section and in accordance with all applicable county, state, and federal laws and regulations.

As a participant in the PACT and WestCoast Children's Clinic Pilot Test of the CSE-IT, the parties agree to collaborate in participant responsibilities of the pilot test of the tool including following the policy and practices regarding information sharing, confidentiality, and access to records. Those responsibilities, regarding confidentiality and access to records for each party include:

Riverside County CSD and all Interagency Protocol Agreement Parties:

- Only trained staff will complete the CSE-IT and demographic information for all youth meeting the criteria for screening; those age 10 and over. Data will be entered electronically through a web form.
- The Riverside County Site Coordinator for CSE-IT documentation will submit the de-identified data forms to the researchers.
- All data shared with WestCoast will be de-identified (i.e. youth's name, date of birth, social security number, or other identifying information will be removed).

Through a different agreement between CSD and WestCoast currently being executed, WestCoast agrees to the following to ensure data protection and confidentiality:

- Obtain Institutional Review Board (IRB) approval.
- Only report data in the aggregate. This includes data about youth and about service providers who work with the youth.

All parties agree that the protection of children's confidentiality is critical. As such, all parties will abide by HIPPA regulations, as appropriate, and their own agency and professional confidentiality requirements.
Confidentiality of all screened participants will be maintained in all verbal and written communication between the parties to this Agreement and WestCoast. All parties are to maintain data securely and protect confidentiality and identity including data on the completed screening tool. The parties agree that data will not be downloaded on any personal devices.

CSD will maintain all records related to the CSE-IT and will maintain the confidentiality of all information and records and comply with all other statutory laws and regulation related to privacy and confidentiality. Please refer to Section IV Administration, C. Confidentiality (page 3) of the Terms and Conditions of this document for the details regarding confidentiality and information sharing.

The parties to this Protocol agree to collaborate and come to consensus to create guidelines related to the protection of and prohibition of the use of information and statements obtained during the screening process. These guidelines will be developed and practiced by the parties to this agreement in order to be cognizant of the inadmissibility of information at different stages of the juvenile and/or criminal court processes. Specific to these concerns, the parties to this agreement acknowledge that in Juvenile Court proceedings it is important to protect some information that may otherwise be included in court documents. It is recognized that in the situation of an exploited youth, information from Juvenile Court that is accessible to the youth could inform the perpetrator and hinder the criminal prosecution of the perpetrator, putting the youth and additional youth at risk for further exploitation. The parties to this agreement, with input from appropriate judicial, county counsel, CSD, Probation, and criminal prosecution entities are currently in the process of developing internal policies related to these unique CSEC issues of confidentiality and interagency collaboration.

III. Assessment

The parties agree that an assessment of an exploited youth's needs and strengths must take place upon identification and on an ongoing basis. Further, the parties agree that it is in the youth's best interest to limit unnecessary and/or duplicative assessments. Accordingly, the parties will coordinate to ensure that assessments are streamlined and limited when appropriate.

Just as needs and strengths are fluid and can change over time, the assessment of those needs and strengths is an on-going process that should be revisited when warranted. While a youth is identified as a possible CSEC by a party to this agreement, the most effective response, including assessment of needs and strengths, may best be met by assuring that collaboration and coordination of assessment information such as strengths and needs include input from multiple parties specific to their expertise and jurisdiction. Building assessment of needs and strengths into the multidisciplinary team interagency communication and MDT meetings will increase the likelihood of comprehensive and timely assessments, as well as the likelihood that the needs of the CSEC can be met and his or her strengths can be affirmed and nurtured.

The parties agree to adopt a process of CSEC assessment that includes consideration of the following factors:

- Safety/Risk (child, family, staff)
- Risk of runaway/AWOL
- Short-term physical crisis needs
    - Medical/dental care
    - Sexual assault exam
    - Food
    - Clothing
    - Housing
- Long-term needs
    - Safe placement/housing

- Counseling
- Mental health treatment
- Education
- Job training
- Life-skills
- Advocacy
- Mentorship

Initial Assessment

At the initial identification that a youth has been exploited or is at risk of exploitation, the party to this Agreement who made that identification agrees to make a child abuse and neglect referral to CSD, as required of mandated reporters.

Depending on the circumstances, a CSEC may initially be primarily assessed and served in one or more systems including CSD, Probation, Criminal Justice, Mental Health, Public Health, or Education. Each system may have unique mandates and accountability requirements. The parties agree to collaborate in the assessment process in order to capture a cross system assessment leading to a more comprehensive and coordinated intervention strategy.

The party to this agreement who first identifies an exploited youth's immediate need agrees to make an initial immediate assessment specific to the safety of the child within the scope of that party's specific jurisdiction. If for example, a child is in imminent danger and requires safety or medical measures, the parties agree to take appropriate steps to ensure the child's safety or immediately connect the child with the party to this agreement who has the jurisdiction and mandate to provide protection or medical attention. Some of the situations where an immediate crisis response may be necessary include:

- Physical abuse by an exploiter
- Emergency room or clinic visit due to chronic sexually transmitted disease or multiple pregnancy tests and concerns that youth may flee
- Disclosure of CSEC and willingness to accept intervention
- Chronic running away and concerns that flight is imminent
- Basic life needs not being met
- Parents unwilling or unable to protect

The parties agree to initiate an Immediate Crisis Response, including requesting a multidisciplinary team (MDT) meeting, when there has been an assessment that the CSEC is in imminent danger requiring immediate stabilization and safety measures be put in place.

The parties agree that when an Immediate Crisis Response situation exists the parties will collaborate in order to engage the youth preferably within the first two hours from the point of identification but no longer than 72 hours, with the goal of safety and stabilization. An Immediate Crisis Response situation is distinguished from other initial responses and from ongoing responses by the speed and intensity of the response as well as the purpose.

It is the intent of the parties to convene an MDT in an Immediate Crisis Response situation within 72 hours (preferably sooner) of identification of a child at risk for exploitation.

All parties are responsible to request convening of the MDT when a child is identified as a CSEC or at-risk of exploitation. MDT meetings will begin with the opportunity for each participant to the MDT to identify strengths and needs as part of initial and on-going assessment.

All youth served through CSD receive an age appropriate mental health assessment that has been amended to include questions related to CSEC. This comprehensive Mental Health Screening Tool (MHST) now includes questions with phrases such as:

- "…received food, clothing, shelter or goods in exchange for sex…"
- "…engaged in sex to avoid being injured or having someone they cared about injured by another person…"

The parties agree that the information and statements obtained from the youth as part of the assessment process will be maintained, disclosed, and used in ways that secure the confidentiality of all information and records and comply with all other statutory laws and regulations related to privacy and confidentiality. Please refer to Section IV Administration, C. Confidentiality (page 3) of the Terms and Conditions of this document for the details regarding confidentiality and information sharing.

Specific initial need and strength assessments and responses to immediate crisis situations for each party to this Agreement include but are not limited to:

DPSS – CSD

As a party to this Interagency Protocol Agreement, and specific to assessment, DPSS-CSD agrees to:

- Be available around the clock to receive referrals and assist and advise local first responders and others on immediate safety planning and placement options for CSEC cases.
- Receive referrals and complete investigations of CSEC cases, assessing the risk of abuse and/or neglect including exploitation
- Assess the referral and determine if the allegations or concerns require an Immediate Response (IR) precipitating an immediate investigation including assessing the safety of the child and family
- Complete an initial Structured Decision Making (SDM) Safety and Risk Assessment
- Coordinate interviews of the CSEC and other children in the family, as well as identified family members, with Law Enforcement and other parties to this Agreement as appropriate
- Conduct a child abuse investigation and evaluate whether the child falls within the jurisdiction of the child welfare system under W&IC Section 300.
- File dependency petitions in Juvenile Court in CSEC cases where out-of-home placement is warranted

Operation Safehouse

As a party to this Interagency Protocol Agreement, and specific to assessment, Operation Safehouse agrees to:

- Conduct an initial Intake Interview and Assessment for each CSE youth in their care
- Identify the child's needs through the assessment
- Prepare a proposed plan for comprehensive case management services to be shared in the MDT meeting including:
    - Shelter/basic needs
    - Medical and dental
    - Mental health
    - Interpreter/translator services
    - Immigration and civil legal services
    - Advocacy
    - Literacy, education, job training, life skills training
    - 24-hour evening and weekend response

RCAHT

As a party to this Interagency Protocol Agreement, and specific to assessment, RCAHT agrees to:

- Provide an immediate risk and safety assessment for the youth
- Alert the parties to this agreement about the need for safety precautions
- Advise the parties to this agreement including the youth, family members, and care providers on suggested steps to take to protect the youth and those caring for him or her from further exploitation or harm

IV. Multidisciplinary Response (MDT)

The parties agree to provide staff to participate in MDT meetings who have been trained in the prevention, identification or treatment of child abuse and neglect cases and who are qualified to provide a broad range of services related to child abuse and commercially sexually exploited children and those at risk for such exploitation.

Dependent on the accessibility and amount of funding available, a CSEC trained and experienced team will assume responsibilities related to CSEC issues and services including coordinating and facilitating CSEC MDT meetings.

In order to sufficiently address a commercially sexually exploited child's needs from identification through ongoing stabilization, a three-tiered multidisciplinary response will be employed. This approach includes:

- **Immediate Crisis MDT**, which involves both a rapid response within two hours, if possible, as well as intensive, ongoing support through the first 72 hours post-identification.
- **Initial MDT**, which includes convening a team within 10 days to address the youth's needs where immediate safety risks may not be present.
- **Ongoing MDT,** which includes ongoing case planning and coordination will convene every 90 days or less, as needed. These MDTs occur in an individual case setting, where each case is reviewed on a quarterly basis by a set of the parties to this Agreement.

When possible and appropriate, on an individual level, CSEC MDT meetings will coincide and be held conjointly with a youth's regularly scheduled Team Decision Making (TDM) meeting or Child and Family Team (CFT) meeting as part of the Pathways to Wellness initiative. Combining TDM, CFT, and CSEC MDT meetings should occur when it is appropriate to limit unnecessary and or duplicative assessments and to coordinate resources and case management services and when there can be assurance that the multiple and complex needs of the exploited child can best be met by combining the meetings.

The following parties agree to participate in MDT meetings pursuant to W&IC Section 16524.7 and fulfill their responsibilities as defined in this Agreement:

Required:

- DPSS – CSD
- Probation Department
- Riverside University Health System / Behavioral Health (which includes Substance Abuse)
- Riverside University Health System / Public Health

Additional parties to this Agreement will be identified, as appropriate, by the CSEC Steering Committee, to serve on MDTs. Together the agencies represented on the Steering Committee in collaboration with the MDT facilitation team will determine which additional parties to this Agreement to include in the MDTs in order to most effectively meet the unique needs of the child.

As the lead agency, DPSS-CSD and the CSEC MDT facilitation team will be responsible for extending invitations to additional appropriate parties, who may not be a party to this agreement, which may include, but are not limited to the following:

- Youth
- Family member
- Caregiver/placement provider
- Survivor advocate or mentor

Unlike some other MDT meetings, the youth is always encouraged to fully participate in the CSEC MDT meeting, keeping in the forefront of all CSEC activities that CSEC services are:

- Victim-centered
- Premised on the notion: "Nothing about you without you"

Participants to all CSEC MDT meetings, including any participants who are not a party to this agreement, will be asked if they can agree and commit to the following conditions to participating in the MDT stated at the beginning of each meeting in easy to understand and age appropriate terms such as:

"We ask that what we discuss today not be discussed outside this room, as it is confidential. The information obtained will be used for the management of the case/referral. There are some exceptions, the first being, should any new allegations of child abuse arise, they will need to be reported to the hotline; and the second being, should anyone disclose they want to hurt themselves, or another, we will discuss how to address the issues. Can everyone agree?"

