

Human/Sex Trafficking Screening Tool

***The questions on this form should be answered by the caseworker, based on interaction and interviews with the child/youth. Information should be gathered from the child by using the most appropriate approach considering the age and developmental status of the child, including the use of CAP interviewers, if necessary.

Is the Child/youth referred to DFS due to criminal activity; subjected to engage in forced labor; commercial sexual activity through the use of force, fraud or coercion; *OR*, a runaway/missing child/youth?

- No
- Yes;

If the answer is Yes, the following questions shall be answered:

1. Did anyone ever pressure the child/youth to touch someone or have any unwanted physical [or sexual] contact?

- No
- Yes

If the child/youth was willing to discuss this in more information, state the events of what happened.

2. Did anyone ever take a photo or video of the child/youth that he/she was uncomfortable with?

- No
- Yes If the child/youth was willing to discuss this in more information, state the events of who took the photo/video(s) and why?

[LAW ENFORCEMENT: If the respondent indicates that the photo was posted online, DFS caseworker shall gather information about the website(s).]

3. Did the child/youth indicate he/she had sex for things of value (for example money, housing, food, gifts, or favors)? [INTERVIEWER: Probe for any type of sexual activity]

- No
- Yes Was child/youth pressured to do this?
 - No
 - Yes; If the child/youth was willing to discuss this in more information, state the events.

4. Did anyone ever trick or pressure the child/youth into doing anything he/she did not want to do?

- No
- Yes If you are comfortable talking about it, could you please give me some examples?

Post-interview Assessment (to be completed by the interviewer)

5a. Note any nonverbal indicators of past victimization:

5b. Note any indicators that responses may have been inaccurate:

5c. Indicate the likelihood that the child/youth is or is not a victim of trafficking (state up to three reasons for your rating):

5d. What kind of service referrals, if any, shall DFS make for the child/youth?

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____

5e. Additional Notes:
