

**NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES  
BISMARCK, NORTH DAKOTA  
September 23, 2015**

**PI 15-21**

**TO:** County Social Service  
Division of Juvenile Services  
Tribal Offices  
Regional Supervisors  
Chafee Independent Living

**FROM:** Kelsey Bless, Permanency Administrator  
Dean Sturn, Foster Care Administrator

**SUBJECT:** Human Trafficking 624-05-15-50-32 (new policy section)

**PROGRAMS:** Foster Care

**EFFECTIVE:** September 29, 2015

**RETENTION:** Until Manualized

Children and Family Services (CFS) is finalizing the implementation of PL 113-183 “Preventing Sex Trafficking and Strengthening Families Act”. This federal legislation can be viewed at <https://www.congress.gov/bill/113th-congress/house-bill/4980/text>.

Effective September 29, 2015: North Dakota will engage in the nationwide effort to identify victims of exploitation, specific to human trafficking. PL 113-183 specifies the identification of sex trafficking victims, however ND State law includes sex trafficking as one element of “human trafficking”.

**Human Trafficking 624-05-15-50-32**

Custodial case managers must identify, report, determine services for and document the case activity involving any foster child who has been or is suspected to have been a victim of human trafficking.

Human Trafficking is defined in NDCC 12.1-41 as, “the commission of an offense created by sections 12.1-41-02 through 12.1-41-06; which include trafficking an individual, forced labor, sexual servitude, patronizing a victim of sexual servitude, and patronizing a minor for commercial sexual activity.

ND State law recognizes “human trafficking” as including many elements of exploitation. PL 113-183 (Preventing Sex Trafficking and Strengthening Families Act) specifies the identification of sex trafficking victims. Any minor under the age of 18 engaged in a

commercial sex act is a victim of sex trafficking. Child sex trafficking is not limited to prostitution, but can include stripping, pornography, live-sex shows, or the exchange of sex acts for necessities such as food, shelter, and/or clothing. Under U.S. federal law, a victim of sex trafficking is a person who is recruited, harbored, transported, provided for, or obtained for the purpose of a commercial sex act. A victim of severe sex trafficking is one who is induced by force, fraud, or coercion, or is under the age of 18 to perform a commercial sex act (Trafficking Victims Protection Act of 2000 (TVPA)).

### **Identifying Victims of Human Trafficking**

While the suspected trafficker may not be a “person responsible for a child’s welfare” under North Dakota law, the reported victim, however must be considered an alleged deprived child(NDCC 12.1-41-12(4)). Please see NDCC 12.1-41-12 for information on immunity of minor.

Children who are at the greatest risk of human trafficking may have one or more common risk factors that should be taken into consideration, including, but not limited to: children for whom family connections are limited or severed; children in foster care, group homes, and juvenile justice custody; children with a history of physical or sexual abuse or neglect; runaway status; LGBTQ status; prior involvement with law enforcement; and those who have dropped out of high school.

### **Indicators of Human Trafficking**

#### **Sub-Culture**

- Items purchased by traffickers, such as clothing, jewelry, gifts, etc.
- Cell phone usage.
- Gang signals.
- Specific language and terminology.
- Information about locations which children used as housing.
- Names and nicknames of people with whom the child is familiar.
- Tattoos which are sometimes used to establish control or ownership; particularly tattoos around the neck and wrist.

#### **Living Conditions**

- The child works where they live.
- The child’s personal freedom of movement is restricted.
- The child’s address has changed frequently.
- The child cannot identify their home address.
- The child possesses hotel keys.
- The child has frequently run away from home.
- The child lives with other *unrelated* youths and *unrelated* adults.
- The child receives gifts or clothing from unrelated youths or adults.
- The child returns to an unsafe living situation despite intervention.

### School Experiences

- The child has significant, unexplained, gaps in school attendance.
- The child displays severe exhaustion during the school day.
- The child does not participate or show interest in school activities.
- The child is not enrolled in school.

### Adults in the Child's Life

- The child has much older boyfriends or girlfriends, "friends".
- The child does not live with their parent(s) or know the whereabouts of their parent(s).
- The child receives money from unrelated adults.