If a participant at the MDT cannot agree to confidentiality, he or she will not be included in the MDT meeting.
Within Riverside County and specific to child welfare there are multiple types of MDTs hosted and attended by various child serving organizations including but not limited to:

- RCCAT
- RCAHT
- CSD - TDM
- CSD & RUHS/BH - CFT

The parties to this protocol agree to combine MDT meetings, as appropriate when serving CSEC, in order to limit unnecessary and/or duplicative MDT meetings while assuring that the specific needs of the CSE youth are addressed appropriately.

In an effort to capture the specific responsibilities during each phase of involvement with an exploited youth the description of MDTs is organized in the following sections:[13]

- CSEC Immediate Crisis MDT
- CSEC Initial MDT
- CSEC On-going MDT

CSEC Immediate Crisis MDT

The parties agree that children who are suspected or identified victims of sexual exploitation and where an imminent risk to safety is present, require an immediate crisis response including engagement within two hours, when possible. This engagement includes but is not limited to a child abuse investigation and intensive services through the first 72 hours.

[13] Addressing each of these types of MDTs separately means there may be redundancies or conversely there may appear to be gaps in the descriptions. By organizing the MDT descriptions chronologically, it serves to draw attention to some of the issues specific to each type of MDT including considerations such as response time or safety issues at various points in CSEC intervention.

The purpose of the Immediate Crisis Response MDT is to provide a team of appropriate members trained on CSEC to each youth identified as exploited to immediately engage and stabilize the youth and develop a treatment plan that meets his/her needs in a coordinated manner including:

- Responding to the youth's location within two hours when possible
- Providing individual case-by-case collaboration with multiple child serving agencies
- Engaging with youth and family/caregiver(s), if appropriate
- Ensuring basic needs are met such as food, shelter, clothing, rest/sleep
- Assessing and addressing immediate and long term needs
- Coordinating, monitoring, and adjusting service plan to achieve desired outcomes for individual youth
- Advising on appropriate placement
- Developing a short-term safety plan, tailored to fit the victim's needs, including identifying a safe placement with a parent/guardian/caregiver, which includes:
    - Ascertaining the potential safety risks for the youth, the family, the providers
    - Identifying trauma triggers
    - Teaching techniques the youth can use to de-escalate when triggered
    - Identifying steps team members will take to prevent a trigger from occurring
    - Committing to and documenting the responsibilities of team members in the event a youth exhibits unsafe behavior (such as who to notify if the youth runs away or who will contact the youth to maintain communication)
    - Addressing transportation of the child to avoid public transportation to ensure safety
- Ensuring the youth is able to have meaningful involvement in planning and decision-making

The parties to this Agreement, or another party as appropriate, will contact the CSEC MDT facilitation team of DPSS-CSD to request an Immediate Crisis MDT when there is an initial assessment that the youth is at risk. Circumstances that may precipitate an Immediate Crisis MDT include but are not limited to:

- CSD Hotline call with allegations that a child is a victim of sexual exploitation or sex trafficking and there is an immediate safety concern
- RCAHT or other law enforcement interaction with a child they suspect or identify is a victim of commercial sexual exploitation and there is an immediate safety concern
- Investigative Services or Continuing Services social worker assigned to a child abuse and neglect referral or case with suspicions or confirmation that a child is the victim of sex trafficking and there is an immediate safety concern
- Medical professional treats a child in the emergency room or clinic and suspects or confirms the child is a victim of sex trafficking

The following parties to this agreement will provide an immediate crisis response, dependent on their jurisdiction, their immediate availability, and the unique needs of the child:

- DPSS-CSD
- Law Enforcement: RCAHT or other LE entity
- Probation
- Public Health
- CSEC Advocate
- Mental Health
- Youth
- Family (if appropriate)

- Voices for Children/ CASA (Court Appointed Special Advocate)

The responsibilities for each party participating in the Immediate Crisis MDT are as follows:

DPSS – CSD

- Receive calls regarding suspected abuse and neglect
- Follow internal protocols
- Discern whether an allegation may involve CSEC
- Determine if there should be an:
  - Immediate Crisis Response MDT or
  - Initial MDT
- Identify appropriate jurisdiction (CSD, Probation)
- Assign CSD CSEC Identified Investigative Social Worker
- Conduct a CSD Immediate Response[14] child abuse investigation if identified as an IR
- Identify the legal custodian of the child
- Determine if youth is dependent pursuant to W&IC Section 300 or dual-jurisdiction pursuant to W&IC Section 241.1 and CSD is the lead agency
- Request and Participate in the Immediate Crisis Response MDT to:
  - Explore temporary placement
  - Transport the child to placement
  - Conduct a safety plan that is tailored to fit the victim's needs, which includes ways to remain safe while in and after leaving an exploitative relationship
  - Schedule a comprehensive medical/mental health evaluation
  - Provide intensive supervision and support for 72 hours

CSD CSEC MDT Facilitator

In order to build on and enhance current TDM and CFT facilitator skills, CSD will continue to provide specific CSEC training and on-going support. All MDT facilitators have already or will receive the following:

- Specialized initial CSEC training to include:
  - Awareness of and the scope of the problem of CSEC
  - Holistic Needs of CSEC
  - Core Competencies for Serving CSEC
  - CSEC issues specific to Riverside County
  - How to adapt TDM and CFT meetings to CSEC including (among other specifics) being:
    - Trauma-informed
    - Victim-centered
    - Strengths-based
- One-on-One training, as appropriate to meet the specific training needs of each facilitator
- On-going training and consultation in how to effectively facilitate MDT trainings geared towards the unique needs of the youth and the specific characteristics of CSEC partners including criminal prosecution issues, as well as awareness of the Stages of Change model many victims experience.

The CSEC MDT facilitation team will schedule and assemble the other team members and the youth with his or her family, as appropriate. The MDT facilitator will arrange for interpretation/translation services as needed.

[14] An Immediate Response Investigation requires that the social worker initiate face-to-face contact with the youth within 24 hours. In practice, the social worker initiates the investigation as soon as receiving the referral, seeing the child immediately, barring an insurmountable barrier causing a delay, such as inability to locate the child.

At the CSEC MDT, the facilitator will communicate in developmentally appropriate language that a youth can understand, at the beginning of the MDT meeting, the specifics regarding the MDT meeting including the following:

- Purpose for the meeting including risk and safety concerns
- Obtaining authorization for the sharing of information in the MDT through the TDM Consent to Disclose Information – DPSS 3675 or an agreed upon CSEC specific revision
- Goals for the meeting including making decisions together with regards for the safety, well-being, and best interest of the youth
- Confidentiality issues including stating that the information will be protected with the following exceptions:
    - new allegations of abuse or neglect or
    - if anyone should disclose they want to hurt themselves or others
- The process of documenting the meeting using TDM DPSS forms, CFT DPSS forms, and/or CSEC specific revisions of these forms as adapted and agreed upon including:
    - TDM Summary – DPSS 3670
    - TDM Data Form – DPSS 3671
    - TDM Child/Youth Form – DPSS 3672
    - TDM Intake Form – DPSS3674
    - TDM Consent to Disclose Information – DPSS 3675
    - Child and Family Team – Service Plan – DPSS 4366
- Summarizing and sharing the findings of the participants with the youth and the involved parties at the end of the meeting, including providing a copy of the TDM Summary – DPSS 3670 (with CSEC specific revisions) or the Child and Family Team –Service Plan –DPSS 4366 (with CSEC specific revisions as agreed upon) to the youth and all participants.
- At a minimum, the CSEC MDT facilitator will maintain a general log documenting the following for each MDT:
    - Date
    - Name of Youth
    - Social Worker, Supervisor, and Region
    - Names of MDT participants
    - Strengths and Concerns
    - Action Plan
    - Next Meeting Date (coordinate with CFT meeting, if appropriate)

Probation

- Follow internal protocols
- Respond when possible and appropriate when the youth:
    - comes within the jurisdiction of the juvenile justice system pursuant to W&IC Section 602, et seq., or
    - is dual-jurisdiction pursuant to W&IC Section 241.1 and Probation is the lead agency.
- Request and participate in the Immediate Crisis Response MDT to:
    - Explore temporary placement
    - Transport the child to placement
    - Conduct a safety plan
    - Schedule a comprehensive medical/mental health evaluation
    - Provide intensive supervision and support for 72 hours

CSEC Advocate (from Operation Safehouse, Run2Rescue, CASA, Million Kids, Victim's Services, RCAHT, or other partner social worker or advocate)[15]

- Provide a CSEC-trained advocate or survivor-mentor for the child
- Respond within two hours, when possible
- Provide a humanitarian bag, which includes a change of clothes, hygiene products, snacks, water, a pen, and a journal
- Engage the child and build rapport
- Participate in the Immediate Crisis MDT to:
    - Explore and decide on temporary placement
    - Go to the decided upon placement
    - Conduct a safety plan
    - Schedule a comprehensive medical/mental health evaluation with the Department of Public Health
    - Provide intensive supervision and support

Riverside University Health System / Public Health / RCCAT / RUHS[16]

Provide a comprehensive medical evaluation for the identified exploited child within 72 hours of identification which should include, but is not limited to:

- Coordinating appropriate responses and services to treat the victim
- Providing information, services, and medication related to reproductive and sexual health, including access to contraceptives, HIV prophylaxis, and treatment for STIs/STDs to youth who have been sexually exploited

Riverside County Sheriff's Department / RCAHT

- Collaborate productively with the youth and other partners to conduct joint operations and investigations to locate additional victims of human trafficking
- Support the youth by providing appropriate information about the criminal investigation
- Advise the youth and other partners on potential safety issues on an on-going basis
- Assist the youth in seeking a restraining order against the trafficker(s), as necessary for the child's safety

Riverside University Health System / Behavioral Health

- Facilitate a connection or make a referral to a clinician who will work with the youth and family
- Assess whether there are mental health needs
- Develop a plan to meet mental health needs and monitor treatment
- Contribute to the safety plan by incorporating ways to minimize and deal with triggers that the youth and team members identify

Engaging the Youth

Recognizing that commercially sexually exploited children will often cycle through the stages of exploitation many times before they are able to maintain a life outside of exploitation and also recognizing that in order to

[15] Partners providing advocacy will collaborate together to determine which entity, or combination thereof, is best positioned to meet the needs of the child, acknowledging specific situations such as where placement is made, whether there will be the likelihood of the need for advocacy during prosecution, and who may have already achieved positive engagement with the youth.

[16] As health care providers, RUHS/PH, RCCAT, and RUHS will determine amongst themselves the most appropriate provider of these evaluations and services based on the age, needs, and specific circumstances of the victim.

be effective, interventions and services must be victim-centered, the parties to this Agreement will take steps to engage the youth as a participant in his or her MDT meetings with the goal of identifying strengths and to best position the parties to this Agreement to meet his or her needs in culturally sensitive and trauma informed ways. Parties to this Agreement will seek to build rapport with the youth and encourage his or her participation in developing a safety plan and deciding on placement, as appropriate to age and development.

CSEC Initial Multidisciplinary Team

Not all children who are suspected or identified victims of sexual exploitation or trafficking will be in imminent danger and require an Immediate Crisis response. The parties to this Interagency Protocol agree to follow existing CSD protocols to evaluate whether a youth is at imminent risk of danger, which would require an Immediate Crisis response. If the child abuse and neglect referral is not evaluated as an Immediate Response (IR) the parties agree to coordinate and participate in an Initial MDT rather than an Immediate Crisis MDT.
The Initial MDT is designed to engage the youth within 10 days, introduce the child to team members, assess the child, coordinate treatment and services, and plan for safety in non-urgent situations, including:

- Meet together within 10 days in order to plan for the child's placement, safety, and well-being
- Introduce the youth and family to the MDT approach
- Provide individual collaboration with multiple MDT participants
- Engage the youth and family/caregivers
- Ensure basic needs are met
    - Food
    - Clothing
    - Shelter
- Assess and address immediate and long-term needs
- Coordinate the case plan to achieve desired outcomes for the youth
- Assess and advise on placement
- Conduct safety plan in collaboration with parent/guardian/caregiver including:
    - Ascertain the potential safety risks for the youth, the family, the providers
    - Identify trauma triggers that may cause a youth to engage in unsafe behavior such as substance use or returning to exploiter/the streets
    - Listing coping skills the youth can use to de-escalate
    - Identify and list the steps team members and the youth will use to prevent a trigger from occurring
    - Delineate and document the responsibilities of team members in the event a youth exhibits unsafe behavior (who to notify, how to communicate with the youth…)
- Involve the youth in meaningful and age-appropriate ways in planning and decision making throughout all stages of identification, assessment, and case management.

