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Detecting child trafficking within the child welfare system: recommendations and best practices for screening and identification protocols in the United States

Abstract

Child trafficking is a prevalent and serious problem across the United States. The consequences of child trafficking are extremely harmful, and when unidentified and untreated, can have lifelong negative and sometimes fatal results. The issue of unidentified child trafficking is due in part to the lack of awareness of the hidden nature of child trafficking and a lack of effective and evidence-based screening protocols in place throughout the United States.[1,2] This study used a comparative analysis approach to analyze qualitative data collected by the research team in order to compare child trafficking screening and identification tools being used in 26 states across the country. Based on interviews conducted with child welfare leaders in 26 states, all but two states (92% of states interviewed) reported having screening protocols in place for identifying potential victims of trafficking. States reported utilizing task forces, work groups, advisory councils, and partnerships with University researchers to inform the selection and/or design of screening tools. Common challenges to implementing screening tools included the length of the tool, lack of inclusive language, and the lack of standardized training of reporters. Implications for selection and use of screening and identification protocols are discussed and include: the use of tools with established statistical reliability and validity, the need for a more expansive range of questions addressing risk and protective factors, indicators, and direct questions, as well as the need to implement an evidence-based, structured decision-making protocol.

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Introduction

The fastest growing criminal industry in the world,[3] human trafficking generates $9.5 billion each year in the United States alone.[4] Human trafficking is defined as "using force, fraud, or coercion to obtain commercial sex acts or other labor or services" (p. 4).[5] *Labor trafficking*, which is labor or services, through the use of force, fraud, coercion for the purpose of subjection to involuntary servitude, peonage, debtbondage, or slavery. *Sex trafficking* is defined as the purpose of a commercial sex act induced by force, fraud, or coercion.[6] The recent literature shows correlations between start of victimization and younger age[7–10] and the average age of entry into commercial sexual exploitation at 13.[7,10] Thus, there is an increasing focus among research and practice on identifying and preventing child trafficking. *Child trafficking* includes the commercial sexual exploitation, domestic, sex trafficking, and labor trafficking of minors.[11] The outcomes of child trafficking are detrimental, including high rates of posttraumatic stress disorder, depression, suicidal ideation, drug addiction, and somatic symptoms,[12,13] as well as complex trauma from entrapment, relocation, witnessing the abuse of others, and experiencing physical, sexual, and psychological abuse.[14]

There are some factors that put youth and child at risk for trafficking and exploitation. Based on the existing literature, these risk factors associated with child trafficking include parental drug use/selling,[15,16] youth of color,[15,17] young age [15] history of Department of Community Based Services (DCBS) involvement,[15,16,18] history of sexual, physical, and/or emotional abuse[15–19] homelessness,[15–19] physical and/or emotional neglect,[15,19] domestic abuse of a mother,[19] and being LGBTQIA+.[15,16] Children who experience child trafficking are at high risk for consequences including posttraumatic stress disorder, depression, suicidal ideation, drug addiction, and a multitude of somatic symptoms.[13,19] Specifically, most victims experience symptoms of complex trauma, resulting from events that include entrapment; relocation; exposure to the abuse of others; and extended physical, sexual, psychological abuse.[14] The consequences for child trafficking are not only detrimental but can be fatal. For example, youth who have experienced trafficking are also at increased risk for suicide,[19,20] which is likely exacerbated by the difficulty in identifying these youth to ensure accurate clinical assessment and prompt follow-up care.[21]

Identifying child trafficking

Though the issue of child trafficking and its outcomes is gaining attention in research and policy making, there remain significant discrepancies between these reported numbers. For example, in Kentucky, located in the southeast region of the United States, there have been 582 reported incidents of child trafficking involving 697 alleged victims.[22] The Department of Juvenile Justice began screening for human trafficking in Kentucky in late 2015, and from 2015 to 2016, identified 236 youth who scored positive on the screeners for human trafficking, indicating a higher number of youth victims than were reported to the Kentucky DCBS during that same time period.[23] The discrepancy between these reported numbers highlights multiple challenges, including a lack of screening and assessment tools, lack of awareness about the issue, as well as a lack of awareness or reluctance of many exploited children to identify themselves as victims.[24,25] Currently, there is little evidence in the literature for a protocol to systematically identify child trafficking victims and to serve children affected by trafficking with targeted prevention, detection and identification, and treatment intervention. Furthermore,

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due to the current lack of specialized housing options for victims, the majority of youth currently identified as victims of trafficking can be found in juvenile justice settings, residential treatment programs, or on the streets[19] However, the majority of service providers in these settings report that they have received little to no specialized training regarding trafficking, they do not have trauma-informed trafficking identification protocols, and they are in need of trafficking specific services to offer youth once they are identified.[26]

There is a gap in trauma-informed, victim-centered responses to child trafficking due to a lack of an established protocol for identifying victims of child trafficking.[1,2] When child trafficking goes undetected and untreated, child victims are at high risk for negative long-term consequences, sometimes resulting in death.[27] The current study aims to examine child trafficking screening and identification tools and protocols used across the United States in order to inform the selection of an evidence-based, universal child trafficking screening and identification protocol to be utilized by child welfare agencies. The authors conducted a literature review and utilized a qualitative interview approach to answer the following research questions:

a. What screening and identification tools are being used across the United States to identify child trafficking?

b. What are the characteristics of the existing child trafficking screening and identification tools?

c. What is an evidence-based approach for screening and identifying potential victims of child trafficking?

