

CHAPTER TWO

Screening Tools for Child Trafficking: Description and Use

The following screening tools are designed to help guide the process of identification of a potential child victim of trafficking. The tools were originally created for a state child welfare agency and specifically for our first implementing partner, IDCFS. However, each tool can be adapted to other types of organizations and service provider settings. We encourage you to copy or download these documents for use in your organization, although we strongly recommend consulting with IOFA or CHRC at Loyola University before putting the tools into practice. The tools include *Rapid Screening Tool for Child Trafficking* and the *Comprehensive Screening and Safety Tool for Child Trafficking*.

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Rapid Screening Tool (RST) for Child Trafficking – Provides a quick overview of the primary components included within the definition of human trafficking. It should not be used as the only method to determine if trafficking exists. However, this less comprehensive tool can provide an initial determination of the situation and guidance for moving forward.

Some service providers may use this tool exclusively, especially if the agency is not fully trained or prepared to provide more intensive case management for child trafficking victims. These agencies should refer the client to a trafficking-informed agency if trafficking is initially suspected and especially if the agency does not have the resources or training to serve the immediate and long term needs of the client.

Comprehensive Screening and Safety Tool (CSST) for Child Trafficking – The Comprehensive Screening and Safety Tool (CSST) should be employed after the Rapid Screening Tool (RST) for Child Trafficking if trafficking is suspected or confirmed. The tool documents the scope, nature, severity, and impact of suspected cases of trafficking, assesses the child's safety, and helps to develop appropriate plans of action for case management and legal purposes.

This tool can be used by agencies that have the capacity to meet the needs of child trafficking victims and will subsequently open a case file for the victim. Attempt to answer questions in the indicator questionnaire and safety assessment tool together (e.g., do not repeat questions unnecessarily). Once human trafficking is suspected, use this tool for investigation, case management, documentation, and response. It includes three parts:

1. Basic Identifying Information of Investigator(s) and Client
2. Child Trafficking Indicator Questionnaire — more in-depth questions to determine scope and severity of possible child trafficking case
3. Child Trafficking Safety Assessment Form — This form is intended to assist the caseworker in ascertaining potential risks posed by the trafficker, employer* or guardian to the client, the client's family, and to any staff working with the client. The goal of the tool is to create a service plan that will maximize the safety of all involved. Great care should be taken to ask questions in a sensitive manner, allowing the client to answer at his or her own pace. Caseworkers should remind client of confidentiality, how this information will be handled and should only document minimum details.

*The term “employer” should be replaced when there is a more appropriate term or name (e.g., “aunt” “boyfriend,” etc.).

RAPID SCREENING TOOL (RST) for CHILD TRAFFICKING

PROCESS/ACTION

Potential victim was or is currently being recruited, enticed, induced, harbored, transported, or obtained by family member, stranger, employer, or acquaintance.

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Child has been accompanied OR transported to current location from anywhere in U.S. or from another country; OR |
| <input type="checkbox"/> | <input type="checkbox"/> | Child has been promised things (e.g., job, payment, housing, school, legal status, improved circumstances/better life) in exchange for movement from one residence/community/city/state/country to another; OR |
| <input type="checkbox"/> | <input type="checkbox"/> | Child is being kept or has been kept in someone's home or place of business without (or with undetermined) legal status, or lives with employer; OR |
| <input type="checkbox"/> | <input type="checkbox"/> | Child appears to have been "bought" or "sold." (If "yes" to this particular action, proceed to Comprehensive Screening and Safety Tool immediately or refer to appropriate services as needed) |

MEANS

Potential victim has suffered physical harm, physical restraint, abuse of legal process, withholding or control of identification documents, financial harm/control, enticement, coercion, verbal threats, threats to harm (physically or financially) family members, scheme or plan, intimidation

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Evidence of physical harm OR threats of harm to child or child's family or friends; OR |
| <input type="checkbox"/> | <input type="checkbox"/> | Child told to distrust authority figures; OR |
| <input type="checkbox"/> | <input type="checkbox"/> | Identification documents (legitimate or fraudulent) have been taken away or manipulated; OR |
| <input type="checkbox"/> | <input type="checkbox"/> | Child is isolated (from family, friends, or community); OR |
| <input type="checkbox"/> | <input type="checkbox"/> | Child is not receiving payment for employment or services, or has "quota" of money to be earned for labor or (sexual) services, or not in control of money earned; or broken promises over type of work (sexual or labor) engaged in. |

PURPOSE

Potential victim has been forced into involuntary servitude, commercial sexual activity, debt bondage, or forced labor.

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Child has engaged in any labor or services (e.g., retail, factory, farm, household, babysitting, cooking, restaurant, hotel, massage/spa, construction, exotic dancing, etc.) OR |
| <input type="checkbox"/> | <input type="checkbox"/> | Evidence of prostitution or pornography (if "yes" to this particular action, proceed to Full Comprehensive Screening and Safety Tool immediately); OR, |
| <input type="checkbox"/> | <input type="checkbox"/> | Child owes a debt (for any reason) |

AFTER COMPLETING THE RAPID SCREENING TOOL

If you answered "Yes" at least once in two or more sections, and you ARE ABLE to open a case file and serve the client at your agency, please proceed to the Comprehensive Screening and Safety Tool.

If you answered "Yes" at least once in two or more sections and you are UNABLE to open a case file or serve the client at your agency, immediately call the *National Trafficking Resource Hotline* for referral sources or consult with a local provider with expertise in trafficking (see Resource Guide).

Or, if you are undecided about the results, call the *National Trafficking Resource Hotline* for referral sources or consult with a local provider with expertise in trafficking (see Resource Guide).

At all points in the process, consult with a supervisor for next steps if trafficking is suspected.

COMPREHENSIVE SCREENING AND SAFETY TOOL (CSST) for CHILD TRAFFICKING

Basic Identifying Information

| | | |
|--|-----------------------|--|
| PERSON CONDUCTING INVESTIGATION | | |
| DCFS OFFICE/POS AGENCY | | |
| ADDRESS | | |
| PHONE | DATE OF SCREEN | |
| | | |

| | | |
|-------------------------------------|------------------------|---|
| ALLEGED CHILD VICTIM (ACV) | | |
| ADDRESS | | |
| AGE | DATE OF BIRTH | <input type="radio"/> MALE <input type="radio"/> FEMALE |
| OPTIONAL FOR FOREIGN PERSONS | | |
| PASSPORT # | VISA # | ALIEN RESIDENT # |
| DCFS CASE # | DCFS CASE NAME: | |

CHILD TRAFFICKING INDICATOR QUESTIONNAIRE

This form provides a more in-depth assessment for the required elements of human trafficking. Remember that the state and federal law emphasizes the subjective belief of the victim and their circumstances.

It does not matter what you or someone else thinks they could or should have done in that situation, but what the child believed during the course of their exploitation. Note that some of the questions may overlap/apply to two or more elements of human trafficking. This list is not comprehensive and only provides samples of possible questions.

A. PROCESS

| Is there evidence that the child was (a) recruited, OR (b) provided to another person, OR (c) obtained, OR (d) harbored? | YES <input type="radio"/> | NO <input type="radio"/> |
|--|------------------------------|-----------------------------|
| <ul style="list-style-type: none"> • How did you get here (or come to Illinois or U.S. if child is a non-U.S. citizen)? • Who arranged for your documents to travel here? Where are your documents or ID? • What were your parents told when you came here (the recruitment or obtaining could have occurred by traffickers with the child's parents, and not with the child directly)? • Are you in school? • Did someone else give you your current ID? When was the last time you saw your documents? • What kind of job were you offered? How did you find out about it? What was promised to you if you did this work? Who made the promises? • What was promised to you if you did this work? Who made the promises? • Were you allowed to leave the house/apartment (or place of employment)? If so, under what conditions (e.g. school, shopping, accompanying children) • Did someone else give you your ID? When was the last time you saw your documents? What happened when you asked for your documents? | | |