Circumstances Precipitating an Initial MDT
An Initial MDT is an appropriate response when there is not an immediate safety risk, but when an adult suspects or identifies that a youth is commercially sexually exploited. Circumstances might include but are not limited to:

- A child discloses to an adult that he or she is trading sex for food/shelter/clothing
- A child discloses to an adult that someone is forcing him or her to have sex and turn over the profit
- A child discloses to an adult that he or she is trading sex to support a drug habit

Initial MDT Participants

The following parties agree to participate in the Initial MDT:

- CSD
- Probation
- Specially-trained CSEC Advocate (from Operation Safehouse, Run2Rescue, CASA, Million Kids, Victim's Services, RCAHT, or other partner, social worker, or advocate)
- RUHS/PH
  RUHS/BH (includes Substance Abuse)
- Youth
- Parents/Guardians, if appropriate

Additional parties who agree to participate in the Initial MDT, as appropriate to the needs or the youth include:

- Riverside County Anti-Human Trafficking Task Force (RCAHT)
- Operation Safehouse
- Riverside County Juvenile Defense Panel
- Riverside County CSD County Counsel
- Riverside County District Attorney's (DA) Office
- Riverside County District's Attorney's Office, Division of Victim Services
- Riverside County Public Defenders' Office
- Voices for Children/Court Appointed Special Advocates (CASA)
- Riverside University Health System (RUHS)
- Riverside County Child Assessment Team(RCCAT)
- Public Child Welfare Training Academy (PCWTA)
- Million Kids
- Riverside County Office of Education (RCOE)
- Run2Rescue

The responsibilities of each party participating in the Initial MDT are as follows:

DPSS – CSD

- Receive calls regarding suspected abuse and neglect
- Follow internal protocols
- Discern whether an allegation may involve CSEC
- Determine if there should be an:
  - Immediate Crisis Response MDT or
  - Initial MDT
- Identify appropriate jurisdiction (CSD, Probation)
- Assign CSD CSEC Identified Investigative Social Worker
- Based on the determination of speed and jurisdiction, assign an investigator to respond within 10 days
- Determine if youth is dependent pursuant to W&IC Section 300 or dual-jurisdiction pursuant to W&IC Section 241.1 and CSD is the lead agency
- Request and Participate in the Initial MDT to:
  - Decide on a temporary placement
  - Transport the child to placement
  - Conduct a safety plan
  - Schedule a comprehensive medical/mental health evaluation

CSEC MDT Facilitator

The CSEC Team MDT facilitator will, during the course of the MDT meeting, in developmentally appropriate language that a youth can understand, communicate the specifics regarding the MDT meeting including the following:

- Purpose for the meeting including risk and safety concerns
- Obtain authorization for the sharing of information in the MDT through the TDM Consent to Disclose Information – DPSS 3675 or an agreed upon CSEC specific revision
- Goals for the meeting including making decisions together with regard to the safety, well-being, and best interest of the youth
- Confidentiality issues including stating that the information will be protected with the following exceptions:
    - new allegations of abuse or neglect or
    - if anyone should disclose they want to hurt themselves or others
- The process of documenting the meeting using TDM or CFT DPSS forms or agreed upon CSEC specific revisions of these forms, as appropriate, including:
    - TDM Summary – DPSS 3670
    - TDM Data Form – DPSS 3671
    - TDM Child/Youth Form – DPSS 3672
    - TDM Intake Form – DPSS3674
    - CFT/TDM Consent to Disclose Information – DPSS 3675
    - Child and Family Team Service Plan – DPSS 4366
    - Meeting Satisfaction Survey – DPSS 4405
    - The Child and Family Team Brochure – DPSS 4394.1114
- A summary, findings, and proposed service plan as created in the MDT by the youth and the participants.
- Provide a copy of the TDM Summary – DPSS 3675 or the Child and Family Team Service Plan – DPSS 4366, or as agreed upon CSEC specific revisions as appropriate, to the youth and participants.

Probation

- Respond according to internal protocols when:
    - The youth comes within the jurisdiction of the juvenile justice system pursuant to W&IC Section 602, et seq., or
    - The youth is dual-jurisdiction pursuant to W&IC Section 241.1 and Probation is the lead agency.
- Request and participate in the Initial MDT to:
    - Explore temporary placement
    - Transport the child to placement
    - Conduct a safety plan
    - Schedule a comprehensive medical/mental health evaluation

CSEC Advocate (from Operation Safehouse, Run2Rescue, Voices for Children/CASA, Million Kids, Victim's Services, RCAHT, or other partner, social worker, or advocate)

- Connect with the youth within 10 days
- Provide a humanitarian bag, which includes a change of clothes, hygiene products, snacks, water, a pen, and a journal
- Engage the child and build rapport

- Participate in the Initial MDT to:
    - Explore and advise on temporary placement
    - Participate in developing a safety plan
    - Provide on-going support and advocacy

Riverside University Health System / Public Health / RCCAT / RUHS

- Provide a comprehensive medical evaluation for the identified exploited child within 10 days of identification which should include, but is not limited to:
    - Coordinating appropriate responses and services to treat the victim
    - Providing information, services, and medication related to reproductive and sexual health, including access to contraceptives, HIV prophylaxis, and treatment for STIs/STDs to youth who have been sexually exploited

Engaging the Youth

Recognizing that commercially sexually exploited children will often cycle through the stages of exploitation many times before they are able to maintain a life outside of exploitation and also recognizing that in order to be effective, interventions and services must be victim-centered, the parties to this Agreement will take steps to engage the youth as a participant in his or her MDT meetings with the goal of identifying strengths and to best position the parties to this Agreement to meet his or her needs in culturally sensitive and trauma informed ways.

CSEC Ongoing Multidisciplinary Team

The parties agree that children who are identified victims of sexual exploitation or trafficking require ongoing multidisciplinary team support to monitor the youth and ensure his or her needs are adequately addressed.
The purpose of ongoing MDTs is to hold individualized meetings with each youth identified as commercially sexually exploited to monitor and support the youth and his or her family as the youth stabilizes, including:

- Identifying the reason for calling the meeting
- Further refining the case plan of the youth
- Discussing strategies for addressing any issues
- Discussing potential changes in placement
- Reviewing and amending the safety plan

The parties agree to hold an individualized Ongoing MDT for an identified CSEC under the following circumstances including, but not limited to:

- Every 90 days to coincide with Family and Child Team Meetings in order to eliminate unnecessary or duplicated meetings while still meeting statutory contact and FCT and Pathways to Wellness requirements
- When a youth runs away from placement or home or shelter
- When a youth prepares to testify in court case against exploiter or purchaser
- When a party to this agreement identifies an untapped strength, a need or a concern that should be addressed through the Ongoing MDT

The following parties agree to participate in the Ongoing MDT:

- CSD
- Probation
- Specially-trained CSEC Advocate (from Operation Safehouse, Run2Rescue, CASA, Million Kids, Victim's Services, RCAHT, or other partner social worker or advocate)

- RUHS/PH
- RUHS/BH (includes Substance Abuse)
- Youth
- Parents/Guardians, if appropriate

Additional parties who agree to participate in the Ongoing MDT, as appropriate to their specific involvement, jurisdiction and the needs or the youth include:

- Riverside County Anti-Human Trafficking Task Force (RCAHT)
- Operation Safehouse
- Riverside County Juvenile Defense Panel
- Riverside County CSD County Counsel
- Riverside County District Attorney's (DA) Office
- Riverside County District's Attorney's Office, Division of Victim Services
- Riverside County Public Defenders' Office
- Voices for Children/Court Appointed Special Advocates (CASA)
- Riverside University Health System
- Riverside County Child Assessment Team(RCCAT)
- Public Child Welfare Training Academy (PCWTA)
- Million Kids
- Riverside County Office of Education (RCOE)
- Run2Rescue

The responsibilities of each party participating in the Ongoing MDT include the same responsibilities outlined above for the Immediate Crisis MDT and/or the Initial MDT.

The parties to the Ongoing MDT will review the findings and service plans from previous MDTs and evaluate and refine the ongoing plan. This will be done in consultation with the youth and his or her family as well as the parties to this agreement.

The Ongoing MDT parties agree to address together the broader range of ongoing needs that CSE youth have beyond initial identification. The parties to this protocol agree to participate in Ongoing MDT meetings with the goal of providing active and flexible case management services as needed and appropriate to their jurisdiction and expertise, including but not limited to:

- Physical health
- Mental health
- Sexual/reproductive health/abuse
- Substance Abuse
- Housing and placement
- Civil legal advocacy
- Child welfare advocacy
- Support and skill development
- Education
- Other areas of need as identified by the youth, family or MDT participants

V. Long-term Support and Stabilization

The parties to this agreement acknowledge that when a youth has experienced exploitation he or she, as a survivor, requires intensive engagement, trauma informed services, and a victim-centered and strengths-based approach to develop trust and establish rapport with treatment providers.

While many of the needs of CSE youth and children are common to system-involved youth, there are some complications and considerations that must drive the case planning and management for this vulnerable population. There will be some youth who are not "system-involved" who will be served by participants in this protocol. The parties to this agreement acknowledge the need for and commitment to the ongoing training and education needed to keep abreast of and respond to the growing field of knowledge and information regarding CSEC and the best practice treatments and services needed to effectively serve exploited children and youth.

The parties to this agreement recognize the need for and value of reference sources related to serving exploited children. Additionally, it is clear that this protocol cannot contain a comprehensive description of the collaborative, long term support the parties will provide CSE youth and children. As such, the parties agree to provide updated ongoing training and support to their staff through providing information, education, and guidance found in documents such as, but not limited to:

- "Holistic Needs of Commercially Sexually Exploited Children (CSEC)," developed by the Child Welfare Council CSEC Action Team,
- "Core Competencies for Serving Commercially Sexually Exploited Children (CSEC)," also developed by the Child Welfare Council CSEC Action Team, 2015 [17]"
- Ending the Commercial Sexual Exploitation of Children: A Call for Multi-System Collaboration in California" by the California Child Welfare Council (available on line at: http://www.youthlaw.org/fileadmin/ncyl/youthlaw/publications/Ending-CSEC-A-Call-for-Multi-System_Collaboration-in-CA.pdf)

The parties to this agreement have taken steps and will continue to take steps to ensure that their services are coordinated to meet the holistic needs of CSEC and to collaborate together so each team member has a defined role for fulfilling certain needs of exploited youth. The multidisciplinary team is in the process of ensuring that each involved agency has staff members who are trained in and demonstrate the full range of competencies required to effectively serve victims of exploitation.

Riverside County has a cadre of agencies possessing resources in the populated areas of the county to meet the needs of the commercially sexually exploited children. There is a need to build awareness of these needs and the current services available to victims of commercial sexual exploitation ensuring that youth are connected to these services. The parties to this agreement will continue to engage in activities that bring awareness of the victimization of CSEC to the general population and the need for involvement and active participation with each other and with additional relevant county parties and providers.

The CSEC Steering Committee and MDT team participants agree to work together to identify resource gaps, response strengths, and barriers in order to build and nurture interagency coordination, and more effectively and successfully prevent exploitation as well as identify and serve CSE victims, moving each youth towards long term maintenance of a life outside of exploitation.

VI. Information Sharing and Confidentiality

Please refer to Section IV Administration, C. Confidentiality (page 3) of the Terms and Conditions of this document for the details regarding the agreed upon confidentiality and information sharing.