Methods

Participants

The authors obtained the names and contact information for each director of the child welfare agency in every state in the United States, plus the District of Columbia, Puerto Rico, and the U.S. Virgin Islands (n = 53). All 53 child welfare leaders were invited via email to participate in a semi-structured interview via phone call and 26 leaders (49.1%) agreed to participate. The child welfare leaders were asked the following questions regarding child trafficking screening and identification tools (CTSIT):

a. What identification and screening tool does your state/agency use to identify potential child trafficking victims?

b. How did your state/agency decide on the current CTSIT being used? Who had input?

c. How was your selected CTSIT developed? Have you experienced any challenges or barriers to implementing it? If so, what were they? Can you send us a copy of your CTSIT to review?

d. Is the juvenile justice system in your state using a CTSIT? If so, tell me about it. Can you get a copy of it for us to review and/or put me in touch with your JJ person?

e. Do you have contacts for child welfare leaders/experts in other states/agencies that can answer these questions as well?

Procedures

A literature review was first conducted regarding risk factors for child trafficking as well as screening and identification tools currently utilized in the United States to identify victims of child trafficking. Next, to inform the development of a child trafficking screening and identification protocol for at-risk youth, the authors reviewed existing CTSIT received personally from the interviewees or obtained from the government website.

Comparative analysis: The authors utilized the comparative analysis method [28] to examine the details of the 31 screening tools reportedly used by 26 states to screen children under the age of 18 for child trafficking. The authors defined units of comparison based on the framework of ecological risk and protective factors.[29] Thus, differences and similarities of screening tools were compared by the following distinct categories: *Instrument development, psychometric properties*; and question typologies including *direct questions, indicators*, and questions addressing *risk factors* and *protective factors*. The authors described the similarities and differences based on the above-mentioned units of comparison using a table.

Results

Based on the 26 states interviewed (Table 1), 92.3% (n = 24) of states reported having protocols in place for identifying potential victims of trafficking. Two states (8%) reported they were not using a screening tool to identify child trafficking. The length of the screening tools ranged from 2-55 questions, demonstrating variability in the number of questions used to identify child trafficking. Of the 31 screening tools, 21 (66%) screened for sex trafficking, one screened for labor trafficking, seven (22%) screened for both labor and sex trafficking, and seven (22%) were general safety screeners and screened for neither labor nor sex trafficking.

Table 1 Screening tool by state

State	Screening tool
Alaska	Guide for Assessing Runaway or Missing Minors
Arkansas	Child and Adolescent Needs and Strengths (CANS) Runaway Module
Colorado	Colorado Human Trafficking Tool
Connecticut	Human Trafficking Decision Map
Florida	Human Trafficking Screening Tool (HTST)
Georgia	Indicators of Child Sex Trafficking and Exploitation
Illinois	Debriefing; Child Assessment of Needs and Strengths (CANS) Tool; Safety Assessment; Sex-Trafficking Assessment Review (STAR) Tool
Indiana	Indiana Human Trafficking Screening and Assessment Tool
Iowa	High Risk Victim Screening Tool
Kentucky	Assessment and Document Tool (ADT)

Table Continued...

State	Screening tool
Louisiana	Runaway Screening Tool; Human Trafficking Screening Tool; Unnamed Tool
Maine	Pediatric Screening Checklist
Minnesota	Child Maltreatment Intake, Screening and Response Path Guidelines
Nebraska	Nebraska Human Trafficking Task Force (NHTTF) Screening Tool
Nevada	Nevada Rapid Indicator Tool (NRIT)
New Jersey	Red Flag Indicator; Rapid Human Trafficking Assessment Tool (RHTAT)
New Mexico	The Commercial Sexual Exploitation – Identification Tool (CSE-IT)
New York	Rapid Indicator Tool
Oregon	Determination of Sex Trafficking for Victim Status Page
Puerto Rico	Not using a specific tool
South Dakota	Not using a specific tool
Tennessee	SEE Sexual Abuse; CSEM cue identification tool; Child Abuse/Neglect Intake; Structured Decision-Making System; CANS (used in custodial and juvenile justice populations) and its sister tool, FAST Family Advocacy Support Tool) (used in family support)
Utah	Human Trafficking Screener
Virginia	Structured Decision-Making Safety and Risk Assessment
West Virginia	Away from Supervision Tool (for youth)
Wisconsin	Wisconsin Child Sex Trafficking and Exploitation Indicator and Response Guide

Based on themes emerged from interviews with child welfare leaders (Table 2), leaders reported that their states/agencies most commonly utilized task forces, work groups, and advisory councils to give input and recommendations on the decision-making of screening tools (n = 15, 57.7%). Task forces, multidisciplinary teams, and advisory boards were the most commonly reported forums for receiving input regarding instrument selection and/or development (n = 17, 65%). Though 7 of the 26 child welfare leaders reported uncertainty about if and what tool was being utilized by their state's juvenile justice system, those who were aware of the protocol by the juvenile justice system reported primarily that the same screening tools were utilized across both systems (n = 4, 15.4%). Lastly, child welfare leaders from these 26 states reported that challenges to screening for child trafficking consisted mostly of the lack of a standardized use of the screening tool in place, resulting in inconsistent reporting (n = 4, 15.4%).

