

COLLIN COUNTY CHILD SEX TRAFFICKING WORKING PROTOCOLS

DEFINITIONS

- 1) **Child Victims of Sex Trafficking (CST)** are defined as children younger than 18 years of age who have been transported, enticed, recruited, harbored, provided or otherwise obtained by another person by any means for the intent or purpose that the child become the victim of sexual conduct or that the child engages in sexual conduct, or is the victim of commercial child sexual exploitation.
 - a. Identified CST is defined as a child who has made an outcry or circumstantial evidence supports the conclusion that the child is a victim of commercial sexual exploitation.
 - b. Recovered CST is defined as a child under 18 years of age who is recovered by law enforcement officers, DFPS, or presents at a hospital emergency room under circumstances which appear the child is a victim of child sex trafficking.
- 2) **High Risk Youth (HRY)** are defined as:
 - a. Children under the age of 13 who have been reported as a runaway/missing.
 - b. Children 13 year of age or older with multiple runaway/missing reports.
 - i. Multiple runaways are defined as three or more times within a nine-month period.
 - c. Children who have been listed as runaway/missing for over thirty consecutive days.
 - d. Children who are missing and are currently under Department of Family and Protective Services (DFPS) custody.
 - e. Children with repeated reports of sexual abuse and exploitation.
 - i. Repeat victims of sexual abuse will be defined as two or more separate incidences within a 24-month time frame.
 - f. Children who were screened using a validated commercial sexual exploitation tool and scored within a range of clear concern for commercial sexual exploitation.
 - g. Children who are determined by LE, DFPS, Juvenile Probation, or medical personnel to be at serious risk.
- 3) **Rapid Response Team (RRT)** is defined as a coordinated crisis response to reports of CST provided by the following team members: Law Enforcement, DFPS, CAC, Advocate Agency, Children's Health, Collin County Juvenile Probation Services (CCJPS), and Collin County DA's Office. RRT is utilized during the Rapid Response phase when an identified CST is recovered.
- 4) **Types of Cases**
 - a. Rapid Response (CST)
 - b. Traditional DFPS/LE Report (CST)
 - c. Runaway/Missing Cases (HRY)
 - d. Assessment Referral (HRY)
 - e. Repeated Reports of Sexual Abuse and Exploitation (HRY)
- 5) **Initial Investigative Responsibility** is determined in the following order:
 - a. Jurisdiction of Recovery- Law Enforcement agency that recovers the victim will activate the process.
 - b. Location of offense- Location where the individual incidents occurred if it is clearly defined (e.g.: a home, hotel room, or other identified location).
 - c. Location of child's residence.

- d. Place of Origin- Location determined to be where the child was first contacted by someone associated with the child's exploitation.
- 6) **Care Coordination Team (CCT)** is defined as a coordinated response to CST provided by the RRT and any additional agencies involved in the stabilization of the CST. CCT is utilized during the Crisis Management and Stabilization phases of the protocol.

INITIAL RESPONSE

1) Identified CST Victim

a. Rapid Response for Recovered CST

- i. When a CST is recovered, LE will generally get the initial call. If a CST is recovered by other means (e.g., community partners), LE will be immediately notified based on the guidelines listed in the "Initial Investigative Responsibility" section of this protocol.
- ii. Upon recovery of a CST, the recovering officer shall follow their department policy requirements. This will include immediately notifying the LE Investigator within or outside the agency that is designated to investigate incidents of child exploitation or child sexual abuse.
- iii. In addition to following mandated reporting laws, LE will notify the Care Coordinator (CC) and share relevant information.
- iv. The CC will ensure that DFPS Special Investigator (SI) has been notified for a response.
- v. When children are not in the conservatorship of DFPS, the following actions will be taken:
 - 1. The assigned DFPS staff will:
 - a. Fully identify the child.
 - b. Search and review all prior DFPS history.
 - c. Determine if the child is currently in the care and custody of the State of Texas DFPS.
 - 2. Assess if the information received falls within the jurisdiction of DFPS to investigate.
 - a. If DFPS staff believes an investigation for abuse/neglect is warranted, the assigned DFPS staff will contact SWI.
 - b. If response is warranted, a DFPS Investigator will respond to the location to investigate as soon as possible upon notification.
 - c. The assigned SI will serve as the lead regarding DFPS investigation.
 - d. Action will be taken by DFPS to ensure the safety of the child; input will be gathered from all relevant Rapid Response team members, should placement outside of the home be necessary.
 - 3. If transportation or supervision of the child is needed for any reason for an extended period, the assigned DFPS staff will consult with the Program Director immediately.