[17] The above two documents are incorporated in the California Department of Social Services ALL COUNTY LETTER NO. 15-48 dated May 29, 2015. It can be found at http://www.dss.cahwnet.gov/lettersnotices/EntRes/getinfo/acl/2015/15-48.pdf

Additionally, information will be shared and used by youth-serving agencies in a manner that complies with state and federal laws, W&IC Sections 5328 and 827, and in ethical considerations governing confidentiality, including re-disclosure and privilege, and that does not violate the youth's due process rights as respondents or defendants in delinquency, criminal, summary offense, status offense and child welfare cases, including their rights against self-incrimination.

VII. General Provisions

Please refer to Sections IV and V (pages 3-6) of the Agreement Terms and Conditions for the details regarding the following:

- Changes to this agreement
- Termination of this agreement
- Maintaining confidentiality including publishing or disclosing any confidential information and the penalties for deliberately violating these provisions
- Child abuse reporting
- Effective period
- Other general provisions

Participants of this Interagency Protocol agree to cooperate in the collection of data about child victims of commercial sexual exploitation, delivery of services, and outcomes. The Child Welfare Services/Case Management System (CWS/CMS) will be used to capture data about child victims using a Special Projects Code. The Special Projects Code has been utilized since November 2014 and a monthly report of cases and referrals is generated from CWS/CMS. Other agency data systems will be used to capture data to the extent that they are available and appropriate to do so.

On June 30, 2015, Riverside County DPSS submitted a CSEC County Plan to CDSS to meet the initial requirement to demonstrate eligibility for Tier II enhanced funding from the CDSS FY 2015-2016 CSEC Program. This CSEC Interagency Protocol Agreement is submitted as the second required document to demonstrate the commitment and intention of the parties to this agreement to more effectively serve CSEC by utilizing a multidisciplinary approach for identification, screening, case management, service planning, and the provision of services.

Exhibit A - CSEC Partner Listing

Commercially Sexually Exploited Children (CSEC)
Riverside County Interagency Protocol Partners

Agency:	Contact:	Director / Designee:
Department of Public Social Services (DPSS) Children Services Division (CSD)	Allison Donahoe-Beggs Central Intake Regional Manager 951-413-5450 ADONBEGG@riversidedpss.org	Susan von Zabern Director for Riverside County Department of Public Social Services 4060 County Circle Drive Riverside, CA 92503
Riverside County Probation Department	Patricia Mendoza Division Director/Southwest Juvenile Hall 951-600-6777 pmendoza@rcprob.us	Mark Hake Chief Probation Officer 951-955-2830
Riverside University Health System / Public Health	Judy Atchison Assistant Director of Public Health/Maternal & Child Health 951-358-5202 jatchison@rivcocha.org Judy Johnson BSN,ANM Palm Springs Family Care Center 1515 N. Sunrise Way Palm Springs, CA 92262 760-778-2224 Gloria Robles	Susan D. Harrington Director for Riverside University Health System/Public Health 4065 County Circle Drive Riverside, CA 92503
Riverside University Health System / Behavioral Health (includes Substance Abuse Programs)	Diane Mitzenmacher Mental Health Service Supervisor 951-358-4840 DMitzenmacher@rcmhd.org Carolyn Williams 951-358-4840 CDwilliams@rcmhd.org	Jerry A. Wengerd Director Riverside University Health System / Behavioral Health 4095 County Circle Drive Riverside, CA 92503
Riverside County Sheriff's Department / Riverside County Anti-Human Trafficking Task Force (RCAHT)	John Sawyer Sergeant 951-544-7000 jsawyer@riversidesheriff.org	Stanley Sniff, Sheriff Riverside County Sheriff Department Riverside County Anti-Human Trafficking Task Force (RCAHT)
Operation SAFEHOUSE	Kristen Dolan CSEC Director 951-207-7822 kdolan@operationsafehouse.org	Kathy McAdara Executive Director 951-351-4418 ext. 18 Safehouse9@aol.com
Riverside County Juvenile Defense Panel	Indio: Barbara Brand 760-775-6862 bbrand@juvdp.com	Southwest: Robert Oblachinski 951-894-1857 roblachinski@juvdp.com Riverside: Michael Burns 951-689-0651 mburns@juvdp.com

Riverside County CSD County Counsel	Guy Pittman	Gregory P. Priamos Department Head Riverside County Office of County Counsel 3960 Orange Street Suite 500 Riverside, CA 92501 951-955-6300
Riverside County District Attorney's Office	Debra Postil Deputy District Attorney 951-955-9664 DPostil@RivCoDA.org	Michael Hestrin District Attorney
Riverside County District's Attorney's Office, Division of Victim Services	Melissa Donaldson- Director, Division of Victim Services 951 955-5400 Kym Conover- Executive Director of Riverside Family Justice Centers & Assistant Director, Division of Victim Services 951 955-5400	Michael Hestrin District Attorney
Riverside County Public Defender's Office	Maura Rogers Supervising Deputy Public Defender 951-358-4134 MRRogers@co.riverside.ca.us	Steven L. Harmon Public Defender 951-955-6000
Voices for Children/Court Appointed Special Advocate (CASA)	Cindy Charron Vice President of Special Projects Voices for Children Direct Tel: (858) 598-2203 CindyC@speakupnow.org	Sharon Lawrence President and CEO
Riverside University Health System	Laurie Fineman Administrator 951-486-5656 Lfineman@co.riversideca.us	Jennifer Cruikshank Chief Operations Officer for Riverside University Health System 26520 Cactus Ave. Moreno Valley, CA 92555
Riverside County Child Assessment Team (RCCAT)	Laurie Fineman Administrator 951-486-5656 Lfineman@co.riversideca.us	Laurie Fineman Administrator 951-486-5656 Lfineman@co.riversideca.us
Public Child Welfare Training Academy	Nancy Satterwhite, LCSW County Consultant 951-836-7738 nsatterwhite@mail.sdsu.edu Public Child Welfare Training Academy 6505 Alvarado Road San Diego, CA 92120	Nancy Satterwhite, LCSW County Consultant 951-836-7738 nsatterwhite@mail.sdsu.edu Dawn Schoonhoven Scott, MSW – Program Director 619-892-2623 Dschoonhoven@mail.sdsu.edu
Million Kids	Opal Singleton President and CEO 951-323-0298 cell Osingle405@aol.com	Opal Singleton President and CEO 951-323-0298 cell Osingle405@aol.com

	info@millionkids.org	
Riverside County Office of Education	Lacy Lenon Arthur Coordinator, Foster Youth Services 951-826-4700 llenon-arthur@rcoe.us	Diana Walsh-Reuss Associate Superintendent for Riverside County Office of Education 3939 Thirteenth Street Riverside, CA
Run2Rescue	Shannon Forsythe 310-977-9426 Shannon@run2rescue.com	Shannon Forsythe Run2Rescue P.O. Box 71238 Riverside, CA 92513 310-977-9426 Shannon@run2rescue.com

CSEC Participant But Not a Signing Partner to the Agreement

Riverside County Juvenile Court	Deborah White Juvenile Division Manager 951-324-5733 Deborah.White@riverside.courts.ca.gov	

WestCoast Children's Clinic
Commercial Sexual Exploitation Identification Tool (CSE-IT) – Pilot Version

	No Concern 0	Possible Concern 1	Clear Concern 2
1. Instability in Life Functioning. The youth lacks access to basic needs, including stable shelter and is unable to engage in activities expected of her/his age (e.g., school).			
Note: Item ratings ≥ 4 indicate *Possible Concern*. Item ratings ≥ 6 indicate *Clear Concern*.			
a. Does the youth have a history of running away from home, AWOL, being thrown out of the home?	0	1	2
b. Does the youth experience unstable housing, including multiple foster care placements?	0	1	2
c. Does the youth experience periods of homelessness, including living on the street or couch surfing?	0	1	2
d. Does the youth access social services or community resources to meet basic needs (e.g., hygiene, shelter, food, medical care)?	0	1	2
e. Does the youth miss a lot of school?	0	1	2
f. Has the youth had involvement (currently or in the past) with law enforcement, juvenile justice, or child welfare?	0	1	2
2. Relationships. The youth's relationships are concerning, placing him/her at risk or in danger.	No Concern 0	Possible Concern 1	Clear Concern 2
Note: Item ratings ≥ 2 indicate *Possible Concern*. Item ratings ≥ 4 indicate *Clear Concern*.			
a. Does the youth spend time with people (including family members or peers) known to be involved in the sex trade?	0	1	2
b. Is the youth's parent/caregiver unable to provide adequate supervision?	0	1	2
c. Does the youth have unhealthy or inappropriate relationships (including inappropriate boundaries) with someone much older/an adult?	0	1	2
d. Is the youth in a romantic relationship with someone much older/an adult?	0	1	2
3. Finances and Belongings. The youth has money or materials goods that are incongruent with his/her life circumstances.	No Concern 0	Possible Concern 1	Clear Concern 2
Note: Item ratings ≥ 1 indicate *Possible Concern*. Item ratings ≥ 2 indicate *Clear Concern*.			
a. Does the youth receive or have access to large amounts of cash, credit cards, pre-paid cash cards, hotel keys, gifts, cars?	0	1	2
b. Is the youth's dress or appearance atypical of his/her age or peer group?	0	1	2
c. Is the youth's dress or appearance inconsistent with the weather or situation?	0	1	2
4. Use of Technology. The youth's use of internet, cell phone, or social media involves social or sexual behavior that is atypical for his/her age.	No Concern 0	Possible Concern 1	Clear Concern 2
Note: Item ratings ≥ 3 indicate *Possible Concern*. Item ratings ≥ 5 indicate *Clear Concern*			
a. Does the youth use online sites or apps to find sex partners?	0	1	2
b. Does the youth describe meeting his/her long-term, adult boy/girlfriend on the internet?	0	1	2
c. Does the youth describe meeting in person with a contact developed over the internet?	0	1	2
d. Are there explicit photos of the youth posted on the internet?	0	1	2
e. Does the youth have explicit photos of him/herself on his/her phone?	0	1	2
f. Does the youth have several cell phones, and/or does the youth's cell phone number change frequently?	0	1	2

WestCoast Children's Clinic Commercial Sexual Exploitation- Identification Tool Pilot

	No Concern 0	Possible Concern 1	Clear Concern 2
5. Physical Health. The youth has significant health problems related to sexual activity and lack of access to basic needs			
Note: Item ratings ≥ 3 indicate *Possible Concern*. Item ratings ≥ 5 indicate *Clear Concern*.			
a. Has the youth had repeated testing for pregnancy and/or STIs?	0	1	2
b. Has the youth been treated repeatedly for STIs?	0	1	2
c. Does the youth describe health problems or complaints that are related to sleep problems or not getting enough sleep (e.g., sleep deprived, unable to get a full night's sleep, sleep is often disrupted)?	0	1	2
d. Does the youth describe health problems or complaints related to poor nutrition or not having access to regular meals?	0	1	2
e. Does the youth have scarring, bruises, burns, etc. that indicate physical trauma?	0	1	2
6. Risk Behaviors. The youth engages in dangerous or risky behaviors.	No Concern 0	Possible Concern 1	Clear Concern 2
Note: Item ratings ≥ 1 indicate *Possible Concern*. Item ratings ≥ 3 indicate *Clear Concern*.			
a. Does the youth engage in a dangerous level of risky sexual behaviors, or with partners who are abusive or otherwise physically dangerous?	0	1	2
b. Does the youth spend time where exploitation is known to occur?	0	1	2
c. Does the youth have a history of running away from home, staying away at least overnight?	0	1	2
d. Does the youth's use of substances interfere with his/her ability to function in any area of life?	0	1	2
7. Trauma Exposure. The youth has been exposed to traumatic experiences.	No Concern 0	Possible Concern 1	Clear Concern 2
Note: Item ratings ≥ 1 indicate *Possible Concern*. Item ratings ≥ 2 indicate *Clear Concern and require a mandated report*.			
a. Has the youth been sexually abused/assaulted?	0	1	2
b. Has the youth been physically abused/assaulted?	0	1	2
c. Has the youth been emotionally abused?	0	1	2
8. Trauma Signs and Symptoms. The youth exhibits physical signs and emotional symptoms that can result from his/her exposure to trauma.	No Concern 0	Possible Concern 1	Clear Concern 2
Note: Item ratings ≥ 1 indicate *Possible Concern*. Item ratings ≥ 3 indicate *Clear Concern*.			
a. Does the youth have bruises, black eyes, cigarette burns, broken bones, or other signs of physical trauma?	0	1	2
b. Does the youth appear constantly on edge and/or wound up, easily startled, or hypervigilant?	0	1	2
c. Does the youth have difficulty detecting and/or responding to danger cues?	0	1	2
d. Does the youth engage in self-destructive or reckless behaviors, beyond what is expected from youth his/her age?	0	1	2

WestCoast Children's Clinic Commercial Sexual Exploitation- Identification Tool Pilot

9. **Coercion and Grooming.** The youth exhibits behaviors or otherwise indicates that she/he is being controlled or coerced by another person.	No Concern 0	Possible Concern 1	Clear Concern 2
Note: Item ratings ≥ 1 indicate *Possible Concern*. Item ratings ≥ 7 indicate *Clear Concern*.			
a. Does an adult the youth doesn't know well offer the youth housing, a place to stay, gifts, money, cell phones, transportation, alcohol or drugs?	0	1	2
b. Do adults (not caregiver) take the youth on travels or places she/he is not familiar with?	0	1	2
c. Does the youth use language, terminology or statements that suggest involvement in exploitation?	0	1	2
d. Is the youth's communication/contact with family or friends controlled by someone else to the point of social isolation?	0	1	2
e. Does the youth have to earn a quota and/or is forced to give the money they earn to another person?	0	1	2
f. Is the youth coerced (by someone other than caregiver) to get pregnant, have an abortion, or use contraception?	0	1	2
g. Does the youth have tattoos or scarring that suggest they are someone's property; or is the tattoo/scar common among other youth known to be sexually exploited?	0	1	2
h. Is someone not allowing the youth to sleep or to sleep in a safe place, to go to school, to eat, and/or meet other basic needs?	0	1	2
i. Does the youth report receiving threats to him/herself or to friends, family, or other acquaintances?	0	1	2
j. Is the youth asked to lie about his/her age, whereabouts, residence, or relationships?	0	1	2
10. Exploitation. The youth has been exposed to sexual exploitation or victimization.	No Concern 0	Possible Concern 1	Clear Concern 2
This includes any situation, context or relationship where the youth receives something (e.g., food, accommodation, drugs and alcohol, cigarettes, affection, gifts, money, etc.) as a result of performing, and/or others performing sexual activities on them. If there is an individual who is selling/profiting from or coercing the youth's exchange, this should be rated *Clear Concern (2)*.			
Note: Item ratings ≥ 1 indicate *Possible Concern*. Item ratings ≥ 2 indicate *Clear Concern and require a mandated report*.			
a. Does the youth have a prior history of sexual exploitation?	0	1	2
b. Has the youth been watched, filmed or photographed in sexually explicit activities?	0	1	2
c. Has the youth or someone beside the youth stated that he/she is considering or currently exchanging sex for money and/or material items including food, shelter and care for his/her family?	0	1	2

WestCoast Children's Clinic Commercial Sexual Exploitation- Identification Tool Pilot

	Rating Summary
1. Stability in Residential Status & Life Functioning	
2. Relationships	
3. Finances & Belongings	
4. Use of Technology	
5. Physical Health	
6. Risk Behaviors	
7. Trauma Exposures	
8. Trauma Signs & Symptoms	
9. Coercion and Grooming	
10. Exploitation*	

*If this item is Clear Concern, then total is automatically 20 points.
*If this item is Possible Concern and no other item has a rating, then total is automatically 10 points.
*If this item is Possible Concern and other items are rated, add the rating ('1') to other rated items for a total score.

Total Score ____

Other Considerations:

Appraisal of Youth's Risk for Exploitation

(draw a line indicating level of risk)

WestCoast Children's Clinic Commercial Sexual Exploitation- Identification Tool Pilot

Possible Actions	Action Taken	Rationale
1. Mandated report to authorities/CPS	☐	
2. Develop safety plan with youth	☐	
3. Continue monitoring risk factors	☐	
4. Notify/consult with supervisor	☐	
5. Notify caregiver/support person (as appropriate)	☐	
6. Recommend/refer to case management	☐	(Note referral here):
7. Recommend/refer to mental health services	☐	(Note referral here):
8. Recommend/refer to other services	☐	(Note services referrals here):
9. Recommend/refer for further assessment	☐	(Note assessment referral here):
10. Follow agency/organization CSEC protocol	☐	

WESTCOAST CHILDREN'S CLINIC

Identifying Commercially Sexually Exploited Children

Guidelines for Administering the
Commercial Sexual Exploitation - Identification Tool (CSE-IT)
Pilot Test Version

February 2015

CSE-IT User Manual

Principal Author

Danna Basson, PhD

Contributing Authors

April D. Fernando, PhD
Jodie Langs, MSW
Lois Ritter, PhD
Erin Rosenblatt, PsyD

About WestCoast Children's Clinic

WestCoast Children's Clinic (WestCoast) is a community mental health clinic serving children and youth in Oakland, California and surrounding communities. WestCoast is committed to providing psychological services to vulnerable children, youth, and their families regardless of their ability to pay, and to expanding the reach of psychological services through advocacy, research, and training. To ensure the ongoing availability of these services, WestCoast is dedicated to training the next genera-tion of mental health professionals.

WestCoast Children's Clinic
3301 E. 12th Street, Suite 259
Oakland, CA 94601
Phone: 510-269-9030
Fax: 510-269-9031
www.westcoastcc.org

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ABOUT THE CSE-IT AND THIS USER MANUAL

The purpose of the Commercial Sexual Exploitation-Identification Tool (CSE-IT, pronounced "See It") is to assist professionals with identifying children and youth who are being commercially sexually exploited. This guide is intended to help users with the proper administration of the tool. Social service providers, healthcare professionals, law enforcement professionals, educators, shelter workers and other professionals who work with children will find the tool to be helpful with identifying commercially sexually exploited children (CSEC). Users of the CSE-IT are encouraged to obtain training on the topic of the human trafficking and sexual exploitation of children prior to using the tool.

The content of the CSE-IT and this user manual is based on research conducted by WestCoast Children's Clinic (WestCoast) and partnering agencies that provide assistance to CSEC victims and youth at risk for sexual exploitation. The development of the identification tool and user manual was based on an extensive literature review of existing tools that provide guidance on interviewing or investigating sexual exploitation among youth; literature on the risk factors for and indicators of exploitation; and through direct feedback from survivors and professionals who work with CSEC or other vulnerable populations. Feedback was gathered through focus groups, interviews, and expert reviews. Altogether, over 100 people provided input on the Key Indicators of exploitation among children and youth. WestCoast is currently pilot testing the screening tool and manual at multiple sites.

In addition to information on how to use and score the CSE-IT, this guide includes background information about CSEC, interviewing tips, how agencies should prepare to use the tool, and mandated reporting issues. The content of this guide was developed for service providers in California. While most of the content of this manual is relevant for those outside of California, mandated reporting requirements vary by state. Users from outside of California may want to seek additional sources for mandated reporting guidelines in their area.

BACKGROUND ABOUT COMMERCIALLY SEXUALLY EXPLOITED CHILDREN

California law defines CSEC as children who have been sexually trafficked, as described in Section 236.1 of the Penal Code, or who have received food, shelter, or payment in exchange for sexual acts (California Welfare & Institutions Code § 300(b)(2)). The Federal Trafficking Victims Protection Act defines sex trafficking as "the recruitment, harboring, transportation, provision, or obtaining of a person for the purposes of a commercial sex act" (18 U.S.C. § 1591).

The dynamics of exploitation are complex. Exploiters manipulate the needs that vulnerable young people have for love, stability, or food, clothing, and shelter. They use coercive tactics to bond their victims to them, often positioning themselves as a romantic partner or caregiver. These coercive, abusive relationships can last for years before a young person is recognized as being exploited.

National estimates for the number of youth exploited each year range from 100,000 to 300,000, Insufficient data makes a more exact estimate impossible. The existing data suggest that many CSEC are already involved in the child welfare or juvenile justice systems, presenting opportunities for agencies to collaborate and standardize a response to vulnerable youth.

Service providers report that for over three-quarters of the sexually exploited youth they serve, exploitation had been intermittent or ongoing for two to three years before there was a referral to services (Basson, Rosenblatt, & Haley, 2012). Using an evidence-based tool, we can identify victims faster, protect youth from ongoing victimization and speed access to services and care.

Identification is also key to revealing the prevalence of sexual exploitation, which will affect the allocation of resources, moving them to where they are most needed. Policymakers and public system leaders need valid, reliable, and timely information on the scope of a problem to make data-driven decisions about where to allocate public resources. In fact, organizations such as the California Child Welfare Council (CWC) and the President's Interagency Task Force (PITF), created by the Trafficking Victims Protection Act of 2000 (TVPA), have highlighted the urgent need for screening to improve identification, early intervention and address prevalence.

For more background information, we recommend the following resources:

Basson, D., Rosenblatt, E., & Haley, H. (2012). Research-to-Action: Sexually Exploited Minors Needs and Strengths. WestCoast Children's Clinic. http://www.westcoastcc.org/wp-content/uploads/2012/05/WCC_SEM_Needs-and-Strengths_FINAL.pdf

Walker, K. (2013). Ending the Commercial Sexual Exploitation of Children: A Call for multi-system collaboration in California. California Child Welfare Council. http://www.youthlaw.org/fileadmin/ncyl/youthlaw/publications/Ending-CSEC-A-Call-for-Multi-System_Collaboration-in-CA.pdf

Clawson, H. J., Dutch, N., Solomon, A. & Goldblatt, L.G. (2008). Human Trafficking Into and Within the United States: A Review of the Literature. Report submitted to the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. http://aspe.hhs.gov/hsp/07/humantrafficking/litrev/

PURPOSE AND LIMITATIONS OF SCREENING

Screening for exploitation can help identify victims, which in turn makes it possible to provide the services and protection they need. Universal screening is recommended for early identification. Universal screening here applies to youth who do not show signs of exploitation. Everyone who meets pre-determined criteria should be screened. For the pilot test of the CSE-IT, universal screening includes all youth age 10 and over, regardless of gender, race, ethnicity, culture, sexual orientation, residence, health, socioeconomic status, appearance, or behavior.

It is important to note that screening is not diagnostic. Rather, it is a preliminary step that urges additional information gathering and interventions if problems or concerns are identified.

Why Identification through Universal Screening is Important

Universal screening is the first step in identifying the risk of an adverse event. It is used in various settings to identify the existence of a problem, facilitate early intervention and prevent complications. For example, universal screening is used in educational settings to recognize students at risk for learning disabilities, in mental health settings to identify youth at risk of suicide and in medical settings for early detection of certain diseases.

Universal screening is predicated on pre-determined criteria. This minimizes the possibility that subjects are screened differentially based on their gender, race, or any other aspect of identity. For example, medical clinics routinely check blood pressure, pulse and body temperature on all adults to identify potential health issues. The Centers for Disease Control recommend that women aged 50 to 74 receive mammograms every two years. In some outpatient mental health clinics, suicide screening is routine for all clients. Educational organizations have advocated for annual universal screening to identify children with learning difficulties. In all cases, screening is conducted when set criteria are met without regard to the presence of symptoms. If a subject does not meet the screening criteria of a particular issue but presents with symptoms associated with high risk for a particular problem (e.g., because of family history of an illness), they will generally be screened as well. Similarly, youth who fall outside the recommended age range for the CSE-IT but are at high risk of exploitation, for whatever reason, should also be screened.

