

## Intake Tool

**Purpose:** During the intake process it is vital to assess clients for suspected victimization of sex trafficking in order to flag potential domestic minor sex trafficking (PDMST) victims. Assessments alert professionals to youth who display signs of DMST, leading to further intervention. This specific intake model is appropriate for youth aged 12-20.

**Model:** This intake is set up as a two-tier system and modeled after a strengths-based approach for victims of severe trauma. Questions associated with identification of and response to DMST are invasive by nature and have a high potential to re-traumatize the victim. With this knowledge, each question is phrased to reduce the likelihood of re-traumatizing the victim. Each tier contains questions that will help flag PDMST victims; however, not all tiers are intended to be utilized by every practitioner. Rather, professionals are to select the appropriate tier for their level of training and interaction with PDTMs in the process of identification and response.

**Language:** DMST victims are trained by traffickers/pimps to speak a new vocabulary of street slang that is recognized and spoken by those involved in commercial sexual exploitation. While certain terms may vary there is a core set of language that is used. This list of terms is provided in the glossary and it is helpful for intake staff and practitioners to familiarize themselves with such terms so that they can understand information provided by youth during the interview. A common language can also assist in building rapport and trust with the victim since they often think no one will understand what they have experienced. For example, notice that the tier 1 intake tool never asks a PDTM directly, “Who is your trafficker?” or “Who is your pimp?” Because the pimp often has the girls refer to him as “daddy” and the girl often views the pimp as a boyfriend, these questions would not result in a productive answer. At the intake stage it is important to engage the PDTM at her present state both mentally and emotionally, and mirror her language—questioning about a “boyfriend” is more likely to build rapport as it reflects the point at which she is in understanding her victimization.

**Basic Needs:** Prior to engaging in any form of an intake process it is imperative that the basic needs of the survivor are met. Food, clothing, safety concerns and immediate health needs are a first priority for any youth in care.

**Intake Tool Model:** The intake tool provides suggested questions that are modeled after a trauma-informed and strengths-based approach. DMST victims have experienced chronic and severe sexual abuse and exploitation which has profound mental, physical, and psychological impact. Trauma-informed means that practitioners and social service providers interacting with a PDMST victim are aware of how the youth’s traumatic experience has impacted her psychologically and physically, and the effect it has had on the relationship with the abuser (pimp-control/trauma bonds) and the larger community. Additionally, this approach respects the resulting symptomatic behavior and always attempts to identify the root cause driving the symptom. To obtain the information about the core traumatic incident(s), questions are framed in a strengths-based approach to highlight survival skills owned by the adolescent.

Two types of strengths-based approaches are encouraged within the intake tool. The first type attempts to reorganize invasive questions into an empowerment memory framework. For example, the original question, “Can you tell me about the sexual assault?” instead asks, “Can you tell me about when you realized you survived the sexual assault?” This approach acknowledges that the adolescent was victimized but is a survivor. This approach can be very empowering for youth and can assist in shifting the self-blame and guilt often associated with sexual exploitation.

The second strengths-based approach involves inserting positive and less invasive questions within a disclosure. Questions that are more invasive and may trigger a victim to relive or recall a traumatic event are followed by strength-based questions/memories in order to bring the juvenile back to neurological and psychological homeostasis (equilibrium), increase the chance of full memory answers, and minimize the effects of re-traumatization. This approach can reduce her feelings of being overwhelmed or disconnected and encourage empowerment throughout the disclosure process.

**Motivational Interviewing (MI)** is a client-centered counseling style that empowers the client to explore and resolve ambivalence and harness the concept of being in control of her own life. This approach has been identified as a successful practice in working with DMST victims as disempowerment through complete psychological and physical control is how the trafficker/pimp exploited the youth. Therefore, it is imperative that the practitioner work to rebuild these life and personal skills within the youth so she can be empowered to self-sufficiency. Questions asked in MI style must be tailored to the needs of each client and as a result they are not included in this Intake Tool. However, the philosophy of MI is highly recommended and a resource for MI techniques is listed in the Resources section.

**Implementation of the Tier Process:** Each tier is progressive and builds on the previous tiers. While it is ideal to utilize the two tiers in a chronological manner, it is not necessary, and each tier can be utilized individually. Furthermore, while each tier is considered to be most effective when used in its entirety, another option is to extract specific concepts and questions to include in an already established intake procedure. Finally, and most importantly, the intake guide is set up to provide the practitioner with concepts to be explored. As a result, the practitioner should not feel bound to the order of questions/concepts presented within each tier but rather use the themes to steer conversation as directed by the youth.

