



Tennessee Department of Children’s Services

# Work Aid 9- Conducting Investigations on the Commercial Sexual Exploitation of a Minor

Supplemental to DCS Policies [14.1, Child Abuse Hotline](#) and [14.7, Child Protective Services Investigation Track](#)

CPS Investigation Task	CPS Investigative Activities
<p><b>A. Notifications</b></p>	<p>When an investigation includes Commercial Sexual Exploitation of a Minor (CSEM), the following notifications are made:</p> <ol style="list-style-type: none"> <li>1. Child Protection Services (CPS) Investigator (CPSI) notifies the CPS supervisor immediately per DCS Policy <a href="#">14.7, Child Protective Services Investigation Track</a>.</li> <li>2. The CPSI notifies the Child Protective Investigative Team (CPIT) partners per DCS Policy <a href="#">14.6, Child Protective Investigative Team</a> when a case is received alleging child sexual abuse with a CSEM component.</li> <li>3. The CPSI notifies the Tennessee Bureau of Investigation (TBI) Tennessee Human Trafficking Hotline (855-55-TNHTH) within twenty-four (24) hours or immediately if deemed necessary by the CPS supervisor per DCS Policy <a href="#">14.7, Child Protective Services Investigation Track</a>.</li> <li>4. The CPSI notifies a local non-government organization that specializes in commercial sexual exploitation within twenty-four (24) hours or immediately if deemed necessary by the CPS supervisor per DCS Policy <a href="#">14.7, Child Protective Services Investigation Track</a>.</li> <li>5. Per federal mandate, the CPSI notifies the Office of Tracking in Persons by emailing <a href="mailto:ChildTrafficking@acf.hhs.gov">ChildTrafficking@acf.hhs.gov</a> or calling 202-205-4582 within twenty-four (24) hours after discovering a foreign national child under the age of 18 who may be a victim of sex-trafficking to facilitate the provision of assistance. To the extent possible, the worker should provide the child’s name, age, location, and county of origin; location of exploitation and suspected form of trafficking along with point of contact information for the worker or supervisor.</li> </ol>
<p><b>B. Convening the Child Protection Investigative Team</b></p>	<ol style="list-style-type: none"> <li>1. When convening CPIT, the CPSI discusses and determines the method of investigation in collaboration with the CPIT partners. The following decisions are made: <ol style="list-style-type: none"> <li>a) In consultation with the CPIT partners, it is determined if local law enforcement or the TBI is the lead law enforcement agency during the investigation.</li> <li>b) In consultation with the District Attorney’s (DA) office and the Child Advocacy Center (CAC), the method (minimal facts, forensic interview, extended forensic interview) and timing of interviewing the alleged child victim (ACV) is determined, including who is conducting the interview, This determination takes into consideration:</li> </ol> </li> </ol>

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	<ul style="list-style-type: none"> <li>◆ The immediate need to assess the safety and risk of the ACV to determine proper placement;</li> <li>◆ Gathering evidence in a legally defensible manner; and</li> <li>◆ The capacity of the ACV to provide information.</li> </ul> <p>c) To ensure the physical health and provide information for the care of the ACV, the CPSI consults with a medical provider on the timing of a medical evaluation or forensic medical evaluation to include potential reduction of sexually transmitted infections and/or other health needs. Barring good cause, the CPSI refers the ACV for a forensic medical evaluation immediately and no less than seventy-two (72) hours if:</p> <ul style="list-style-type: none"> <li>a) A sexual act occurred within the last twenty-four (24) hours;</li> <li>b) Any child/youth who has been on a runaway episode more than 24 hours; and/or</li> <li>c) Any child/youth who reports sexual assault, physical assault, and/or intravenous drug use.</li> </ul> <p><b>Note:</b> The child/youth may choose to refuse a medical evaluation but should be taken to a health care provider regardless so the child/youth may discuss the decision with a medical professional. See <a href="#">Protocol for Medical Evaluations for Runaways or Commercial Sexual Exploitation of Minor (CSEM)</a> and <a href="#">Protocol for Health Services for Trafficked Youth</a>.</p> <p>2. The CPSI documents all evidence collected from the interview(s) and the forensic medical evaluation in TFACTS.</p> <p>3. The CPSI consults with their supervisor throughout the investigative process to evaluate appropriate action steps.</p> <p><b>Note:</b> Review <a href="#">Safety Notice: Creating Safe Environments for Youth Survivors of Exploitation</a>, for additional information.</p>
<p><b>C. Investigative Tasks for all cases of Commercial Sexual Exploitation of Minors</b></p>	<p>1. Collects information about the ACV including:</p> <ul style="list-style-type: none"> <li>a) Age;</li> <li>b) History and risk of running away;</li> <li>c) Length of time sexually exploited;</li> <li>d) History of involvement with juvenile court or law enforcement;</li> <li>e) Use of social media for sexual exploitation;</li> <li>f) Receptiveness, cooperation, and perception of the sexual exploitation;</li> <li>g) Mode of entry to sexual exploitation;</li> <li>h) Type of sexual exploitation endured</li> <li>i) Sexual orientation;</li> <li>j) History and presence of alcohol and/or drug abuse;</li> <li>k) History of trauma endured including the threat, force, or fear imposed by the alleged perpetrator (AP);</li> </ul>