NOTES

CHILD TRAFFICKING INDICATOR QUESTIONNAIRE

B. MEANS

| Is there evidence of force OR fraud OR coercion – psychological or physical – in the recruitment/moving/transporting process or as a means of inducing work or sexual services? Remember: Force, fraud, or coercion does not need to be present for child victims of sex trafficking | YES ○ | NO ○ |
|--|----------|---------|
| <p><i>Examples include physical assault, verbal abuse (e.g. “you’re stupid” “you’re worthless,” “no one will believe you”), false promises, presence of a debt that child or child’s parents owe, threats of abuse to child or child’s friends or family, threats to shame or harm child, sexual assault or rape, lies, promises of better life or love in exchange for service , threats of legal abuse (e.g. “the police will hurt you/won’t help you”)</i></p> <ul style="list-style-type: none"> • What were the “rules” at the place you worked (or lived)? • Did someone else give you your ID? When was the last time you saw your documents (drivers license, school ID, passport, etc.)? What happened when you asked for your documents? • What was promised to you if you did this work? • How is your situation different from what you were promised? • Are you (or were you) hurt? • Are you allowed to go to school? (Some trafficked children are allowed to go to school so as to not arouse suspicion; others are not) • Tell me about what you didn’t like about your situation (or “your job,” “what you were told to do”) and why. • How many hours did you work? • Did you try to leave? Did anyone else you worked with try to leave? If so, what happened? What would happen if you didn’t want to work? • Were you ever told anything about the police (or immigration authorities)? If so, what? • Do you have a debt to pay off? Do you owe anyone money? • Were you able to talk to your family and friends? If you were, were you alone? • Were you paid? How much and how often? Were you told to make a certain amount of money (i.e. a quota)? • Were you able to keep your money? Tell me more about any rules about making money. • Do you owe anyone any money? If so, how much? What are the rules about paying it back? • Any evidence of physical indicators of child trafficking. • Any psychological indicators of child trafficking. | | |

NOTES

CHILD TRAFFICKING INDICATOR QUESTIONNAIRE

C. END

| | | |
|--|------------------------------|-----------------------------|
| Is there evidence of any type of labor, services or sexual services/exploitation being performed by the child, currently or in the past? | YES <input type="radio"/> | NO <input type="radio"/> |
| <p><i>Examples include (but are not limited to) prostitution, pornography, strip clubs, massage parlors, any erotic services, factory work, housecleaning, baby sitting, hotels, construction, gardening/landscaping, farm work (picking blueberries, strawberries, dairy, etc.), restaurant work, sales of magazine subscriptions or trinkets, and begging.</i></p> <ul style="list-style-type: none"> • How did you make money? How did your employer make money? • What were you told to do to pay off your debt (if mention of previous debt)? • Tell me about the work you did. • Tell me about your day. | | |

NOTES

AFTER completing the Child Trafficking Indicator Questionnaire

If the answers to A, B, and C above are “Yes”

- ☐ Immediately contact a legal professional for assistance with the case
- ☐ Conduct the “Child Trafficking Safety Screening Assessment Form”
- ☐ Begin case management appropriate to child trafficking victims (see case management chapter)

If the answer to two or fewer questions is “Yes”

Consult a supervisor to confirm assessment and identify appropriate next steps.

CHILD TRAFFICKING SAFETY ASSESSMENT FORM

SCREENING DATE

DCFS CASEWORKER

CLIENT NAME

CASE NUMBER

This form is intended to assist the caseworker in ascertaining potential risks posed by the employer* or guardian to the client, the client's family, and to any staff working with the client to create a service plan that will maximize the safety of all involved. Additionally, service providers may want to inquire about other activities that increase risk, including organized crime, gang involvement, etc.