Tier one is to be utilized during the initial intake. This tier can be implemented by any dedicated and professional staff member. Upon reviewing the paperwork, a service provider/case manager is to assess for indicators of domestic minor sex trafficking. If the client displays characteristics that relate to victims of DMST, then their paperwork is to be flagged as "Potential Domestic Trafficked Minor (PDTM)." An experienced professional should then engage in an informal, structured interview with the PDTM utilizing tier two concepts and questions. At this point disclosure of DMST may occur; if it does, the minor should be referred to a trained/licensed professional and/or therapist. The procedure for each tier is discussed more in-depth at the beginning of each tier segment.

**Tier Determination:** Tier levels are determined by the questions in that particular tier. All questions in the intake have the potential to re-victimize DTMs because many are invasive. Specific tier structure is outlined below.

### *Tier One (T1)*

The purpose of T1 questions is to identify behavior, people, or events of concern, as well as the existence of vulnerability factors related to DMST.

T1 contains the lowest level of invasive questions while still examining indicators of DMST. Questions in this section are basic and can be integrated into other intake forms and may be filled out by the youth or a professional on a questionnaire. (NOTE: We have examined the wording and language appropriateness of the questions and believe they work well with this population; however, service providers may reword in order to fit their existing intake process.)

## *Tier Two (T2)*

The purpose of T2 is to understand more about the vulnerabilities identified in T1 and seek out the existence of other DMST indicators. T2 includes questions with a moderate level of invasiveness, where the client may be asked to provide more self-disclosure or build upon information provided in T1. These questions are more intrusive than those in the first section and ask for higher levels of self-disclosure. T2 questions are framed with concepts of DMST victimization and should be utilized in a quiet, semi-private setting during a steered conversation with a PDTM.

While one is conversing, it is advisable not to take detailed notes but stay focused on the client to continue building trust and rapport. Detailed notes can be written after the discussion on the form provided. Remember that this may be one of the only times the victim may disclose. Examples of proper reactions to disclosure, as well as suggested procedures, are discussed in the Disclosure section below.

## *Next Steps*

Once information is obtained from T2 that confirms or continues to flag a DMST victim, it is critical that more intensive therapy be offered by someone who has been trained to work with this population. As mentioned previously, engaging a community and multidisciplinary team model will provide the broad net of services necessary to address the severity of the exploitation from all angles.

**Who Should Utilize Each Tier:** Due to the high level of invasiveness, it is imperative that practitioners utilize the appropriate tier level for their skill sets. Those with limited experience in counseling/therapy should only utilize T1. If one believes that a client is a PDTM, it is imperative that the minor be recommended to someone with more experience in adolescent trauma. **T2 should only be used by trained and/or licensed professionals who must have an understanding of trauma and DMST.** If DMST is apparent it would be necessary to refer them to a licensed therapist/experienced professional. Clinicians who will refer PDTMs to those with higher training should be up front with the client before and during the referral process and involve the client in the decision-making process. This openness will continue to build trust and avoid the perception of abandonment.

**Disclosure:** DMST is the sexual abuse and exploitation of a child or adolescent. When the youth discloses any information about her abuse she will be watching the practitioner's reactions very closely to gauge how much she is willing to tell. As such, the interviewer should be cognizant of all facial, body, and verbal communication. Crossed arms, grimaces, disgusted facial expressions, crying, and shock should not be displayed under any circumstances. Practitioners should prepare themselves for the types of details and stories shared by DMST victims so that they are not appalled or shocked by information shared by the client. A delicate balance must be maintained to continue the disclosure process and engage the youth now that she has made herself more vulnerable.

**Reporting:** Each agency and organization has specific reporting procedures established in response to a disclosure of child sexual abuse. These procedures should be reviewed and followed when disclosure of sex trafficking of a youth occurs.

## Tier One DMST Intake {T1}

**Purpose:** The purpose of T1 questions is to identify existence of indications or vulnerability in a youth's life of current or potential domestic minor sex trafficking.

**Method:** T1 contains the lowest level of invasive questions while still examining indicators of DMST.

### Things to Look For:

**Runaways** – Watch for youth who are chronic runaways. Runaway/homeless youth are often targeted by traffickers/pimps who prey on their vulnerabilities.