Table 2 Interview Themes

Themes	% Responses
How did state/agencies decide on current CTSIT being used?	
Advisory Council/Work Groups/Task Force gave input and recommendations	57.7
Members of groups are evaluating currently validated tools based on other tools	19.2
State has a research partner	11.5
State developed their own	11.5
Who had input?	
Multidisciplinary Human Trafficking Council/Task Force/Advisory Board	65
Law Enforcement	19.2
Child Welfare	19.2
Service Providers	15.4
Office of the Attorney General	15.4
Juvenile Justice	11.5
Health Care Providers	7.8
Victims/Survivors of Trafficking	7.8
Judges	7.8

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Table Continued...

Themes	% Responses
Is the same CTSIT used by the Juvenile Justice System in your state?	
Not certain	26.9
Yes	15.4
Same tool, different triggers	11.5
Different tools	11.5
Juvenile Justice is not utilizing a screening tool at all	7.8
No, but Juvenile Justice is represented on the task force	7.8
What are you experiences and/or challenges to implementing the CTSIT?	
Unpredictability from inconsistent reporting	15.4
Length (too short/too long)	15.4
Having training throughout the state/Maintaining the training	11.5
Language is not inclusive	11.5
No challenges	11.5
Staff is not utilizing the tool in appropriate situations	7.8
Not a validated tool	7.8

Results of the comparative analysis

Instrument development and psychometrics. Two of the 31 tools (from Colorado and Virginia) were removed from analysis because of incomplete data and disrupted communication due to COVID-19. The remaining 29 child trafficking screening tools (Table 3) were primarily developed by statewide multidisciplinary teams (n = 18; 56%). The remaining screening tools were developed by departments of human services, a program manager, a criminal justice coordinating council, research centers, a children's clinic, and adapted from previous research.[30–32] Though 5 tools were adapted from previous research, the modified tools were not statistically validated. Of the 29 tools, the majority did not indicate evidence of statistical validation/psychometric testing, and testing reported acceptable interrater and test-retest reliability and concurrent and convergent validity.

Table 3 Comparative Analysis of Screening and Identification Tools

Screening and Identification Tool	Screening for	Developed by	Development	Used by	# of Questions	Questions direct	Questions include indicators	Risk factors	Protective factors
Guide for Assessing Runaway or Missing Minors	Sex	OCFS	Not reported	Protective Service Specialists	13	No	Yes	No	Yes
Wisconsin Child Sex Trafficking and Exploitation Indicator and Response Guide	Sex	Task Force	Adapted from MN Flowchart, Adaptation not validated	All mandated reporters	Tier system: 18 total	Yes	Yes	Yes	No
The Child and Adolescents Needs and Strengths (CANS) Tool	Neither	Adapted from Childhood Severity of Psychiatric Illnesses Tool	Strong reliability and validity	Agency staff	50	No	No	Yes	Yes
Away from Supervision Tool	Neither	Program manager from WV Bureau for Children and Families	Not reported	Child Welfare	14	Yes	Yes	Yes	No
Minor Trafficking Screening Tool	Labor and Sex	Task Force	Adapted from POLARIS and other states; Adaptation not validated	Child Welfare	26	Yes	No	No	No

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Table Continued...

Screening and Identification Tool	Screening for	Developed by	Development	Used by	# of Questions	Questions direct	Questions include indicators	Risk factors	Protective factors
Colorado Human Trafficking Tool	-	-	-	-	-	-	-	-	-
Child Stress Disorder Checklist – Child Welfare (CSEC Questions)	Neither	Saxe, 1997; Saxe et al., 2003	Interrater and test-retest reliability	Social workers	36	No	No	Yes	No
One-Page Decision Map	Labor and Sex	Connecticut HART Team	Not reported	Trained professionals	32	Yes	Yes	Yes	No
Human Trafficking Screening Tool	Labor and Sex	MDT, Urban Institute	Concurrent validity, internal consistent reliability	Child welfare	51	Yes	Yes	Yes	Yes
Indicators of Child Sex Trafficking and Exploitation	Sex	Georgia Cares, GA Criminal Justice Coordinating Council	Not reported	Child Welfare	Sections, 38 total	No	Yes	Yes	No
Safety and Risk Assessment	Neither	Children's Research Center	-	-	-	-	-	-	-
Safety Assessment	Neither	DCFS	Not reported	Child Welfare	16	No	No	Yes	No
Indiana Human Trafficking Screening and Assessment Tool	Labor and Sex	MDT, Adapted by POLARIS	Not validated	Trained professionals	55	Yes	Yes	No	No
High Risk Victim Screening Tool	Sex	Adapted from CO Task Force and Texas Research	Adaptation not validated	Trained professionals	34	No	Yes	Yes	No
Assessment and Documentation Tool	Neither	-	Not reported	Child Welfare	11 sections	Yes	No	Yes	Yes
Screening for Human Sex Trafficking and Commercial Sexual Exploitation Checklist	Sex	MDT	Not reported	Child Welfare	23	Yes	Yes	Yes	No
Child Protection Screening of Sexual Exploitation and Sex Trafficking Flowchart	Sex	MDT	Not reported	Child Welfare	5	Yes	Yes	No	No
Labor and Trafficking Screening Tool	Labor	MDT	Not reported	Child Welfare	2	Yes	Yes	No	No