Screening is not diagnostic

When a screening process for medical, educational, or other settings indicates risk, a service provider must then gather additional information so that the right interventions can be determined. With at risk youth, the next steps may include a full assessment of the subject's needs and strengths, specialized treatment planning, or a forensic investigation, depending on the situation.

The CSE-IT should be used as a guide to identification and should not be the sole source for deciding whether the youth is being sexually exploited. Professionals using the tool should have experience or training in working with abused youth. Other screening and assessment practices will greatly enhance the use of the tool.

COMPLETING THE CSE-IT AND GATHERING INFORMATION

The CSE-IT is an information integration tool. It is not designed as a structured interview to be read to a subject or given to youth as a self-administered questionnaire.

The identification tool was designed for professionals who work directly with youth. Such professionals already collect information that can be used to complete the tool—through conversations with youth, observations of their appearance or behavior and by collecting information from other sources, including case records or history as well as from conversations with people close to the youth (e.g. social workers, teachers, caregivers, etc.).

It may be difficult to collect information directly from a young person. He or she may be unwilling, or unable, to disclose the circumstances of his or her exploitation or abuse. It is important to consider other sources of information. When asking questions directly, it is helpful to use language that is age- and situation-appropriate, choosing words a young person will either know or can relate to. This will help put the subject at ease when talking about difficult topics that may include sexual exploitation.

The CSE-IT is organized into 10 Key Indicators (shaded boxes on the CSE-IT form). Individuals using the tool should familiarize themselves with the Key Indicators in advance. The indicators are:

1. Instability in Life Functioning
2. Relationships
3. Finance and Belongings
4. Use of Technology
5. Physical Health
6. Risk Behaviors
7. Trauma Exposure
8. Trauma Signs and Symptoms
9. Coercion and Grooming
10. Exploitation

Each of the 10 Key Indicators on the tool has the following:

- **Definition**: A description of the Key Indicator.
- **Questions to Consider**: Several questions that help rate the Key Indicators. These are not questions that must be asked of the youth directly, but are to be scored.
- **Notes on scoring**: Directions on how to rate the Key Indicator based on the scores to the supporting Questions to Consider.

CSE-IT KEY INDICATORS

This section provides background information on each of the 10 Key Indicators on the CSE-IT. It explains why the indicators are on the tool and describes the components of each one.

1. Instability in Life Functioning.

THE YOUTH LACKS ACCESS TO BASIC NEEDS, INCLUDING STABLE SHELTER AND IS UNABLE TO ENGAGE IN ACTIVITIES EXPECTED OF HER/HIS AGE (E.G., SCHOOL).

Indicators of instability may be direct or indirect causes of exploitation or they may result from the exploitation. Instability interferes with a person's ability to meet basic needs such as shelter, food, hygiene, and health, and it hinders the person's capacity for age-appropriate activities of daily living, such as going to school. Instability, especially in residential placement, happens as a result of being unable to rely on relationships formed while in a given living arrangement, because parental figures, location, friends and schools may be constantly changing (Coy, 2009).

Instability in life functioning among exploited youth is well documented in the literature and is also frequently reported by service providers who contributed to the development of the CSE-IT. The types of instability include having insecure residential placements (Coy, 2009); lacking caregiver support and experiencing abandonment and homelessness (Clawson & Dutch, 2008; Basson, Rosenblatt, & Haley, 2012; Covenant House 2013); and running away from home or placement (Clawson & Dutch, 2008; Coy, 2009; Mitchell, Finkelhor, & Wolak, 2010; Thomson, et al. 2011; and Estes & Weiner, 2001).

Exploited youth are often involved in the juvenile justice system or child welfare system (California Child Welfare Council, n.d.; Walker, 2013). Juvenile justice involvement may be due to status offenses or crimes committed as a result of exploitation (e.g., theft, drug possession, assault, missing curfews, loitering) (Cantrell, 2013). Since the child welfare system is explicitly tasked with protecting exploited youth in California, prior involvement with child welfare also may be a risk factor.

1. **Instability in Life Functioning.** The youth lacks access to basic needs, including stable shelter and is unable to engage in activities expected of her/his age (e.g., school).	No Concern 0	Possible Concern 1	Clear Concern 2
Note: Item ratings = 4 indicate Possible Concern. Item ratings = 6 indicate Clear Concern.			
a. Does the youth have a history of running away from home, AWOL, being thrown out of the home?	0	1	2
b. Does the youth experience unstable housing, including multiple foster care placements?	0	1	2
c. Does the youth experience periods of homelessness, including living on the street or couch surfing?	0	1	2
d. Does the youth access social services or community resources to meet basic needs (e.g., hygiene, shelter, food, medical care)?	0	1	2
e. Does the youth miss a lot of school?	0	1	2
f. Has the youth had involvement (currently or in the past) with law enforcement, juvenile justice, or child welfare?	0	1	2

2. Relationships.

THE YOUTH'S RELATIONSHIPS ARE CONCERNING, PLACING HIM/HER AT RISK OR IN DANGER.

Exposure to people involved in the sex trade may be a cause or an effect of exploitation and is therefore an indicator that a youth is being exploited. A young person may have been exposed to prostitution in his or her home or family (Basson, Rosenblatt, & Haley, 2012), or may have family members who are collaborating with exploiters (Clawson & Dutch, 2008), or are the exploiters.

Lack of adequate supervision by caregivers also may leave a young person vulnerable to others who may exploit him or her. An adult may develop a relationship with a youth and become his or her romantic partner or protector (Human Smuggling and Trafficking Center, 2008; Department of Homeland Security, 2008).

Exploited youth may not be in the kinds of relationships more typical for their age. They may experience difficulty relating to or trusting adults in positions of authority, or who work in service-providing roles (Clawson & Dutch, 2008; Clawson, Saloman, & Goldblatt Grace, 2008). Conversely, they also may display loyalty or trust towards adults who are exploiting them (Walker, 2013; Clawson & Dutch, 2008; Basson, Rosenblatt, & Haley, 2012).

2. **Relationships.** The youth's relationships are concerning, placing him/her at risk or in danger.	No Concern 0	Possible Concern 1	Clear Concern 2
Note: Item ratings ≥ 2 indicate *Possible Concern*. Item ratings ≥ 4 indicate *Clear Concern*.			
a. Does the youth spend time with people (including family members or peers) known to be involved in the sex trade?	0	1	2
b. Is the youth's parent/caregiver unable to provide adequate supervision?	0	1	2
c. Does the youth have unhealthy or inappropriate relationships (including inappropriate boundaries) with someone much older/an adult?	0	1	2
d. Is the youth in a romantic relationship with someone much older/an adult?	0	1	2

3. Finances and Belongings.

THE YOUTH HAS MONEY OR MATERIAL GOODS THAT ARE INCONGRUENT WITH HIS/HER LIFE CIRCUMSTANCES.

Exploited youth may have access to large amounts of money or other material items that are inconsistent with their socio-economic status or age. Exploiters may offer them items such as jewelry or clothes (Human Smuggling and Trafficking Center, 2008), or they may have access to cars or hotel keys.

Service providers frequently report that exploited youth dress in a manner that is atypical for their age group, community, or the weather. For example, a young person who is being exploited may wear, carry or own clothes typically worn by sex workers (United Nations, n.d., Moossy, 2009).

3. **Finances and Belongings.** The youth has money or materials goods that are incongruent with his/her life circumstances.	No Concern 0	Possible Concern 1	Clear Concern 2
Note: Item ratings ≥ 1 indicate *Possible Concern*. Item ratings ≥ 2 indicate *Clear Concern*.			
a. Does the youth receive or have access to large amounts of cash, credit cards, pre-paid cash cards, hotel keys, gifts, cars?	0	1	2
b. Is the youth's dress or appearance atypical of his/her age or peer group?	0	1	2
c. Is the youth's dress or appearance inconsistent with the weather or situation?	0	1	2

4. Use of Technology.

THE YOUTH'S USE OF INTERNET, CELL PHONE, OR SOCIAL MEDIA INVOLVES SOCIAL OR SEXUAL BEHAVIOR THAT IS ATYPICAL FOR HIS/HER AGE.

Service providers report that technology is used by exploited youth to communicate with buyers/clients and their exploiter. Providers also observe that technology can be used by exploiters as a means of control to keep tabs on a young person's whereabouts and activities.

Law enforcement professionals and researchers find that digital media are commonly used by exploiters to recruit buyers/clients and that pre-paid, no-contract, and disposable mobile phones may facilitate human trafficking because of the potential for anonymity (Cantrell, 2013; University of Southern California, 2012; Mitchell, Finkelhor, & Wolak, 2010).

4. **Use of Technology.** The youth's use of internet, cell phone, or social media involves social or sexual behavior that is atypical for his/her age.	No Concern 0	Possible Concern 1	Clear Concern 2
Note: Item ratings ≥ 3 indicate *Possible Concern*. Item ratings ≥ 5 indicate *Clear Concern*			
a. Does the youth use online sites or apps to find sex partners?	0	1	2
b. Does the youth describe meeting his/her long-term, adult boy/girlfriend on the internet?	0	1	2
c. Does the youth describe meeting in person with a contact developed over the internet?	0	1	2
d. Are there explicit photos of the youth posted on the internet?	0	1	2
e. Does the youth have explicit photos of him/herself on his/her phone?	0	1	2
f. Does the youth have several cell phones, and/or does the youth's cell phone number change frequently?	0	1	2

5. Physical Health.

THE YOUTH HAS SIGNIFICANT HEALTH PROBLEMS RELATED TO SEXUAL ACTIVITY AND LACK OF ACCESS TO BASIC NEEDS.

Exposure to chronic violence and abuse can affect the whole body, inside and out. Physical health problems may be a direct result of injury or may be stress-related illnesses (Office of Refugee Resettlement, 2012; Lederer & Wetzel, 2014; Clawson & Dutch, 2008; Grace et al., 2012; Clawson, Saloman, & Grace, 2008). Direct injuries include broken bones, concussions, burns, scars, and vaginal or anal injuries, such as tearing.

Sexually exploited youth may present with reproductive health needs, such as sexually transmitted infections, menstrual problems, pregnancies and abortions (voluntary or forced). Frequent testing for reproductive needs, regardless of test outcomes, can itself be an indicator.

Gastrointestinal disorders, including stomach complaints, are also frequently reported. Providers have observed youth with health problems or complaints related to poor nutrition, not having access to regular meals or eating disorders.

Often, exploited young people do not get enough sleep, do not have a regular place to sleep, or have unusual sleeping patterns (e.g., they sleep during the day and stay up at night) (Walker, 2013).

		No Concern 0	Possible Concern 1	Clear Concern 2
5.	**Physical Health.** The youth has significant health problems related to sexual activity and lack of access to basic needs			
	Note: Item ratings ≥ 3 indicate *Possible Concern*. Item ratings ≥ 5 indicate *Clear Concern*.			
a.	Has the youth had repeated testing for pregnancy and/or STIs?	0	1	2
b.	Has the youth been treated repeatedly for STIs?	0	1	2
c.	Does the youth describe health problems or complaints that are related to sleep problems or not getting enough sleep (e.g., sleep deprived, unable to get a full night's sleep, sleep is often disrupted)?	0	1	2
d.	Does the youth describe health problems or complaints related to poor nutrition or not having access to regular meals?	0	1	2
e.	Does the youth have scarring, bruises, burns, etc. that indicate physical trauma?	0	1	2

6. Risk Behaviors.

THE YOUTH ENGAGES IN DANGEROUS OR RISKY BEHAVIORS.

As with most of the indicators on the CSE-IT, risk behaviors may result from trauma prior to exploitation. The same risk behaviors can contribute to exploitation or be the result of exploitation. Young people may lack the skills they need to negotiate interpersonal relationships and may engage in intimate relationships that are unhealthy, dangerous, or violent (Barnes, et al., 2010; Rich et al., 2005).

Youth may reside in or frequent locations associated with sexual exploitation (United Nations, 2013). Physical proximity to exploitation activity is an indicator as it places youth at risk or may be a result of their exploitation.