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	<p>l) Use of terminology that indicates sexual exploitation.</p> <p><b>Note:</b> It may not be possible or in the child's best interest to collect all the above information during the initial interview or directly from the child as it may increase the trauma to the child. Use of collaterals, witnesses and other evidentiary sources should be explored in a trauma informed, survivor centered model.</p> <ol style="list-style-type: none"> <li>2. Collaborates with the lead law enforcement agency on the investigation to determine if any Amber Alerts, Missing Persons, Absconder or Runaway Reports have been made in relation to the ACV.</li> <li>3. Request a National Crime Information Center (NCIC) records check regarding the ACV to determine if the ACV may be under the supervision of another state's jurisdiction. The check may also obtain additional information regarding safety concerns that may affect placement decisions of the ACV.</li> <li>4. Completes the CSEM component of the FAST.</li> </ol>
<p><b>D. Investigative Tasks for Non-Custodial Cases</b></p>	<ol style="list-style-type: none"> <li>1. When conducting an investigation in the home, the home environment is assessed in which the ACV resides or may be returning when the ACV is suspected of or has been previously trafficked. The home assessment includes the identification of: <ol style="list-style-type: none"> <li>a) Any abuse or neglect issues, including those that: <ul style="list-style-type: none"> <li>◆ Facilitated the ACV's decision to leave the home, if applicable;</li> <li>◆ Allowed for access by an AP;</li> <li>◆ Indicated active or passive participation in the CSEM by the parent/caretaker</li> </ul> </li> <li>b) The ability of the parent/caretaker to care for the ACV; and</li> <li>c) The ability of the parent/caretaker to appropriately prevent the ACV from running away.</li> </ol> <p><b>Note:</b> Also Refer to <a href="#"><u>Safety Notice: Creating a Safe Environment for Youth Survivors of Exploitation.</u></a></p> </li> <li>2. If the home is not determined to be safe for the ACV, then alternatives may be considered under DCS Policies <a href="#"><u>14.9, Child Protective Services Immediate Protection Agreements</u></a> and <a href="#"><u>14.12, Removal: Safety and Permanency Considerations</u></a> up to and including removal of the child into state custody.</li> </ol>
<p><b>E. Investigative Tasks for Custodial Cases</b></p>	<p>Placement considerations include the following:</p> <ol style="list-style-type: none"> <li>1. Safety concerns including the: <ol style="list-style-type: none"> <li>a) Risk of running away;</li> <li>b) Potential recruitment of other children;</li> <li>c) Access to the ACV by the AP;</li> </ol> </li> </ol>

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	<ul style="list-style-type: none"> <li>d) Safety of those in the foster home;</li> <li>e) Availability of foster placements and closeness of multiple ACVs; and</li> <li>f) Transportation needs</li> </ul> <ul style="list-style-type: none"> <li>2. Knowledge and experience of caring for a victim of CSEM.</li> <li>3. Treatment needs.</li> </ul>
<b>F. Services</b>	<ul style="list-style-type: none"> <li>1. The CPSI invites the following parties to participate in the Child and Family Team Meeting (CFTM): <ul style="list-style-type: none"> <li>a) CANS Consultant</li> <li>b) DCS Psychologist</li> <li>c) Non-Governmental organization representative; and</li> <li>d) Victim Witness Coordinator (DA, CAC)</li> </ul> </li> <li>2. When building a service plan, the CPSI works with the non-governmental organization in their area of expertise in assisting minors involved in trafficking as early in the case as possible. <ul style="list-style-type: none"> <li>a) The goal of this collaboration is to: <ul style="list-style-type: none"> <li>◆ Build rapport with the ACV;</li> <li>◆ Reduce trauma to the ACV;</li> <li>◆ Identify the services that meet the specific needs of each ACV; and</li> <li>◆ Facilitate effective delivery of these services</li> </ul> </li> <li>b) Consideration must be given to the: <ul style="list-style-type: none"> <li>◆ Availability of services;</li> <li>◆ Proximity to the ACV; and</li> <li>◆ Transportation to and from appointments</li> </ul> </li> <li>c) When an ACV is in a secure facility (i.e., an ACV involved with the Office of Juvenile Justice) the CPSI coordinates with the assigned Juvenile Justice or Family Service worker to incorporate any additional services. This coordination must include the need to initiate services while the ACV is in a secure facility by utilizing secure transportation to the provider or asking a provider to offer service in the facility.</li> </ul> </li> </ul>