

4.55.XXX Survivors of Human Trafficking and at Risk Youth

Cabinet for Health and Family Services

Department for Community Based Services
Division of Protection and Permanency
Standards of Practice Online Manual
Chapter:
Chapter 4-Out of Home Care Services (OOHC)
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4.55.XXX **Survivors and Those at Risk of Human Trafficking**
Version:

When a section of SOP has been revised users will see the following: Added **{This is added material}**, Deleted ~~{This is deleted material}~~. The bold and strikethroughs will appear on the site for fifteen (15) days after a modification and will then be removed.

Resources

Links to other websites:

Legal Authority/Introduction

LEGAL AUTHORITY:

- [KRS 15A.068 Duties of department if child may be victim of human trafficking-Administrative regulations](#)
- [KRS 529.010 Definitions](#)
- [KRS 529.100 Human Trafficking](#)
- [KRS 605.030 Duties of court-designated worker](#)
- [KRS 620.029 Duties of cabinet relating to children who are victims of human trafficking](#)
- [KRS 620.30 Duty to report dependency, neglect, abuse, or human trafficking -- Husband-wife and professional-client/patient privileges not grounds for refusal to report -- Exceptions -- Penalties.](#)
- [KRS 620.040 Duties of prosecutor, police, and cabinet -- Prohibition as to school personnel-- Multidisciplinary teams.](#)
- [KRS 630.125 Child not to be charged with or found guilty of status offense related to human trafficking](#)

Introduction:

The purpose of these procedures is to establish requirements and provide instructions for staff when children for whom DCBS is legally responsible are believed to be survivors or at risk of human trafficking. The level of DCBS involvement will be individualized and in correlation to the assessed safety and risks of the child.

Kentucky passed state legislation in 2007 and again in 2013 to address human trafficking, with a focus on protecting children through “Safe Harbor” provisions and improving strategies in addressing child trafficking. State level legislation provides a framework to engage child-serving agencies’ child trafficking initiatives while providing protections for victims and access to services. DCBS’ policy and practice will enhance interagency collaboration,

improve coordinated community response, and ensure high-quality services from assessment to treatment that address the individualized needs of trafficking victims.

Practice Guidance:

Children who are survivors of human trafficking often do not perceive the inherent risks or see themselves as victims. DCBS will ensure the screening of high-risk children and youth and provision of trauma-informed services to survivors and those at risk of human trafficking. Because of the potential dangers to the child, if the child's worker has reason to believe the child is a victim of human trafficking, the worker is to consider the event as requiring intensive intervention. Rapid screening of high-risk children will guide both investigation and service planning for the child. A child who has a positive rapid screen for human trafficking is appropriate for services regardless of investigation outcome.

The Family First Prevention Services Act (FFPSA) designates a specialized residential treatment setting providing "high-quality residential care and supportive services to children and youth who have been found to be, or are at risk of becoming, victims of sex trafficking". Kentucky has defined those at risk of sex trafficking as having at least one of the following indicators: (1) AWOL history, (2) previous/current allegations of human trafficking, or (3) previous/ current DJJ custody. These programs must meet guidelines and requirements in order to be designated specialized in service provision to trafficked and at risk youth.

Procedure

The SSW:

- 1) Ensures the completion of the rapid screener for human trafficking utilizing the following guidance:
 - a) SSW administers the rapid screening tool₂ immediately upon entry into OOHC when a child is being referred or recommended for residential placement;
 - b) SSW administers the rapid screening tool₂ when a child who is placed with a relative or in a DCBS resource home is being referred or recommended for residential placement;
 - c) PCP behavioral health provider administers the rapid screening tool₂ within seven (7) calendar days of placement, after incidents of AWOL, as part of discharge planning if residential treatment is being considered, and at any time other indicators of risk are recognized₃;
 - d) PCC behavioral health provider administers the rapid screening tool₂ after incidents of AWOL, as part of discharge planning if residential treatment is being considered, and at any time other indicators of risk are recognized₃;
- 2) Completes the following steps when screening results indicate administration of an in-depth human trafficking assessment is needed:
 - a) Follows procedure detailed in SOP 2.15.9 Investigations of Human Trafficking
 - b) Shares the results of the rapid screening with the behavioral health provider for children not served by a PCC/PCP₄;
 - c) Forwards the rapid screening results to designated Central Office staff;
 - d) Places a hardcopy of the rapid screener results in the file and uploads the document into TWIST;
 - e) Documents rapid screening results in TWIST₅;
 - f) Shares rapid screening results with the R&C worker and/or PCC/PCP case manager, based on placement; and
 - g) Ensures administration of the human trafficking assessment₆ by the child's behavioral health provider within seven (7) days of placement.
- 3) Considers the results of the rapid screener in determining if the child has immediate or ongoing needs₇ that will impact placement and/or treatment (may consult with the family services office supervisor (FSOS) and regional staff to discuss the needs of the child from information provided on the placement summary request; SSW and FSOS shall discuss in monthly case consults following screening results being provided);