Clawson, et al. (2009) also note that research consistently confirms the relationship between exploitation and running behaviors of both males and females. However, it is not clear to what extent running away is a direct or indirect cause or effect of exploitation (see also Saewyc & Edinburgh, 2010; Saewyc, Solsvig, & Edinburgh, 2008; and Estes & Weiner 2001; Thomson, 2011; Reid 2011). Studies by Mitchell, Finkelhor, & Wolak (2010) and Basson, Rosenblatt, & Haley (2012) find that approximately 60% of sexually exploited youth have a history of running away. Young people are often approached for exploitation within days of running away because the lack of access to basic needs related to shelter, food, hygiene and health makes them vulnerable (Shahera, et al., 2012; Covenant House, 2013).

As with running away, substance use may be a response to the overwhelming stress of sexual exploitation and physical abuse, and is common among exploited youth (Roe-Sepowitz, 2012; Reid & Piquero, 2014; Stoltz, et al., 2007). Drugs may be forced on youth or used as a means of coping and is common among both males and females (Lederer & Wetzel, 2014).

6. **Risk Behaviors.** The youth engages in dangerous or risky behaviors.	No Concern 0	Possible Concern 1	Clear Concern 2
Note: Item ratings ≥ 1 indicate *Possible Concern*. Item ratings ≥ 3 indicate *Clear Concern*.			
a. Does the youth engage in a dangerous level of risky sexual behaviors, or with partners who are abusive or otherwise physically dangerous?	0	1	2
b. Does the youth spend time where exploitation is known to occur?	0	1	2
c. Does the youth have a history of running away from home, staying away at least overnight?	0	1	2
d. Does the youth's use of substances interfere with his/her ability to function in any area of life?	0	1	2

7. Trauma Exposure.

THE YOUTH HAS BEEN EXPOSED TO TRAUMATIC EXPERIENCES.

Previous victimization puts children at risk of more victimization, including sexual exploitation (Gidyez, et al., 1993; Reid, 2011; Cuevas, et al., 2010; Barnes, et al., 2010; Lalor & McElvaney, 2010; Finkelhor, et al., 2007; Rich, et al., 2005). Ongoing exposure to traumatic experiences may result in an impaired ability to assess risk and safety which can lead to further victimization.

A history of emotional, physical and sexual abuse and exposure to family violence is common among exploited youth (Clawson & Dutch, 2008; Bittle, 2002; Roe-Sepowitz, 2012). Several studies indicate that over 70% of CSEC have been exposed to prior trauma (Basson, Rosenblatt, & Haley, 2012; Covenant House, 2013).

7. **Trauma Exposure.** The youth has been exposed to traumatic experiences.	No Concern 0	Possible Concern 1	Clear Concern 2
Note: Item ratings ≥ 1 indicate *Possible Concern*. Item ratings ≥ 2 indicate *Clear Concern and require a mandated report*.			
a. Has the youth been sexually abused/assaulted?	0	1	2
b. Has the youth been physically abused/assaulted?	0	1	2
c. Has the youth been emotionally abused?	0	1	2

8. Trauma Signs and Symptoms.

THE YOUTH EXHIBITS PHYSICAL SIGNS AND SYMPTOMS THAT CAN RESULT FROM HIS/HER EXPOSURE TO TRAUMA.

Exploited youth often experience trauma-related symptoms as a result of their exploitation. Trauma symptoms may be physical or emotional (Lederer & Wetzel, 2014; Roe-Sepowitz, 2012). The emotional impact of trauma can include, but is not limited to, anxiety, eating disorders, depression, anger, and substance use (Clawson, Saloman, & Grace, 2008; Lederer & Wetzel, 2014; Basson, Rosenblatt, & Haley, 2012).

Some experienced mental health professionals may also notice symptoms of adjustment to trauma among exploited youth. Though not all professionals may be able to assess for such symptoms, it is important to note that numbing, dissociation, hyperarousal, avoidance, and affective and physiological dysregulation can be indicative of ongoing traumatic stress among exploited youth (see for example, Basson, Rosenblatt, & Haley, 2012).

		No Concern 0	Possible Concern 1	Clear Concern 2
8.	**Trauma Signs and Symptoms.** The youth exhibits physical signs and emotional symptoms that can result from his/her exposure to trauma.			
	Note: Item ratings ≥ 1 indicate *Possible Concern*. Item ratings ≥ 3 indicate *Clear Concern*.			
a.	Does the youth have bruises, black eyes, cigarette burns, broken bones, or other signs of physical trauma?	0	1	2
b.	Does the youth appear constantly on edge and/or wound up, easily startled, or hypervigilant?	0	1	2
c.	Does the youth have difficulty detecting and/or responding to danger cues?	0	1	2
d.	Does the youth engage in self destructive or reckless behaviors, beyond what is expected from youth his/her age?	0	1	2

9. Coercion and Grooming.

THE YOUTH EXHIBITS BEHAVIORS OR OTHERWISE INDICATES THAT SHE/HE IS BEING CONTROLLED OR COERCED BY ANOTHER PERSON.

Exploited youth often experience trauma-related symptoms as a result of their exploitation. Signs of coercion and grooming indicate that a young person is at very high risk for exploitation or that exploitation is or has occurred. Even if a youth is not being exploited, evidence of these indicators may require intervention to address his or her safety.

Exploiters use grooming to establish an emotional connection with youth, lower their defensive factors, and gain trust and dependency (Human Smuggling and Trafficking Center, 2008; Walker 2013). Coercion may involve actual or threatened violence against youth or someone they may know. Fear can be a symptom of coercion. This includes fear of retaliation against youth or their families, of law enforcement and of disclosure (Clawson & Dutch, 2008).

Exploiters may exert physical and psychological control over youth. Youth may be kept isolated with no freedom of movement while contact with others is controlled (Clawson & Dutch, 2008). Exploiters may require work quotas and assert control of the youth's daily life (e.g., when he or she can sleep, eat, use the bathroom) (Walker, 2013).

Tattoos and scarification can be used as a control mechanism to show the exploiter's perceived ownership over and to exact loyalty from youth (United Nations, n.d.; Cantrell, 2013). Secrecy is common (Clawson, Saloman, & Grace, 2008), as young people may be asked to lie about topics such as their name or age (Leitch & Snow, 2013).

In addition, CSEC may travel with individuals or groups who are not relatives. In situations where travel documents are required, youth may have their travel documents held by someone else and have false identity or travel documents (United Nations, n.d.). Service providers report that frequent long-distance travel is a common indicator of exploitation.

9. **Coercion and Grooming.** The youth exhibits behaviors or otherwise indicates that she/he is being controlled or coerced by another person.	No Concern 0	Possible Concern 1	Clear Concern 2
Note: Item ratings ≥ 1 indicate Possible Concern. Item ratings ≥ 7 indicate Clear Concern.			
a. Does an adult the youth doesn't know well offer the youth housing, a place to stay, gifts, money, cell phones, transportation, alcohol or drugs?	0	1	2
b. Do adults (not caregiver) take the youth on travels or places she/he is not familiar with?	0	1	2
c. Does the youth use language, terminology or statements that suggest involvement in exploitation?	0	1	2
d. Is the youth's communication/contact with family or friends controlled by someone else to the point of social isolation?	0	1	2
e. Does the youth have to earn a quota and/or is forced to give the money they earn to another person?	0	1	2
f. Is the youth coerced (by someone other than caregiver) to get pregnant, have an abortion, or use contraception?	0	1	2
g. Does the youth have tattoos or scarring that suggest they are someone's property; or is the tattoo/scar common among other youth known to be sexually exploited?	0	1	2
h. Is someone not allowing the youth to sleep or to sleep in a safe place, to go to school, to eat, and/or meet other basic needs?	0	1	2
i. Does the youth report receiving threats to him/herself or to friends, family, or other acquaintances?	0	1	2
j. Is the youth asked to lie about his/her age, whereabouts, residence, or relationships?	0	1	2

10. Exploitation.

THE YOUTH HAS BEEN EXPOSED TO SEXUAL EXPLOITATION OR VICTIMIZATION.

It is important to remember that sexual exploitation, past or present, includes a range of sex crimes against children, including filming or watching minors in sexually explicit activities.

Some service providers ask youth directly if they exchange sex for shelter, food, or other goods, and the young person may disclose their exploitation in response to direct questions (Covenant House, 2013; see also Asian Health Services screening, available at www.asianhealthservices.org/csec_tool.html).

However, often youth do not self-disclose their exploitation due to fear, shame, or trauma bonding with their exploiter. They may not recognize their own exploitation or identify as victims (Walker, 2013; Basson, Rosenblatt, & Haley, 2012; Clawson, Salomon, & Grace, 2008). Because of this, disclosure may often come from other individuals in their lives or from documentation in their case or medical histories.

10. **Exploitation.** The youth has been exposed to sexual exploitation or victimization.	No Concern 0	Possible Concern 1	Clear Concern 2
This includes any situation, context or relationship where the youth receives something (e.g., food, accommodation, drugs and alcohol, cigarettes, affection, gifts, money, etc.) as a result of performing, and/or others performing sexual activities on them. If there is an individual who is selling/profiting from or coercing the youth's exchange, this should be rated *Clear Concern (2)*.			
Note: Item ratings ≥ 1 indicate *Possible Concern*. Item ratings ≥ 2 indicate *Clear Concern and require a mandated report.*			
a. Does the youth have a prior history of sexual exploitation?	0	1	2
b. Has the youth been watched, filmed or photographed in sexually explicit activities?	0	1	2
c. Has the youth or someone beside the youth stated that, he/she is considering or currently exchanging sex for money and/or material items including food, shelter and care for his/her family?	0	1	2

USING A TRAUMA INFORMED APPROACH TO SCREENING

When working with youth who have potentially been exploited or abused, it is essential that professionals use a trauma informed approach. This requires understanding the impact that trauma may have on a youth's life and using interpersonal skills to ensure that interactions are supportive of recovery and not re-traumatizing. Interactions with youth may include forensic interviews, mental health screenings, ongoing meetings or counseling sessions, physical health exams, or an organization's intake process.

It is important, therefore, to create a positive, trusting working relationship with youth prior to asking sensitive questions directly. For example, beginning an interview with a series of sensitive questions, such as, "Have you been sexually abused?" or "Have you ever terminated a pregnancy?" prior to establishing trust may cause the young person to become overwhelmed, agitated or disengaged. He or she may question the provider's motives and experience the inquiries as being intrusive.

In initial interviews where professionals are asking youth to disclose details of traumatic events, the focus should be on creating safety and minimizing distress. It is important to take the necessary time to address safety and trust to create an environment in which youth feel comfortable disclosing personal information.

Interview Considerations[1]

Below are some considerations to keep in mind when interacting with youth who have experienced trauma. These suggestions will help professionals create a safe, trauma informed process and environment. Whatever the setting or purpose of meeting with youth, keep in mind the following considerations, which are important to being trauma-informed.

Address basic needs first. If basic needs, such as shelter, clothing, hygiene, medical, and others, are not met, youth will not be able to engage in dialogue. Not attending to basic needs may also inhibit rapport building.

Building trust with youth is an ongoing process. Youth may have learned that law enforcement and authority figures more generally should not be trusted. The information they are willing to provide may evolve as their relationship with the service provider evolves.

Be realistic about how much information can be collected during an initial interview with a child or youth who has experienced extreme trauma.

Be attentive to signs of distress. If the young person shows signs of agitation, numbing, or feeling overwhelmed, such as changes in breathing, facial coloration, or posture, take a moment to give him or her a break, shift discussion topics, or delay the interview. Even if he or she does not show obvious signs, it may be helpful to check in and ask how he or she is doing.

1 Interview considerations were adapted from interview guides for asking about exploitation (including the Shared Hope International Intervene interview and the Loyola University Chicago interview guides) and from WestCoast's clinical staff experience from working with traumatized youth.