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Table Continued...

Screening and Identification Tool	Screening for	Developed by	Development	Used by	# of Questions	Questions direct	Questions include indicators	Risk factors	Protective factors
Runaway Debriefing Form	Neither	-	-	Child Welfare	17	No	Yes	No	Yes
Nebraska Human Trafficking Task Force Screening Tool	Labor and Sex	Task Force	Not reported	Trained Professionals	17	Yes	Yes	Yes	No
Commercial Sexual Exploitation Identification Tool (CSE-IT)	Sex	West Coast Children's Clinic	Concurrent and Convergent validity; Acceptable reliability	Trained Professionals	45	Yes	Yes	Yes	No
Rapid Human Trafficking Assessment	Labor and Sex	Adapted from POLARIS	Adaptation not reported	Child Welfare	11	Yes	Yes	No	No
"Red Flags" for Identifying Human Trafficking Cases	Labor and Sex	Adapted from POLARIS	Adaptation not reported	Child Welfare, hotline workers	16	No	Yes	No	No
Rapid Indicator Tool	Sex	Task Force, DCFS, OTDA	Not validated	Child Welfare, Juvenile Justice	41	No	Yes	Yes	No
Determination of Sex Trafficking for Victim Status	Sex	MDT	Not reported	Child Welfare	17	Yes	Yes	Yes	No
SEE and CSEM Cue Questions	Sex	MDT	Not reported	Child Welfare	30 – SEE; 7 – CSEM	Yes	Yes	Yes	Yes
Child Abuse and Neglect Intake	Sex	MDT, research partner	-	-	47	Yes	No	Yes	Yes
Screening and Identification Tool	Screening for	Developed by	Development	Used By	# of Questions	Questions Direct	Questions include Indicators	Risk Factors	Protective Factors
CPS Screening Tool for Child Sex Trafficking	Sex	MDT	Not validated	Child Welfare	12	Yes	Yes	No	No
Risk Screening for Sex Trafficking	Sex	MDT	Not validated	Child Welfare	34	Yes	Yes	Yes	No
Runaway, Missing, or Kidnapped Child Assessment	Sex	MDT	Not validated	Child Welfare	25	No	Yes	No	No
Human Trafficking Screener	Sex	Research partner	Not reported	Healthcare workers	25	Yes	No	No	No

Question typology

Direct questions: Many of the screening tools evaluated (n = 19; 61.2%) included at least one question that directly asked if the child experienced human trafficking (e.g., *Sometimes, young people who are away from home can be taken advantage of and asked to do sexual activities in exchange for something of value. These activities can include dancing, stripping, posing for photos, or sex of any kind. While you were away, did anyone ever ask you to do something like that*?"). Victims of human trafficking might not want to or know how

to answer, especially a child victim of trafficking. Asking a child directly if they are a victim of trafficking may contribute to false negative responses often due to a lack of awareness or reluctance of many exploited children to identify themselves as victims. Research suggests that collecting information about risk factors and indicators of trafficking might do better to predict outcomes for both sex and labor trafficking.[1]

Indicators: Indicators are commonly known as "Red flags" and include questions such as, "[Has] multiple hotel cards; staying in hotel is known trafficking; pictures taken in hotel rooms."[33] Screening tools involving indicators are detailed questions designed to gather information about potential trafficking or exploitation for agencies to determine a screening decision.[33] Of the 31 screening tools, 22 (71%) screening tools included at least one question recognizing indicators (e.g. Minnesota's Child Protection Screening of Sexual Exploitation and Sex Trafficking Flowchart includes, "*[Has] access to money/ large amounts of cash, clothes, or other expensive belongings youth could not afford on their own*").

Risk factors: Many of the screening tools evaluated (n = 15; 48.4%) included both direct questions paired with questions that addressed risk factors (e.g., Connecticut's One-Page Decision Map includes *"Does the child have a history of multiple runaways/AWOLS?"* and "*Has it been reported that the child is spending time in or has the child been recovered from a hotel known for prostitution, a trap house, or another known area of prostitution?"*). A total of 18 (50.1%) screening tools included risk factors (e.g., Iowa's High Risk Victim Screening Tool includes "*History of, or current concern about sexual abuse, physical abuse or neglect?*").