**Traveling/ Transportation** – Movement is not necessary for a person to be a victim of trafficking; however, traffickers/pimps often move victims to different cities or states to exploit them and keep them unbalanced in unfamiliar locations. Identify landmarks and location to track the movement of the minor.

**Delinquency** – Pay attention to the youth's arrest record. Sometimes girls are not charged with prostitution because law enforcement did not want to saddle the minor with a prostitution charge. As a result, they are charged with a lesser offense, such as curfew violation, runaway, loitering, or other status offenses.

**Relationships** – Pay especially close attention to youth who have older, dominating boyfriends. Some traffickers/pimps may be close in age to their victims but it is more common for a trafficker/pimp to be older than the victim.

**Tattooing** – Tattoos can be a form of branding, so it is important to hear the story behind any tattoo a client may have. For example, one DMST victim had a Tweety bird tattoo; during questioning the interviewer learned that her "boyfriend" (pimp) was called Tweety. Inquiring about tattoos can also be a non-threatening conversation starter.

**TIER ONE INTAKE QUESTIONS**

**LIVING SITUATION:**

1. Where are you from? Is this where you live now? \_\_\_\_\_  
\_\_\_\_\_
2. Do you currently live with your parents? If not, where do you live and with whom? \_\_\_\_\_  
\_\_\_\_\_
3. What is your relationship like with your parents/guardians and siblings? \_\_\_\_\_
4. Have you ever been in foster care? \_\_\_\_\_
5. Are you currently in foster care? \_\_\_\_\_
6. How long have you been in foster care? \_\_\_\_\_
7. When things got tough while in foster care, what strengths/resources helped you deal with it?  
\_\_\_\_\_  
\_\_\_\_\_
8. Do you go to school? What subjects do you like/dislike? \_\_\_\_\_
9. Are you involved in any activities at school? [Yes – What activities?] [No, do you wish you were involved in any activities?]  
\_\_\_\_\_  
\_\_\_\_\_
10. Have you ever left home without parent/guardian knowledge? \_\_\_\_\_
11. Why did you leave home? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. How many times have you run away? \_\_\_\_\_
13. Where do you like to go when you run away? \_\_\_\_\_
14. What were some of the ways you took care of yourself while you were away from home?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
15. Did you ever do any traveling while you were gone? \_\_\_\_\_
16. What places did you go? Can you describe what you saw? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
17. While traveling, who did you go with? How did you get from one place to the next?  
\_\_\_\_\_  
\_\_\_\_\_
18. How long were you gone? \_\_\_\_\_
19. While you were away from home did anything keep you from going back? \_\_\_\_\_
20. While you were away from home did you experience anything that made you uncomfortable or scared? \_\_\_\_\_
21. Do you feel safe now? \_\_\_\_\_  
\_\_\_\_\_
22. Do you have a best friend? Who is that? \_\_\_\_\_  
\_\_\_\_\_

# SHARED HOPE INTERNATIONAL

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## ARREST HISTORY:

23. Have you ever been arrested? For what? (Example: curfew violation, skipping school, running away, drugs)?

Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. What happened when you were arrested? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

25. Was there a person you could count on to help you through the experience? How did you know you could rely on them?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PARTNER HISTORY:

26. Do you have a boyfriend or girlfriend? \_\_\_\_\_

27. How did you meet? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

28. What do you two do for fun? Where do you go? \_\_\_\_\_  
\_\_\_\_\_

29. Every couple has problems- what are some things about your relationship that you don't like?  
\_\_\_\_\_  
\_\_\_\_\_

30. What are some of the things that person does to show he or she cares for you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

31. How old is he/she? \_\_\_\_\_  
\_\_\_\_\_

## TATTOOS (if visible):

32. What does your tattoo mean? \_\_\_\_\_

33. When did you get it? \_\_\_\_\_

34. Was someone there while you got it? Who? \_\_\_\_\_

## Tier Two DMST Intake {T2}

**Purpose:** The purpose of T2 is to understand more about the vulnerabilities identified in T1 and explore or confirm DMST.

**Method:** T2 includes questions with a moderate level of invasiveness, where the client may be asked to provide more disclosures or build on information provided in T1. T2 questions are framed with concepts of DMST victimization and should be utilized in a quiet, private setting during an informal, steered conversation with a PDTM already flagged in T1.

In this particular section, a list of potential questions and topics to explore are provided. It is at the discretion of the interviewer which specific topics will be used to engage the youth and when. As such, this intake is staged in two different formats. The first form provides thematic information of DMST victimization that can be woven into conversation. The provided form *must not be utilized by a PDTM to fill out*. Rather, this form is for the convenience of the practitioner and should be filled out following the conversation with the youth to document information obtained.

### Attention Items:

Profound stigma still exists towards those exploited through prostitution, even among social service providers. As a potential victim of DMST goes through the intake process, social service providers must reframe their attitudes toward this population. Instead of viewing them as juvenile delinquents or troubled adolescents, they should be seen as strong individuals who are in the process of surviving a life of abuse and manipulation.

A range of emotions and responses can occur as a youth gets closer to disclosure. While it is important to respect a minor's self-determination, it is important to keep in mind that the trauma drives the behavior. As a result it is imperative that the practitioner identify root traumas rather than reacting to the behavior or symptoms. (See section on Trauma Bonds and Biology of Trauma).

Many actions that are displayed by the DTMs are viewed as "maladaptive" in mainstream society; however these very actions have saved their lives on the streets or in abusive homes. For example, victims use harsh language that may be offensive to the every day person; however, this may have been advantageous when their abuser (trafficker/pimp, buyer) became demanding or violent.

Ideally, practitioners want victims of domestic minor sex trafficking to be set free from the cycle of violence and abuse, to realize their potential, and to live a life liberated of manipulation. However, many DMST survivors follow a pattern of exiting and reentering pimp-control; many will return to their pimp. Historically, misidentification and inappropriate victim services and shelter have served as the basis for DMST victims to feel like they don't "fit" in the "real world" and thus they return to the familiar world of abuse and prostitution. With proper evaluation and response initiated by this guide and implemented by service providers, the rate of DTMs running away should be reduced, though service providers should be prepared for this cycle of behavior to continue for some. As mentioned previously, relapse is understood to be a stage of change with all other behaviors and it is the same with youth exploited through commercial sex.

With this reality in mind, one must determine how many of the DTMs' "maladaptive" behaviors should be removed in the beginning of the therapeutic process. If the practitioner seeks to remove all defense mechanisms and survival skills immediately, the minor can be placed back in a highly vulnerable state causing unintended, negative consequence. Also, it is important that throughout the exiting process, behaviors often referred to

as maladaptive can be reframed as strengths. At this point, new resources and skills can be introduced as stabilization occurs.

During T2, the interviewer should seek to utilize a strengths-based perspective, encourage the minor, and empower her toward a life of freedom. Motivational interviewing techniques are also highly effective during this stage and can assist in empowering the youth to establish a foundation of desire for change.



TIER TWO INTAKE CONCEPTS AND QUESTIONS

**LIVING SITUATION:** *Observe the information provided on their intake sheet. When talking with a minor about her living situation, determine where she is living and with whom, or whether she has been involved in Child Protective Services. Also, see where her parents are and the role they play in the child's life.*

The following are some questions one may use during conversation to follow up on the youth's living situation:

1. Do you have contact with your parents or relatives? \_\_\_\_\_
2. Who do you feel closest to in your life? What is your happiest memory of them? \_\_\_\_\_  
\_\_\_\_\_
3. Why did Child Protective Services become involved in your life?? \_\_\_\_\_
4. What have your foster homes been like? \_\_\_\_\_
5. Problems arise in many homes- was there anything negative in your living situation? \_\_\_\_\_  
\_\_\_\_\_
- Anything positive? \_\_\_\_\_
6. Who was your favorite foster family? What made them special? \_\_\_\_\_  
\_\_\_\_\_
7. Where have you lived where you felt the safest? \_\_\_\_\_  
\_\_\_\_\_
8. Do you feel safe where you are living now? \_\_\_\_\_

**RUNAWAY HISTORY:** *If the minor has a pattern of running away or is homeless, inquire about what she does to provide for herself on the streets. Try to have her reveal the true dynamics of this situation and the players involved.*

9. How did you/do you take care of yourself while away from home? \_\_\_\_\_  
\_\_\_\_\_
10. Where did you stay/sleep while you were on the run? \_\_\_\_\_
11. What would need to change at home to make you feel safe living there? \_\_\_\_\_  
\_\_\_\_\_
12. Is there anyone that looks out for you while you are on the streets? \_\_\_\_\_
13. How do they do this? \_\_\_\_\_  
\_\_\_\_\_
14. Has anyone given you any tips on how to survive? What are some of those tips? \_\_\_\_\_  
\_\_\_\_\_
15. Being on the streets can get lonely. What did you do to make yourself feel better? \_\_\_\_\_  
\_\_\_\_\_
16. While you were away from home did anything keep you from going back? \_\_\_\_\_  
\_\_\_\_\_