Great care should be taken to ask questions in a sensitive manner, allowing the client to answer at his or her own pace. Caseworkers should remind client of confidentiality, how this information will be handled and should document minimum details only.

*The term "employer" should be replaced when there is a more appropriate term or name (e.g., "aunt" "boyfriend," etc.).

| A. HISTORY OF THREATS AND VIOLENCE | YES | NO |
|--|-----|----|
| When you were working, did anyone ever threaten to harm you for any reason? (Example: Not working to employer's satisfaction; getting sick; etc.) | | |
| Did anyone ever actually harm you for any reason? If so, can you tell me a little bit about what happened? (Briefly note physical violence.) <i>If client is overwhelmed and doesn't answer this question, you can provide the following list of more specific questions:</i> <ul style="list-style-type: none"> • Were you ever hit (i.e. struck/slapped with a hand, struck with an object)? • Were you ever burned? • Did someone touch you where they weren't supposed to? • Did someone try to have or have sex with you? Did someone ask you to have sex with anyone else? • Did someone ever take pictures with a camera or video camera of you? Tell me what you were doing? | | |
| Did anyone ever threaten to harm you if you ran away or if you told anyone what was happening to you? If yes, what did they tell you would happen? | | |
| Was anyone (including survivor) ever caught trying to run away OR caught after they escaped? If so, what happened? | | |

| | YES | NO |
|---|-----|----|
| A. HISTORY OF THREATS AND VIOLENCE <i>continued</i> | | |
| Did your employer ever force you to use drugs? If yes, please list the drugs. | | |
| Did your employer/s ever use weapons? If yes, please list the weapons. | | |
| Was your employer/s engaged in any other illegal activity? | | |

| | YES | NO |
|---|-----|----|
| B. PRESENT SITUATION | | |
| When you were working, did anyone ever threaten to harm you for any reason? (Example: not working to employer's satisfaction; getting sick; etc.) | | |
| Has your employer attempted to contact you either directly or through someone else since you left? | | |
| Are you in touch with anyone your employer knows? | | |
| Is the employer from same geographic, ethnic, or religious community as the child? | | |
| Have all interpreters and other parties involved in this case (particularly those of same geographic, ethnic, cultural, or religious background as child) been carefully screened for ties to employer? | | |
| Has child been sufficiently removed from any areas where exploitation took place? Consider all services, including shelter, foster home, school, community-based services, etc. | | |
| Is the child a material witness or otherwise involved in a state or federal criminal case against the employer? | | |
| What is current location of employer? <input type="radio"/> Jail <input type="radio"/> At large within U.S. <input type="radio"/> At large overseas <input type="radio"/> Unknown | | |
| Are any of the employer's associates still at large? | | |

| C. ASSESSMENT OF RISK TO FAMILY OR LOVED ONES | YES | NO |
|--|-----|----|
| Did anyone ever threaten to harm your family or someone you care about if you ran away or told anyone what was happening to you? If so, what did they tell you would happen? | | |
| Do you know if your employer/s ever harmed another worker's family or loved ones for any reason? If so, please describe how they were harmed. | | |
| Does your employer/s know where your family or loved ones are now? | | |
| Has anyone contacted your family to try to find you? | | |
| Has anyone threatened or harmed your family? | | |

SUMMARY

From the answers provided in the boxes above, are any of the following key risks present?

- ☐ History of threats
- ☐ Is trafficker at large?
- ☐ History of physical violence
- ☐ Is trafficker under investigation?
- ☐ Presence of threats to child
- ☐ Is child fearful?
- ☐ Presence of threats to family
- ☐ Is the child a flight risk?

AFTER completing the Child Safety Assessment Form

If one or more of these key risks are checked

Service providers should consult with supervisor, child's attorney, guardian at litem, etc. to develop and implement specific safety plan that addresses each of the relevant areas of risk.