Protective factors: The literature on protective factors that combat the risk of child trafficking and the effects of trauma is limited in comparison to the literature on risk factors. However, recent studies,[34,35] have shown support for the impact that significant interpersonal relationships can have on positive outcomes in youth. Youth who have experienced exploitation were found to have sustaining and supportive peer relationships and relationship stability to mitigate the adverse effects of trauma surrounding exploitation. The authors found it critical to evaluate the way screening tools are addressing protective factors to 1) find additional support for determining risk, and 2) build on the individual strengths and systemic supports that impact the child victim to promote safety and resiliency. Of the 29 screening tools evaluated, 22.6% (n = 7) included at least one question that addressed protective factors. For example, Alaska's Guide for Assessing Runaway or Missing Minors includes a question that seems to get at a protective factor in regard to support, *"Who helped you while you was gone? What type of help was offered?*" and Kentucky's Assessment and Documentation Tool includes, "*Does the child have a secure attachment to an adult caregiver?*".

Structured decision-making protocol: A structured decision-making (SDM) process consists of a guided screening tool to help reporting parties determine if the report meets criteria for assignment and the appropriate tracking of assignment.[36] Two of the screening tools evaluated in this study use an SDM process for identifying child trafficking victims. Only 2 out of the 31 screening tools included questions that addressed risk and protective factors, indicators, and asked direct questions. Tennessee's *SEE - Sexual Abuse* screens for sex trafficking, is conducted by child welfare workers, and has unreported establishment of statistical validity and reliability. Consisting of 30 questions, the SEE - Sexual Abuse form addresses risk factors with questions such as, "*Has the child had incidents of inappropriate sexual behaviors?*" and addresses protective factors such as, "*Is the child's caregiver protective in regard to ensuring the safety of the child and preventing further sexual abuse by another person?*". The screening tool addresses indicators with questions such as "*Does the child express fear of going home? Why specifically?*" and starred items that ask direct questions including, "*Has the child been made available by the alleged perpetrator to others for purposes of sexual gratification or prostitution?"* and *"Has the victim, the caregiver or any third party (friend, relative, etc.) received money, items or services in exchange to have sex with the victim or gain access to the victim?*". Affirmative responses to these risk-related questions then prompts additional questions from the *CSEM - Commercial Exploitation of a Minor* to screen for indicators of commercial exploitation.

Virginia and Florida both utilize the *Human Trafficking Screening Tool* (HTST). The screening tool screens for both labor and sex trafficking, is conducted by child welfare workers, and has established concurrent validity and consistent reliability.[32] Consisting of 51 questions, it begins with questions addressing risk factors as a reason for screening (e.g. [*Has] history of running away or getting kicked out 4+ times in addition to history of sexual abuse*) and addresses indicators as items trigger drop-down questions (e.g., *Do you have any scars or brands that were made intentionally, not from an accident or injury?* If 'no,' skip to Item 23; if 'yes,' ask Item 22a). Assessing evidence of forced labor, one question also addressed a protective factor of planning for the future, such as "*When you think about the future, what do you want to do when you get older?*"). At the end of the screening tool, more direct questions are asked (e.g. "*Have you or someone else received something of value like money, a place to stay, food, clothes, gifts, favors, or drugs in exchange for your performing a sexual activity?*"). At the end of the screening tool, the child welfare worker indicates either the likelihood of the youth being a victim of trafficking by stating "definitely not," "likely not," "not sure," "likely is," or "definitely is." If the child welfare worker indicates "not sure," "likely is," or "definitely is," then a report is made to a human trafficking hotline.

Discussion

The findings in this study will help increase awareness of the issue of child trafficking and improve the ability of systems to identify and respond to child trafficking. Reflecting the literature, many of the tools included items addressing risk factors and indicators, as well as direct questions on child trafficking. However, very few screening tools included items addressing protective factors, and even fewer tools included items integrating the multiple screening categories of risk and protective factors, indicators, and direct questions. This type of expansive questioning through a structured decision-making protocol may be more effective in predicting risk and likelihood that trafficking occurred. Additionally, important findings revealed that states are using a variety of tools and methods to screen and identify victims of human trafficking. The vast majority (82.8%) of the screening tools being utilized lack psychometric testing or were not published. Some child welfare leaders interviewed reported that this lack of psychometric validation was a primary challenge in screening for child trafficking. Only 3 states reported capitalizing on existing resources and partnerships from and with University researchers. However, a few states have identified and are currently using a validated measure that could be considered by other states, and perhaps as a national, universal identification tool for child welfare agencies.