# SHARED HOPE INTERNATIONAL

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17. Has anyone asked you to do something sexually that made you uncomfortable? \_\_\_\_\_  
\_\_\_\_\_
18. Does this person give you money, drugs, clothes? \_\_\_\_\_
19. Did you have a way to make money while on the run? \_\_\_\_\_
20. Are you in control of your money or has someone offered to manage that for you? \_\_\_\_\_  
\_\_\_\_\_
21. It takes a tough person to survive on the streets. What advice would you give to another person your age who is thinking about running away? \_\_\_\_\_  
\_\_\_\_\_
22. When things get tough, what part of your personality do you draw on to survive. Can you give me an example when you did this?  
\_\_\_\_\_  
\_\_\_\_\_
23. Tell me about the time you felt proudest of yourself. \_\_\_\_\_  
\_\_\_\_\_

**TRAVELING:** *Determine if the minor has traveled and where. Sometimes the minor will not know where she has traveled but can identify landmarks or recall events. Also, it is important to ascertain with whom the minor has traveled and if she was dependent on the other for expenses. Also ask about how she paid for her trip and transportation.*

24. I see you went with [name] on your trip, who is s/he? Did s/he invite you to come along for the trip? \_\_\_\_\_  
\_\_\_\_\_
25. How did you meet this person? \_\_\_\_\_
26. If you traveled alone, how did you pay for the trip? Did someone pay for you or help you travel? \_\_\_\_\_  
\_\_\_\_\_
27. What did you expect to see and do while you were there? \_\_\_\_\_  
\_\_\_\_\_
28. What expectations were fulfilled? What were not? \_\_\_\_\_  
\_\_\_\_\_
29. I see you were gone [number] days. Did you stay in that area the whole time? \_\_\_\_\_
30. Did you expect to be gone for that amount of time? \_\_\_\_\_
31. Did you meet up with anyone else (besides the person you left with) while you were traveling? Who? \_\_\_\_\_  
\_\_\_\_\_
32. Was there anything that happened to you while you were away that you didn't like or expect? \_\_\_\_\_  
\_\_\_\_\_
33. What was your favorite experience while traveling? \_\_\_\_\_
34. What would your perfect vacation be? \_\_\_\_\_  
\_\_\_\_\_
35. How did you celebrate your last birthday? \_\_\_\_\_  
\_\_\_\_\_

# DMST: PRACTITIONER GUIDE AND INTAKE TOOL

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**PARTNER HISTORY:** *Youth rarely engage in commercial sex without being controlled or managed by an adult. Even though the youth may refer to her partner in a loving way it is important to unpack the dynamics of the relationship to determine whether he/she is a trafficker/pimp. It is particularly important to gauge where the youth is at in understanding the relationship and mirror language used. For example, some youth may be very aware that their partner is also their trafficker/pimp while others may feel the exploitation is temporary and will end.*

36. Have you grown apart from your family or friends since starting this relationship? \_\_\_\_\_

37. Does your boyfriend act jealous of your family or friends? \_\_\_\_\_

38. Do you live with your boyfriend currently? Does anyone else live there with you? \_\_\_\_\_

39. Has your boyfriend ever hurt you? \_\_\_\_\_

40. What happened? Did you go to the hospital? \_\_\_\_\_

41. Has your boyfriend asked you to do things sexually that makes you feel uncomfortable? \_\_\_\_\_

42. Has your boyfriend ever asked you to do things sexually with other guys? \_\_\_\_\_

What happened? \_\_\_\_\_

**STRENGTH-BASED QUESTIONS:** *These questions can be used at any point during the intake process. Some specific strength-based questions are also offered throughout each section.*

43. When did you know you had survived that situation? \_\_\_\_\_

44. When did you know help had arrived? \_\_\_\_\_

45. So, you survived that situation, what can you do to avoid that in the future? \_\_\_\_\_

46. So, you survived that situation, what can you do to protect yourself in the future? \_\_\_\_\_

47. During that difficult time what strengths helped you get through it? \_\_\_\_\_

48. What are some of the things that helped you survive while (on the streets, getting raped, being beaten etc.)? \_\_\_\_\_