4. When possible, DFPS and/or the LE Investigator will attempt to notify the legal guardian that a recovery has occurred. The CC will ensure all proper notifications to legal guardians have occurred.
 5. If DFPS has sufficient jurisdiction to investigate and a removal of the child is necessary and allowable under statutes, DFPS will consult with appropriate members of the Rapid Response Team (RRT); to include but not limited to LE, CC, and Traffick911, if applicable in order to identify and execute appropriate placement of the child while adhering to the policies and procedures of the Department. The Traffick911 advocate will remain with the child until placement is completed, in most cases.
 6. If DFPS does not have sufficient jurisdiction to investigate, the LE Investigator and DFPS, in consultation with the CC and members of the RRT, will determine the initial placement. The Traffick911 advocate will remain with the child until placement is completed, in most cases.
- vi. If CST is in DFPS custody:
1. DFPS will notify the CPS Supervisor or Program Director (PD) assigned to the case, or on-call Supervisor or Program Director if after hours, to advise of the foster CST's recovery.
 2. The CPS Supervisor or Program Director will contact the appropriate CPS Specialist to respond as soon as possible to assist with the recovered CST in DFPS custody.
 3. The CPS Supervisor shall give consent to Advocate involvement for a child that has not previously been matched with one.
- vii. CC will contact Traffick911. Arrangements will be made for an advocate to respond to the victim's location within 90 minutes. For cases involving High Risk Youth, the CC will contact an advocacy agency that has capacity.
- viii. Members of RRT will share information with one another to determine the order of the next appropriate services:
1. A **Medical Evaluation** will be requested on all CST.
 - a. Law Enforcement will contact CC to indicate a medical evaluation is needed.
 - b. CC will coordinate medical evaluation.
 - c. CC will inquire if a sexual assault evidence kit is requested.
 - i. If no sexual assault evidence kit is requested, CC will consult with on-call Referral and Evaluation of At-Risk Children (REACH) physician to determine next steps. If a REACH referral is needed, LE will complete and submit the REACH referral form. (See Appendix A for form)

- ii. If an acute medical evaluation is indicated, the CC will notify the Turning Point crisis hotline with information provided by LE/DFPS to dispatch a Sexual Assault Nurse Examiner (SANE).
 - iii. LE will complete the Law Enforcement Request for Sexual Assault Exam form and submit it to the SANE and CST/HRY guardian. (See Appendix B for form)
 - d. CC will inquire if CST appears to be under the influence of substances, and this information will be shared with on-call REACH physician.
 - 2. A **Mental Health Crisis Assessment** will be indicated based on the criteria below. If a mental health crisis assessment is indicated, the LE Investigator will follow their department policy requirements to seek emergency mental health services.
 - i. CST exhibits suicidal ideation, homicidal ideation or self-harming behaviors.
 - ii. CST presents in psychological duress.
 - 3. A **Forensic Interview** will be conducted in accordance to the CACCC MDT Working Protocols. If a forensic interview is indicated, the CC will notify the Forensic Interviewer on-call.
 - ix. If it is determined that the CST needs to be transported other than to the hospital for emergency care, law enforcement may arrange (if allowed by department policy) for transportation of the CST where necessary. When possible and can be done safely, this should be done in an unmarked police vehicle and is recommended to be done by more than one police department employee.
 - x. The CC will assist the RRT with contacting shelter agencies [if appropriate]. The CC will adhere to CCJD and DFPS policies for placement requests.
 - xi. Upon completion of the initial investigative interview and initial placement, LE and DFPS will conduct their respective follow-up investigations according to their respective agency's policies and contact the Collin County District Attorney's Office and/or Juvenile Probation Services for consultation, as needed.
 - xii. Within 48 hours, the CC will facilitate a Rapid Response Team staffing (through phone calls/emails/face to face meeting) and capture all agency decisions and action plans, as permitted.