Limitations

Twenty-six states participated in interviews and provided data in regard to the research study's questions about child trafficking

screening and identification tools, which is a 52% response rate. This average response rate may be due to the fact that child welfare leaders were too busy to respond to the request due to routine job demands and/or additional job demands as a result of COVID-19. The response rate could indicate response bias, such as consciously or subconsciously reporting inaccurate but socially desirable responses. Further, certain child welfare experts with strong opinions or knowledge on the subject might have been more likely to respond to the interview request. On the other hand, this response rate could also indicate that many of those states are not utilizing any tools or protocols for identifying potential victims of child trafficking. Thus, the results should be interpreted with caution.

Additionally, it is important to note that due to COVID-19 related challenges and priorities impacting child welfare organizations, comparative analysis could not be completed with all states, as many child welfare leaders were understandably focused on COVID-19 related crisis management and/or may not have been working in their offices during the timeframe of the study. As a result, many child welfare leaders were unable and/or unavailable to respond to the follow-up questions or interview requests regarding the screening and identification tool provided. Thus, the sample includes only a subset of states in the final analysis.

Interviewees in this sample were recruited only across the United States and therefore the results of this study cannot be generalized to other countries. To enhance the scope of generalization on the protocols for screening for and identifying child trafficking victims, additional research should be expanded to other countries for comparison purposes.

Implications

Research

Because children are not only influenced by personal characteristics but also family, school, peers, and community environments, further research on child trafficking screening and identification tools (CTSIT) should take a broader view of the multiple ecosystems influencing the risk and protective factors of children. Continuing CTSIT research through the lens of the Ecological Risk and Protective Theory[29] might include a comparative analysis with variables that account for multiple ecosystems. For example, future comparative analyses might examine how CTSIT capture risk-related variables such as antisocial behavior (individual), poor parental monitoring (family), associations with peers involved in child trafficking (peer), academic failure (school), and low socioeconomic status (community). Additionally, examining protective factors can aid in assessment and treatment planning for potential victims. These protective factors can include well-developed interpersonal skills (individual), resilience characteristics (individual), close and supportive relationship with at least one family member (family), close and supportive relationship with at least one friend (peer), positive school experiences (school), and belonging to a supportive community (community). Analyzing the multiple ecosystems considered in screening and identification tools will help determine and enhance the efficacy of selected CTSIT.

In addition to utilization of an ecological theoretical framework to evaluate CTSIT, future research should also include an evaluation of implementation strategies, such as the Structured Decision Making (SDM) process. Although the SDM approach appears to be promising based on preliminary examination, it is currently utilized in conjunction with less than a handful of psychometrically validated tools. As such, it is critical to evaluate the SDM process to determine its efficacy in identifying potential victims of child trafficking within the child welfare system.

Practice

It is important to refine strategies for better identifying child trafficking because of the negative and often long-term consequences. Therefore, early identification is key. Identification is critically important, and a good screening and assessment policy can contribute to effective early identification, and in turn, is key to preventing child trafficking. The authors recommend that child welfare leaders and workers receive training regarding the risk factors for child trafficking and utilize tip sheets (see Appendix A for authors' Tip Sheet) as efforts toward preventing child trafficking. In addition, the design and implementation of prevention and early identification programs should be informed by the current research on risk factors for child trafficking.

Upon the analysis of child trafficking screening and identification tools, the authors found the Human Trafficking Screening Tool (HTST) to be a statistically reliable and valid tool in identifying potential victims of child trafficking. The HTST screens for both labor and sex trafficking, established statistical reliability and validity,[32] and has a structured decision-making process (including risk and protective factors, indicators, and direct questions) with clear instructions for child welfare workers on when and how to make a report of child trafficking. The authors recommend the HTST for child welfare use accompanied by a structured decision-making process to include: Phase 1) Address risk and protective factors regarding child trafficking, Phase 2) Affirmative responses leading to questions regarding indicators of child trafficking, and Phase 3) Asking direct questions (Figure 1).

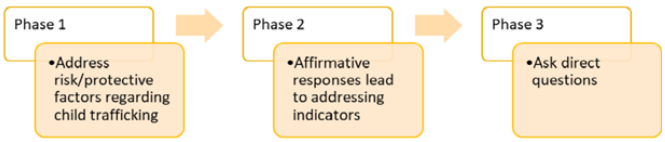

Figure 1 Structured decision-making process.

As reflected in interviews with child welfare leaders across the United States, the authors similarly recommend that child welfare agencies utilize a multidisciplinary advisory council and/or task force to select and implement a child trafficking screening tool and approach/protocol. According to state child welfare leaders, successful HTST task forces include law enforcement, child welfare leaders, service providers, juvenile justice, health care providers, judges, and victims/survivors of trafficking. The authors recommend the multidisciplinary advisory council/task force select a statistically validated tool (e.g., HTST), taking into consideration the length of a tool, and inclusivity of the tool (e.g., culturally inclusive, includes overlooked populations such as males, LGBTQIA+, etc.). Finally, the authors recommend partnering with the Department of Juvenile Justice to collaborate on utilizing the same CTSIT and protocol.

Policy

Along with early identification and prevention efforts, traffickers must be held accountable with appropriate charges. Labeling sex trafficking of minors as child sexual abuse without acknowledging the commercial element may allow perpetrators to be charged with offenses that carry less severe penalties.[37] Appropriate charges for child trafficking can help to strengthen crime victims' services in general. This can also help law enforcement's victim identification

practices at all levels, including state and local anti-trafficking task forces. The authors recommend that child welfare leaders partner with University researchers to aid in their process of selecting, developing, and testing screening and identification tools and protocols. As reflected in the responses of only 3 states partnering with Universities, this type of partnership could support child welfare agencies' ability to more rigorously evaluate their identification tools and processes.

Children and youth who are victims of trafficking often have prior histories of many forms of abuse through their exploitation and have a high vulnerability for re-traumatization through the juvenile justice system. The criminalization process, instead of effective victim services, can cause re-traumatization and perpetuate exploitation through the reinforcement of a criminal self-concept.[38–40] Thus, to close the gaps of services for child trafficking victims, it is critical that the child welfare and juvenile justice systems collaborate on screening for and identifying child trafficking. The authors suggest more funding focus on the selection and testing of protocols for the child welfare and juvenile justice systems.

On a national level, the authors suggest a partnership between child welfare agencies and the United States Department of Health and Human Services' Children's Bureau in selecting screening and identification tools and implementing protocols for identifying victims of child trafficking. During the Children's Bureau's National Convening on Trafficking and Child Welfare in 2015,[41,42] gave presentations on the Commercial Sexual Exploitation Identification Tool (CSE-IT) and Human Trafficking Screening Tool (HTST). This is a step in the right direction and the Children's Bureau has great potential to continue conversations on screening and identification tools with child welfare agencies as well as partnering to aid effective statewide identification and prevention efforts. The authors suggest the Children's Bureau engage in an initiative to help support child welfare agencies in their protocols for identifying child trafficking by utilizing existing resources to inform the selection of evidence-based and trauma-informed structured decision-making protocols.

Conclusion

Child trafficking is a sweeping issue across the United States. The consequences of this form of childhood trauma going unidentified and untreated are staggering. This study calls attention to the need for child welfare leaders in the United States to improve their ability to accurately identify and respond to child trafficking in order to enhance child trafficking awareness campaigns and prevention strategies. An evidenced-based and trauma-informed structured decision-making protocol for this population is recommended is efforts to raise awareness on the issue of child trafficking and provide effective services that avoids re-traumatization and ultimately prevents this heinous crime. Additionally, findings suggest the use of statewide task forces and advisory councils, as well as partnerships with University researchers, to collaboratively establish protocols and select instruments that include expansive and inclusive questions to identify child trafficking. To accurately identify child trafficking, the authors recommend child welfare leaders select psychometrically validated screening and identification tools. An evidence-based, trauma-informed identification protocol established across the United States has the potential to intervene and prevent the fastest growing criminal industry in the country and reduce the consequences of child trafficking.

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Conflicts of interest

The authors declare that they have no known competing interests.

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References

1. Simich L, Goyen L, Powell A, et al. Improving human trafficking victim identification. *Validation and dissemination of a screening tool*. Vera Institute of Justice. 2014.
2. Peck J L. Human trafficking of children, nurse practitioner knowledge, beliefs, and experience supporting the development of a practice guideline. *Journal of Pediatric Health Care*. 2020;34(2):177–190.
3. Office of Refugee Resettlement. United States Department of Health and Human Services. *Report to Congress.* 2012;6(23):16.
4. United Nations News Story. UN and partners launch initiative to end 'modern slavery' of human trafficking. 2007.
5. Vanek J. The essential abolitionist. *What you need to know abouthuman trafficking and modern slavery*. Daliwal Press; 2015.
6. Victims of Trafficking and Violence Protection Act 2000.106–386:114 Stat.1464.
7. Friedman S .*Who is there to help us? How the system fails sexually exploited girls in the United States: Examples from four American cities.2005*.
8. Jennifer M, Emily E. A five–year analysis of child trafficking in the United States. Exploring case characteristics and outcomes to inform child welfare system response. *International Journal of Forensic Research and Criminology.*2020;8(5):192–203.
9. Spangenberg M. Prostituted Youth in New York City. *An Overview. Brooklyn*. 2001.
10. Barnitz, L. Effectively responding to the commercial sexual exploitation of children. A comprehensive approach to prevention, protection, and reintegration services. *Journal of Child Welfare*. 2001;80(5):597–610
11. Ijadi MR, Todd EJ, Bath EP. Commercial sexual exploitation of children and the role of the child psychiatrist. *J Am Acad Child Adolesc Psychiatry.* 2014;3(8):825-829.
12. Middleton J, Gattis M, Frey L, et al. Youth Experiences Survey (YES): Exploring the scope and complexity of sex trafficking in asample of youth experiencing homelessness. *Journal of Social Service Research.* 2018;44(2):1–17.
13. Zimmerman C, Hossain M, Yun K, et al. The health of trafficked women. a survey of women entering post–trafficking services in Europe. *American Journal of Public Health*.2008;98(1):55–59
14. Courtois C. Complex trauma. complex reactions: Assessment and treatment. *Psychotherapy Theory, Research, Practice, Training*.2008;41(4):412–425.
15. Choi KR. Risk factors for domestic minor sex trafficking in the United States. A literature review. *Journal of Forensic Nursing*.2015;11(2):66–76.
16. Varma S, Gillespie S, Mc Cracken. Characteristics of child commercial sexual exploitation and sex trafficking victims presenting for medical care in the United States. *Child Abuse & Neglect.*2015;44:98–105.
17. Fedina L, Williamson C, Perdue T. Risk factors for domestic child sex trafficking in the United States. *Journal of Interpersonal Violence*. 2016;34(13):2653-2673.
18. Countryman–Roswurm K, Bolin L B. Domestic minor sex trafficking. Assessing and reducing risk. *Child Adolescent Social Work Journal*.2014;31:521–538.