- 4) Ensures selection of the special population indicators in TWIST if any of the following are present:
 - a) Victim of labor trafficking
 - b) Current or previous alleged victim of sex trafficking
 - c) AWOL history
 - d) Pregnant youth
 - e) Parenting youth (including fathers)
- 5) SSW shall assess the child's risk of harm from a trafficker or subsequent commercial exploitation³. If SSW determines that the child is at high risk, then SSW shall convene a family team meeting⁸ (FTM) to develop or modify the case plan to include a prevention strategy based on the child's individual risk factors. The case plan shall describe in detail (including phone and internet access) how an effective level of supervision will be provided to the youth during the following routine activities:
 - a) SSW will have a discussion with the youth regarding the prevention strategy and the safety measures that the child will take if they have any contact whatsoever with the trafficker or with another person acting on behalf of the trafficker. Any specific tasks for the child regarding his/her safety shall be included in the child's case plan. SSW will document the discussion with the youth in TWIST contacts.
 - b) When planned supervision is required in the placement, SSW shall discuss the required supervision with the caregiver/facility staff and document the details of the planned supervision in TWIST contacts.
 - c) When planned supervision is required in the school setting, SSW shall contact applicable staff at the child's school to share information relating to the child's unique needs and ensure that school staff are aware of safety risks. SSW will document the details of the communication with school staff in TWIST contacts. SSW will obtain all the required signatures on the **DCBS-1 Informed Consent and Release of Information and Records** and/or **DCBS-1A Informed Consent and Release of Information Records Supplement** form regarding the youth who requires planned supervision.
 - d) When planned supervision is required for the youth to participate in recreational or community activities, SSW shall discuss the required supervision with the caregiver/facility staff and document the details of the planned supervision in TWIST contacts. SSW will obtain all the required signatures on the **DCBS-1 Informed Consent and Release of Information and Records** and/or **DCBS-1A Informed Consent and Release of Information Records Supplement** form regarding the youth who requires planned supervision.
 - e) Termination of the human trafficking prevention strategy in the child's case plan will be determined at a family team meeting (FTM) ⁸. FTM participants must consider the following factors when assessing the need for an ongoing prevention strategy in the case plan regarding risk of harm from a trafficker or subsequent commercial exploitation:
 - The youth's current behaviors and behavioral changes, including the youth's ability to monitor and manage his/her behavior and his/her safety effectively;
 - The youth's support network;
 - Amount and type of contact if any, the youth has with the trafficker or another person acting on behalf of the trafficker.

Contingencies and Clarifications

- A. For the purpose of these procedures, victims of human trafficking include all youth for whom the Department is legally responsible, including those between the ages of 18-21.
- B. If the child has already disclosed trafficking, then the rapid screening tool does not need to be completed. The comprehensive assessment should be completed instead⁶.
- C. Children who have been or are at risk of being trafficked should be placed in the most appropriate, least restrictive placement type if a child is initially unable to be placed with a noncustodial parent or a relative;
- D. If a prevention strategy is necessary and urgency dictates that a plan be put in place prior to the scheduling and development/modification of a case plan, then SSW will follow the procedure outlined in SOP 7.4 CPS Prevention Planning;

- E. Given the risk a trafficked child meeting up with or being abducted by their trafficker, the child's safety should be given careful consideration when making placement decisions. If the child is moved to a new placement, strict confidentiality (only those with an absolute need to know the location of the new placement should be informed) is necessary to avoid the trafficker(s) obtaining information on the child's whereabouts. Consideration should be given to the role of those in contact with the youth and the specific reason why he/she would need to be made aware of the youth's new placement location. Every measure possible should be taken to protect the privacy and identity of child victims in order to ensure their safety and security. In rare cases, it may be necessary to move the child prior to discussion regarding placement change, and to communicate openly with the child once they are established safely in the new location. Consideration should be given to whether the trafficked youth, and by extension other youth at the facility or placement, should be informed of where the trafficked youth is being moved.
- F. If a child's behavioral health needs warrant treatment in a residential setting **and** they are a survivor or at risk of human trafficking, the child should be placed in a corresponding specialized treatment program when possible.
- G. Considerations for when a trafficked or at risk child is placed in a human trafficking specialized residential treatment program as an emergency after hours placement and without a referral through CRP:
 - If the child is a survivor or at risk of sex trafficking, placed in a human trafficking specialized program that is also a Qualified Residential Treatment Provider (QRTP), no QRTP assessment is necessary.
 - If the child is a survivor of labor trafficking placed in a human trafficking specialized program that is also a QRTP, a QRTP assessment is necessary.

Footnotes

- 1) SSW ensures that the child's developmental age is consistent with their chronological age when determining whether administration of a screener is appropriate.
- 2) Vera Institute of Justice Trafficking Victim Identification Tool (TVIT) Short Version
- 3) Reference Human Trafficking: At Risk Populations, Indicators, and Protective Factors
- 4) If the child does not have an established behavioral health service provider, SSW refers the child for behavioral health services and shares the results of the rapid screener with the provider.
- 5) Document the date and results of the screener in TWIST screens (Case Composition, Special Services, Human Trafficking Screening)
- 6) Vera Institute of Justice Trafficking Victim Identification Tool (TVIT) Long Version
- 7) Survivors of sex trafficking may have significantly more intense medical needs than a typical child in foster care, particularly reproductive health needs. Survivors will need timely access to medical providers to address reproductive health needs (e.g. sexually transmitted infections, pregnancy, and abortions) and other health needs including injuries, infections (e.g. tuberculosis and scabies), malnutrition, and untreated chronic conditions.
- 8) FTM to follow the procedure outlined in SOP 4.18 Ongoing Case Planning.

Forms and Resources:

- Human Trafficking: At Risk Populations, Indicators, and Protective Factors
- Vera Institute of Justice Trafficking Victim Identification Tool (TVIT)