b. Traditional DFPS/LE Report for Identified CST

 - i. Once the report has been received, if it is determined that the CST does not have a safe placement, the case will become a Rapid Response and subject to the protocol listed above in the "Rapid Response" section.
 - ii. When an intake of CST is received by DFPS through SWI, the following actions will be taken:
 - 1. Route case to local specialized sex trafficking unit.

2. Review and determine if allegations meet the statutory jurisdiction for the Department for investigations.
 3. Notify DFPS Special Investigator (SI) of the report for secondary assignment.
 4. CPI/SI will notify appropriate LE agency.
 5. The assigned DFPS staff will act as evaluator to determine if child has suffered or is at risk of suffering from any type of abuse or neglect that would warrant an investigation by DFPS.
 6. The assigned SI will serve as the lead regarding DFPS investigation.
 7. Action will be taken by DFPS to ensure the safety of the child; input will be gathered from all relevant Rapid Response team members should placement outside of the home be necessary.
- iii. When an intake of CST is received by a LE agency, the following actions will be taken:
1. Case referrals will be sent to the Law Enforcement agency where the offense was reported and handled according to that agency's current investigative practices and procedures. If original jurisdiction cannot be determined, the case should be referred to as outlined above in the section, "Initial Investigation Responsibilities".
 2. If a report indicating CST is received as a delayed offense, an officer may initiate the report, but should contact the LE Investigator, in accordance with department policy, to inform them of this reported offense. Although the reported offense is considered to be delayed, the LE Investigator should take into consideration the victim may return to the trafficker, or there are likely to be active victims associated with the same trafficker.
 3. The LE Investigator, in accordance with mandatory reporting laws, will make a report to DFPS Statewide Intake.
- iv. LE will notify the Care Coordinator (CC) and share relevant information.
- v. After the Consent to Share Information form is completed by CST's guardian, CC will contact Traffick911 on behalf of LE and share CST information. A Traffick911 Advocate will be assigned to the CST. (See appendix C for form)
- vi. Law Enforcement, DFPS, CC and the Traffick911 Advocate will share information to determine the next appropriate service:
1. A **Medical Evaluation** will be requested on all CST.
 - a. Law Enforcement will contact CC to indicate a medical evaluation is needed.
 - b. CC will coordinate medical evaluation.
 - c. CC will inquire if a sexual assault evidence kit is requested.
 - i. If no sexual assault evidence kit is requested, CC will consult with on-call REACH physician to determine next steps. If a REACH referral is needed, LE will complete and submit the REACH referral form. (See Appendix A for form)

- ii. If an acute medical evaluation is indicated, the CC will notify the Turning Point crisis hotline with information provided by LE/CPI/SI to dispatch a SANE.
- iii. LE will complete the Law Enforcement Request for Sexual Assault Exam form and submit it to the SANE and CST/HRY guardian. (See Appendix B for form)
- d. CC will inquire if CST appears to be under the influence of substances, and this information will be shared with on-call REACH physician.
- 2. A **Mental Health Crisis Assessment** will be indicated based on the criteria below. If a mental health crisis assessment is indicated, the LE Investigator will follow their department policy requirements to seek emergency mental health services.
 - a. CST exhibits suicidal ideation, homicidal ideation or self-harming behaviors.
 - b. CST presents in psychological duress.
- 3. A **Forensic Interview** will be conducted in accordance to the CACCC MDT Working Protocols. If a forensic interview is indicated, the CC will notify the Forensic Interviewer on-call.
- vii. Upon completion of the initial investigative interview and initial placement, LE and DFPS will conduct their respective follow-up investigations according to their respective agency's policies and contact the Collin County District Attorney's Office and/or Juvenile Probation Services for consultation, as needed.
- viii. Within 48 hours, the CC will facilitate a CST staffing (through phone calls/emails/face to face meeting) and capture all agency decisions and action plans, as permitted.

2) High Risk Youth

- a. When a High-Risk Youth (HRY) is identified (see definition above) and/or recovered, the identifying agency will notify CC to initiate a response. If it is determined that the CST does not have a safe placement, the case will become a Rapid Response and subject to the protocol listed above in the "Rapid Response" section.
 - i. For the following High-Risk Youth categories, the High-Risk Care Coordination Referral Form will be completed and submitted to the CC: (See Appendix D for form)
 - 1. Children who were screened using a validated commercial sexual exploitation tool and scored within a range of clear concern for commercial sexual exploitation.
 - 2. Children who are determined by LE, DFPS, Juvenile Probation, or medical personnel to be at serious risk.
 - 3. Children who have been listed as runaway/missing for over thirty consecutive days.
- b. In addition to following mandated reporting laws, when appropriate, CC will ensure that all investigative agencies have been notified.

- c. Once a referral has been made, LE and DFPS will conduct their respective follow-up investigations according to their respective agency's policies.
- d. When appropriate, CC will ensure that the Consent to Share Information form has been completed by the HRY's legal guardian.
- e. Information will be gathered from the referring agency, and CCT partners will share information necessary for the investigative agencies to determine the next appropriate service:
 - i. A **Forensic Interview** will be conducted in accordance to the CACCC MDT Working Protocols. If a forensic interview is indicated, the CC will notify the Forensic Interviewers. The goal of this investigative interview is to identify the child's safety, health, protection, and to determine if a criminal offense occurred.
 - 1. Forensic interviews will be requested on HRY children, when possible, in the following circumstances:
 - a. Children under the age of 13 who have been reported as a runaway/missing.
 - b. Children 13 year of age or older with multiple runaway/missing reports.
 - i. Multiple runaways is defined as three or more times within a nine-month period.
 - c. Children who have been listed as runaway/missing for over thirty consecutive days.
 - d. Children who have runaway/missing and are currently under Department of Family and Protective Services (DFPS) custody.
 - e. Children with repeated reports of sexual abuse and exploitation (if not already interviewed).
 - i. Repeat victims of sexual abuse will be defined as two or more separate incidences within a 24-month time frame.
 - 2. Forensic interviews may be requested on HRY in the following circumstances:
 - a. Children who were screened using a validated commercial sexual exploitation tool and scored within a range of clear concern for commercial sexual exploitation.
 - b. Children who are determined by LE, DFPS, Juvenile Probation, or medical personnel to be at serious risk.
 - ii. It is strongly recommended that the HRY is transferred to Children's Medical Center Plano Emergency Department for a basic **medical evaluation**, including testing and prophylactic medications for sexually transmitted infections and pregnancy. CC will coordinate medical evaluation with the on-call REACH physician prior to the child being transported to Children's Medical Center Plano.
 - iii. A **Mental Health Crisis Assessment** will be indicated based on the criteria below. If a mental health crisis assessment is indicated, the LE Investigator will follow their department policy requirements to seek emergency mental health services.
 - 1. HRY exhibits suicidal ideation, homicidal ideation or self-harming behaviors.

2. HRY presents in psychological duress.
- f. If at any point the HRY is identified as a trafficked youth, refer to the Identified CST Response Plan listed above.
- g. Within one week, the CC will facilitate an HRY team staffing (through phone calls/emails/face to face meeting) and capture all agency decisions and action plans, as permitted.

CRISIS MANAGEMENT

1) Identified CST Victim

- a. When a youth has been identified as a being a victim of child sex trafficking the CC will do the following within the first 24-72 hours, in no particular order, unless specified in the document.
 - i. Verify and complete victim information in the CAC database.
 1. Victim Demographics
 2. Prior History
 3. Identify current and/or previous treatment providers
 4. Identify current and/or previous interactions with social service agencies
 5. Understand family dynamics.
 - ii. Review CST status with DFPS, Traffick911, CCJPS, and law enforcement.
 - iii. Ensure that parents or legal guardians have been contacted, and consent for exchange of information documentation has been obtained.
 - iv. Once consent for information has been obtained, CC will contact parent/legal guardian.
 - v. Ensure that communication takes place and the recommendations for follow up have been initiated.
 1. Identify needs and work to obtain needed resources.
 2. Make appropriate referrals.
 3. Document and communicate decisions to all applicable parties.
 4. Ensure that medical evaluation has been completed.
- b. Traffick911 will communicate the following to CC and other applicable CCT members within the first 24-72 hours:
 - i. Emotional state of CST
 - ii. Stability of placement
 - iii. Status of safety planning
 - iv. Case management activities directed at placement change and/or geographic relocation.
 1. Advocate will make all reasonable attempts to solicit CC and applicable CCT members for input in advance of reaching final decisions.
 2. Traffick911 to update as to physical status.
 - v. If Traffick911 deems appropriate, the advocate will refer the caregiver to the CACCC Family Advocate Program.
 1. Attach referral form to Protocol addendum.

CST: Child Victim of Sex Trafficking

DFPS: Department of Family & Protective Services

REACH: Referral & Evaluation of At-Risk Children

LE: Law Enforcement

HRY: High-Risk Youth

CCJPS: Collin County Juvenile Probation Services

CC: Care Coordinator

2. Family Advocacy to reach out to caregivers if the family refuses Traffick911 involvement.
3. The Family Advocate will encourage families to reengage in services.
- c. If the placement is unsafe, the identifying CCT member will immediately notify DFPS and law enforcement. A meeting will be scheduled to discuss placement and make emergency recommendations to DFPS and/or guardian.
- d. Law enforcement personnel generally responsible for the criminal investigation of child sex trafficking cases should routinely attend and actively participate in any relevant meeting and/or special case reviews facilitated by the CC or other member of the CCT.
- e. DFPS and/or CCJPS will attend and actively participate in the CCT meetings and special case reviews.
- f. DFPS and/or CCJPS will notify CC of any planned or experienced change in child's status to include placement, legal status, runaway/missing status etc.

2) High Risk Youth

- a. When a youth has been identified as a being a high-risk youth, CC will do the following within the first 24-72 hours:
 - i. Verify and complete victim information in the CAC database.
 1. Victim Demographics
 2. Prior History
 3. Identify current and/or previous treatment providers
 4. Identify current and/or previous interactions with social service agencies
 5. Understand family dynamics
 - ii. Review youth status with DFPS, CCJPS, and law enforcement.
 - iii. Ensure that parents or legal guardians have been contacted, and consent for exchange of information documentation has been obtained. Once consent for information has been obtained, CC will contact parent/legal guardian.
 - iv. Refer the HRY to the appropriate advocate agency.
 - v. Ensure that communication takes place and that recommendations for follow up have been initiated.
 1. Identify needs and work to obtain needed resources.
 2. Make appropriate referrals.
 3. Document and communicate decisions to all applicable parties.
 4. Ensure that medical evaluation has been completed (if indicated).
- b. If the placement is unsafe, the identifying CCT member will immediately notify DFPS and law enforcement. A meeting will be scheduled to discuss placement and make emergency recommendations to DFPS and/or guardian.
- c. If at any point the HRY is identified as a trafficked youth, refer to the Identified CST Crisis Management Plan listed above to initiate a rapid response.

STABILIZATION

1) Identified CST Victim

- a. When a youth has been identified as being a victim of child sex trafficking, the CCT will do the following after 72-hours of the recovery/identification, in no particular order, unless specified in the document.
 - i. CC will follow-up with the CCT members involved in the CST's case and assess for gaps of services.
 - ii. If the child is in the care of DFPS, the conservatorship (CVS) worker will notify the CC of CASA's appointment and the appointment of the Attorney ad Litem.
 - iii. CC will schedule the initial CST case review for the following week and notify the team.
 - iv. CC will ensure that communication takes place, and the follow up recommendations are initiated and on-going.
 1. Identify needs and work to obtain needed resources.
 2. Make appropriate referrals. (See appendix E for referral forms)
 3. Document and communicate decisions to all applicable parties.
 4. Ensure that medical evaluation and/or follow-up care is being completed.
 - v. CC will build relationships so there are specific resources and specific contacts.
- b. If the placement is unsafe, the identifying CCT member will immediately notify DFPS and law enforcement. A meeting will be scheduled to discuss placement and make emergency recommendations to DFPS and/or guardian.
- c. If Traffick911 deems appropriate, the advocate will refer the caregiver to the CACCC Family Advocate Program.
 - i. The Family Advocacy referral form is attached protocol addendum.
 - ii. If the family refuses Traffick911 involvement, the family advocate will reach out to caregivers.
 - iii. The Family Advocate will encourage families to reengage in services.
- d. Law enforcement personnel generally responsible for the criminal investigation of child sex trafficking cases should routinely attend and actively participate in any relevant meeting and/or special case reviews facilitated by the CC or other member of the CCT.
- e. DFPS and/or CCJPS will attend and actively participate in the CCT meetings and special case reviews.
- f. DFPS and/or CCJPS will notify CC of any planned or experienced change in child's status to include placement, legal status, missing status etc.
- g. The CCT will meet and review the CST:
 - i. If CST is recovered and is in detention, the CC will schedule a CCT case review before the first scheduled court case.
 - ii. At any case changes, including probation, legal status hearing, trial, civil case hearings, consider the following:
 1. If child in detention, there are detention hearings every 2 weeks.

2. If CST is in the conservatorship of DFPS, hearings occur: 14 day, every 45 days
3. No legal or civil case pending
- iii. When CCT members have heightened concerns about the CST's case, the CCT member will send an email to CC to schedule a case review.
- iv. If CST placement changes, CCT member aware of change will contact CC to determine if a case review is warranted.
- v. Any CCT member can request a CST case review during the stabilization case.
- h. At a minimum, the CST's case will be reviewed by the CCT for a year. After one year of review, the CCT will review the case for closure. The CST will continue to be reviewed until any of the following conditions are met.
 - i. There is not a legal case nor is one forthcoming.
 - ii. The criminal and/or civil case is disposed.
 - iii. If CST is over 18 years of age, the case will be staffed twice a year.

2) High Risk Youth

- a. When a youth has been identified as being a high-risk youth, the CCT will do the following after 72-hours of the identification, in no particular order, unless specified in the document.
 - i. CC will follow-up with the CCT members involved in the HRY's case and assess for gaps of services.
 - ii. CC will schedule the initial HYR case review for the following week or next CCT staffing day and notify the team.
 - iii. CC will ensure that communication takes place, and the follow up recommendations are initiated and on-going.
 1. Identify needs and work to obtain needed resources.
 2. Make appropriate referrals/Family Advocate involvement.
 3. Document and communicate decisions to all applicable parties.
 4. Ensure that medical evaluation and/or follow-up care is being completed.
- b. If the HRY's placement is unsafe, the identifying CCT member will immediately notify DFPS and law enforcement.
 - i. If any CCT member has cause to believe the HRY's health or safety is at risk, they will immediately make a report to the DFPS hotline or 911. That CCT member will also notify the CC.
 - ii. The CC will notify the CCT whether a DFPS or 911 report was made and provide the related case number. The CC will also document the report/call number.
 - iii. A meeting will be scheduled to discuss placement and make emergency recommendations to DFPS and/or guardian.
- c. CCJPS, DFPS, and/or other CCT member will notify CC of any planned or experienced change in child's status to include placement, legal status, missing status etc. The CC will notify the CCT of the placement change.
- d. CCT will review HRY's status for a period of three months. Any CCT member may request an extension every 30-days.