19. Frey LM, Middleton J, Fulginiti A. Suicidal ideation and behavior among youth victims of sex trafficking in Kentuckiana. *The Journal of Crisis Intervention and Suicide Prevention.*2018.

20. Dubois DL, Felner J. Mentoring for youth with backgrounds of involvement in commercial sex activity. *National mentoring resource center population review.* Final report submitted to National Mentoring Resource Center. 2016: 1-23.

21. Martinez R J. Understanding runaway teens. *Journal of Child and Adolescent Psychiatric Nursing*.2006;19(2):77–88.

22. Department for Community Based Services and Cabinet for Health and Family Services. Human Trafficking. *Report to Legislative Research Commission*. 2017.

23. Choi Fitzpatrick A. The good, the bad, the ugly. Human rights violators in comparative perspective. *Journal of Human Trafficking.*2016;2(1):1–14.

24. Walker K. Ending the commercial sexual exploitation of children. A call for multi–system collaboration in California. Sacramento. *California Child Welfare Council*. 2013;9–10.

25. President's Interagency Taskforce to Monitor and Combat Trafficking in Persons. Federal Strategic Action Plan on Services for Victims of Human Trafficking in the United States 2013–2017. Washington, D.C. U.S. Department of Justice, U.S. Department of Health and Human Services, and U.S. Department of Homeland Security. 2014.

26. Middleton J, Vavrousek J. Human Trafficking Alliance Community Needs Assessment. *Human Trafficking Alliance Steering Committee Presentation*. Louisville. USA. 2016.

27. Cohen J A, Mannarino A P, Berliner L.Trauma–focused cognitive behavioral therapy for children and adolescents: An empirical update. *Journal of Interpersonal Violence*. 2000;15(11):1202–1223.

28. Esser F, Vliegenthart R. Comparative research methods. *The International Encyclopedia of Communication Research Method*s. 2017;1–22.

29. Bogenschneider K. An ecological risk/protective theory for building prevention programs, policies, and community capacity to support youth. *Family Relations*. 1996;127–138.

30. Enlow MB, Kassam Adams N, Saxe G. The Child Stress Disorders Checklist–Short Form. A four–item scale of traumatic stress symptoms in children. *General Hospital Psychiatry*.2010;32(3):321–327.

31. Basson D. Validation of the commercial sexual exploitation–identification tool (CSE–IT). Technical Report. 2017.

32. Dank ML, Yahner J, Yu L, et al. *Pretesting a human trafficking screening tool in the child welfare and runaway and homeless youth systems.* New York, USA. 2017.

33. Minnesota Dept. of Human Services. Minnesota's best practice response to trafficking and exploitation: *A guide for county and tribal child welfare agencies.*2020.

34. O'Brien J E. "Sometimes, somebody just needs somebody–anybody–to care:" The power of interpersonal relationships in the lives of domestic minor sex trafficking survivors. *Child Abuse & Neglect.* 2018;81:1–11.

35. Landers M, Johnson MH, Armstrong M I, et al. Exploring relationships as mediators of treatment outcomes among commercially sexually exploited youth. *Child Abuse & Neglect.* 2019;100:104095.

36. Tennessee Department of Children's Services. Annual progress and services report. 2015.

37. Smith L, Vardaman SH, Snow M. The national report on domestic minor sex trafficking.*America's prostituted children*. 2009.

38. Barnert E S, Abrams S, Azzi VF, et al. Identifying best practices for "Safe Harbor" legislation to protect child sex trafficking victims. Decriminalization alone is not sufficient. *Child Abuse & Neglect*.2016;51:249–262.

39. Geist D. Finding the safe harbor: Protection, prosecution, and state strategies to address prostituted minors. *Legis & Pol'y Brief*. 2011:4(2):67–127.

40. Williams LM. Provide justice for prostituted teens: Stop. *Contemporary Issues in Criminal Justice Policy*. 2009:297.

41. West Coast Children's Clinic Making Exploitation Visible. *The Commercial Sexual Exploitation Identification Tool CSE–IT*. 2015.

42. Florida Department of Children and Families. *Human Trafficking Screening Tool (HTST) Administration Guide.* 2015.