Give the youth space and respect personal boundaries. This refers to emotional as well as physical space. Do not ask a continuous series of invasive or very personal questions, especially if the youth is showing signs of distress. Do not assume that physical contact will be welcomed by the youth.

Speak with youth in a confidential and safe environment. Attempt to create an environment that is not intimidating. When meeting youth in the community, it is important to make sure both the service provider and the youth are safe.

Be non-judgmental. Be kind and empathetic, but it is also important to project neutrality. Do not react in an emotional or biased way to disclosures about exploitation or exploiters.

Allow the youth to feel heard. Limiting interruptions and references to personal stories or reactions can help youth to feel heard. While it is true that rapport building is a reciprocal interaction, when youth are disclosing information about their history, it is important to stay focused on them.

Use open-ended questions. Closed-ended questions do not allow youth to communicate their story on their terms and in their own words. It is important to remember that the CSE-IT items are not interview questions and should not be asked verbatim.

Avoid challenging questions. Questions that start with "Why" may be perceived as challenging. For example, a question that starts with "Why did/didn't you…?" may be perceived as questioning the youth's motives or judgment. Opening a dialogue with "Tell me about…" may convey more openness and feel less intrusive.

Don't focus on inconsistencies. Youth may provide inconsistent answers because of a reluctance to disclose or as a manifestation of their adjustment to trauma. In addition, there may be genuine disagreement between the youth's reporting of the facts and the way others who know the youth report them. It can be helpful to ask for clarification in a non-judgmental way, but do not insist on clarity and completeness right away. Remember, it may take time for youth to trust and tell their story.

CSEC may experience trauma bonding. Trauma bonding (sometimes referred to as Stockholm Syndrome) manifests as an emotional attachment to an exploiter. Do not immediately identify youth as victims, their perpetrator as an exploiter, and yourself as offering rescue.

Avoid clinical or technical language. Do not label a youth's experiences in clinical terms or use language that pathologizes them and their experience. For example, avoid the following words: rehabilitation, treatment, coercion, grooming.

Be honest. Providers should introduce themselves, the organization, and mandating reporting requirements. It is important to set realistic expectations with youth regarding what can be done on their behalf. For example, it may not be realistic to say, "Everything will be okay."

If using an interpreter, ask if it is OK. The Center for Human Rights for Children at Loyola University Chicago recommends not using someone already known to the child or youth as an interpreter as that person may have been involved in their exploitation (Walts, et al., 2011). Be sure to introduce the interpreter and explain his or her role. Avoid having side conversations with the interpreter.

STEPS TO COMPLETING THE CSE-IT

1. **Preparing.** Review the CSE-IT prior to meeting with youth or gathering information from other individuals or sources. This will give you an idea of the kinds of information to listen for in order to complete the CSE-IT.

2. **Screening.** Conduct initial interviews or intakes using your organization's established protocols. Many professionals have procedures for initial assessments and interviews. For example, when a youth is referred to an agency for a service, he or she often meets with a professional to provide information about their functioning. The practitioner may inquire about health status, safety needs, residential or placement needs, needs related to daily functioning, or other needs and strengths that may inform a targeted service plan.

   An organization or program may have a series of questions or guidelines for staff to use in gathering this information. For many organizations and providers, these questions or guidelines likely already cover most of the Key Indicators on the CSE-IT. However there may be Key Indicators that are not already part of an organization's regular protocol or that are not explored as comprehensively. Providers may need to include some new questions to address these gaps.
   As mentioned above, each Key Indicator is paired with supporting Questions to Consider. These supporting questions can be used as a guide for talking to youth. Questions should be posed in language that is accessible and comfortable for users and for youth.

3. **Completing and Scoring the CSE-IT**. Once the information is gathered, the CSE-IT can be completed. First, focus on answering the supporting Questions to Consider for each indicator. In doing so, think about whether the information indicates:

   No Concern – There is not enough information to suggest that the supporting question or Key Indicator requires intervention. Items for which there is insufficient information to provide an answer should also be rated **No Concern**.

   Possible Concern – The information from or about the young person does not indicate direct evidence of a problem that requires intervention. This may be because the problem is not serious or chronic. Evidence of a past problem on a CSE-IT item may also be rated as a **Possible Concern** if the service provider thinks the problem may recur. Also, if the youth denies that he or she has needs in an area but the provider continues to suspect or have concern about the youth for that item, the item may also be rated a **Possible Concern**.

   Clear Concern – Any item where there is disclosure from the youth, from other collaterals about the youth, or clear evidence from observations or client records should be rated a **Clear Concern**. If there is clear evidence of a problem on a single CSE-IT item, the next step is to determine what interventions may be required, including mandated reporting, safety planning and continued client engagement.

Example: **Relationships** indicator. Answering the Questions to Consider (i.e., questions 2a through 2d) will result in a number of points that determine how to answer the Key Indicator (the overall **Relationships** indicator). As an example, see the completed indicator below.

2. **Relationships.** The youth's relationships are concerning, placing him/her at risk or in danger.	No Concern 0	Possible Concern 1	Clear Concern 2
Note: Item ratings ≥ 2 indicate Possible Concern; Item ratings ≥ 4 indicate Clear Concern.			
a. Does the youth spend time with people (including family members or peers) known to be involved in the sex trade?	0	1	(2)
b. Is the youth's parent/caregiver unable to provide adequate supervision?	0	1	(2)
c. Does the youth have unhealthy or inappropriate relationships (including inappropriate boundaries) with someone much older/an adult?	0	1	(2)
d. Is the youth in a romantic relationship with someone much older/an adult?	0	(1)	2

→ After answering each Question to Consider above, the total points add up to 7.

→ Since a total of 7 points for the individual items is greater than 4, the overall Relationships indicator is a Clear Concern and rated 2 (see below).

2. **Relationships.** The youth's relationships are concerning, placing him/her at risk or in danger.	No Concern 0	Possible Concern 1	(Clear Concern 2)

4. **Overall Score**. Each Key Indicator is rated 0, 1 or 2. Adding the ratings from all 10 Key Indicators generates a total score on last page of the tool (see example below).

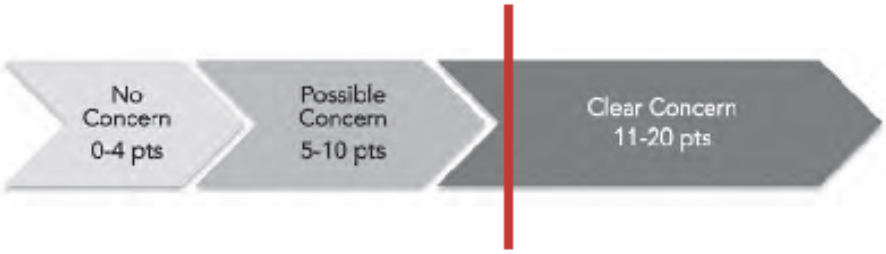
	Rating Summary
1. Stability in Residential Status & Life Functioning	1
2. Relationships	2
3. Finances & Belongings	1
4. Use of Technology	1
5. Physical Health	1
6. Risk Behaviors	2
7. Trauma Exposures	1
8. Trauma Signs & Symptoms	2
9. Coercion and Grooming	1
10. Exploitation*	0

*If this item is Clear Concern, then total is automatically 20 points.
*If this item is Possible Concern and no other item has a rating, then total is automatically 10 points.
*If this item is Possible Concern and other items are rated, add the rating ("1") to other rated items for a total score.

Total Score 12

Please Note: If indicator number **10-Exploitation** is rated **2** or **Clear Concern**, the rating for the entire tool is automatically 20 points.

5. **Understanding Risk**. Once the Total Score is determined, it can be plotted on the diagram to help with understanding the youth's level of risk for sexual exploitation.



UNDERSTANDING THE TOTAL SCORE ON THE CSE-IT

The completed CSE-IT will result in a total number that indicates the youth's level of risk as No Concern, Possible Concern, or Clear Concern.

No Concern. This rating indicates that there is no reason to believe that the youth is being sexually exploited. This rating does not state that sexual exploitation categorically does not exist. It indicates that based on the current information available there is no reason to address sexual exploitation as a concern.

Possible Concern. This rating indicates that the youth may be at risk for sexual exploitation but there is either not enough information available or the current behaviors and circumstances do not clearly indicate the presence of exploitation. It is advisable to actively monitor a young person who receives this rating, fully assess his or her needs, and initiate preventative actions to ensure that exploitation does not occur.

Clear Concern. This rating indicates that there are numerous indicators present that suggest a high level of risk for sexual exploitation. This outcome should immediately trigger actions to address the likely sexual exploitation of the youth.

NEXT STEPS

The overall level of risk for sexual exploitation as indicated by No Concern, Possible Concern, or Clear Concern will help the provider to determine the next appropriate steps. If the CSE-IT indicates an overall Possible or Clear Concern, professionals may want to consider the following actions.

- Follow the organization or program protocol for responding to sexual exploitation or other forms of child abuse. This may include a mandated report, creation of a safety plan, and referral to community agencies to develop a comprehensive service plan for the youth. (Please see the Mandated Reporting section for additional information on this topic.)
- Conduct a thorough assessment of the young person's needs and strengths. If the provider or organization is not able to conduct such an assessment, refer the youth to an agency that is able to do so. One assessment tool that is specific to the needs and strengths of sexually exploited youth is the Child and Adolescent Needs and Strengths-Commercial Sexual Exploitation (CANS-CSE).
- Collaborate with other professionals. Refer the young person to a provider that is able to develop a comprehensive immediate service plan that addresses the youth's current needs, including safety, physical health, and mental health.

LEGAL ISSUES AND MANDATED REPORTING

Human trafficking is a crime under federal and international law. In California, the Child Abuse and Neglect Reporting Act (CANRA) defines the responsibilities of mandated reporters. If a mandated reporter suspects that a child is being commercially sexually exploited as defined by Penal Code 236.1, a child abuse report must be filed. Note that reasonable suspicion is sufficient cause for filing a report; confirmation of abuse is not required (California Penal Code § 11166(a)(1)). The child welfare or law enforcement agency receiving the report is responsible for investigating.

Legally mandated reporters include (but are not limited to) the following professionals:

- A teacher, teacher's aide or assistant, or other instructional aide employed by any public or private school.
- A classified employee of any public school.
- Employees at institutions of higher learning.
- Directors, employees, and volunteers at organizations that supervise or provide activities for children, such as camps, youth centers, and recreation centers.
- An administrative officer or supervisor of child welfare and attendance.
- Health care personnel including physicians, psychiatrists, dentists, nurses, therapists and other mental health professionals, among others.
- Any employee of any police department, sheriff's department, probation or welfare department.
- Social workers.

The Child Welfare Information Gateway fact sheet "Mandatory Reporters of Child Abuse and Neglect" contains additional information about Mandatory Reporting, including summaries of state laws (https://www.childwelfare.gov/systemwide/laws_policies/statutes/manda.pdf).

Though law enforcement and other public agencies may be primarily concerned with victimization that occurred within the United States, trafficking situations that occurred outside of the U.S. may still have significant implications for a victim's legal relief, allowing someone to access benefits or stay in the country legally. Organizations that work with clients who are immigrants to the U.S. should be aware of laws and benefits for individuals in these circumstances. The U.S. Department of Health and Human Services Office of Refugee Resettlement provides information on these topics (http://www.acf.hhs.gov/programs/orr/programs/anti-trafficking).

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About WestCoast Children's Clinic

WestCoast Children's Clinic (WestCoast) is a community mental health clinic serving children and youth in Oakland, California and surrounding communities. WestCoast is committed to providing psychological services to vulnerable children, youth, and their families regardless of their ability to pay, and to expanding the reach of psychological services through advocacy, research, and training. To ensure the ongoing availability of these services, WestCoast is dedicated to training the next generation of mental health professionals.

WestCoast Children's Clinic
3301 E. 12th Street, Suite 259
Oakland, CA 94601
Phone: 510-269-9030
Fax: 510-269-9031
www.westcoastcc.org

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WESTCOAST CHILDREN'S CLINIC