### Medical/Physical Condition

- The child has been treated frequently for symptoms of physical abuse.
- The child lacks an adequate medical history.
- The child is malnourished.
- The child shows signs of physical and/or sexual abuse, including physical restraint, confinement, or injuries from actual torture.
- The child has infections from unsanitary tattooing.
- The child has dental injuries; broken/missing teeth, gum disease.
- The child has bed bug bites.
- The child has infections or mutilations but nominal medical treatment.
- The child has contracted sexually transmitted diseases.
- The child has reproductive problems caused by unsafe abortions.
- The child has physical injuries related to sexual activity, such as pelvic pain and urinary tract infections.
- The child has substance abuse problems.

### Financial/Employment Coercion

- The child has to work but does not indicate where they work.
- The child has little or no access to earnings and no bank account.
- The child has an unusually large amount of money on them.
- The child is indebted to adults.
- The child reports working in a strip club, night club, or massage parlor.
- The child works excessively long or unusual hours.
- The child is not allowed breaks and is unusually restricted at work.
- The child was recruited through false promises concerning the nature and conditions of their work.

### Psychological Indicators

- The child may not always self-identify as a child or minor. Traffickers coach their victims to state they are eighteen years of age or older.
- The child tells inconsistent stories or stories lacking significant details.
- The child gives deceptive responses to questions.

- The child avoids eye contact with responders.
- The child has symptoms of post-traumatic stress, including anxiety, depression, addictions, panic attacks, phobias, paranoia or hyper-vigilance, or apathy.
- The child has developmental delays, enuresis, or fecal incontinence.
- The child experiences culture shock when in strange communities.
- The child is not allowed or able to speak for themselves, especially when a third party insists on being present or translating.

#### Environmental Indicators

- Large amounts of cash and condoms are present where child is found.
- The child's environment contains sparsely furnished rooms.
- The child's environment contains sex advertisements.
- The child's environment contains multiple televisions and pornography.
- The child's environment contains timers; used to time sexual services.
- The child's environment contains tinted windows, buzz-in entrances, video cameras, barred or locked windows/doors, security, etc.

#### **Reporting**

In the event it is determined that the foster child was a victim or sexually exploited; case management will work to ensure needed medical screenings are initiated, services are provided to the child and all required documentation (SFN 960, safety planning, sentinel events, etc.) is completed. Reports of suspected child abuse and neglect that involve human trafficking of a minor are processed in the same manner as any other report of suspected child abuse or neglect.

#### **Determining Services**

There is a high level of need for comprehensive and intensive therapeutic services for victims of human trafficking. Case managers should collaborate with the child and Child & Family Team to develop an individualized service plan specific to these needs. This plan should address the need for safe housing, physical and mental health services, substance abuse treatment, therapeutic foster homes and other services.

It is recommended that trafficking victims receive trauma focused therapy at the earliest possible time following identification as a victim of trafficking. A list of trauma-trained therapists throughout ND may be found at:

<https://www.tcty-nd.org/index.php/users/>

Services are best provided from a victim-centered perspective. While each case and victim of human trafficking will be different, victims typically have many of the same service needs. Below are some needs to consider when assessing the needs of individual victims:

**Concrete needs**

Food (culturally appropriate)	Clothing	Safety/ Protection/ Safety plan
Safe Placement Emergency Housing	Crisis Intervention	Mental healthcare/ trauma informed care
Medical/ Dental /Eye care	Substance Abuse Evaluation/Treatment	Counseling and/or Case Management
Education/life skills training/ ESL	Health education	Transportation
Legal representation - Criminal/Civil/Immigration	Interpreter/Translator	Court Advocacy/ Victim Assistance
Psychiatric Care	Assistance with Benefits	Crime Victim Compensation
Job/income/Viable employment alternatives	Tattoo Removal/Cover Up	Childcare and/or parenting skills

**Supportive needs**

Respect	Mentoring	Acceptance
Nonjudgmental environment	Healthy relationships	Affirmation of skills and strengths
Recognition of abuse and trauma	Understanding of the recovery process	Engagement in positive community
Education to understand the issue(s) of trafficking/exploitation	Opportunities to develop new skills and strengths	Opportunity to be defined by more than abuse/trauma
Supportive peers	Mentors /role models	Leadership opportunities
Holistic care	Advocacy/Know your rights	A sense of empowerment in one's own healing and restoration process

**Documenting**

As with all other types of foster care case planning and record documentation; a human trafficking case must be documented in FRAME according to policies and procedures. This includes completion and updates to the care plan, safety plan, case activity log, etc. \*\*\*Additional FRAME fields have not been created to date.

CFS is working with the UND Children & Family Services Training Center to create and finalize training on this topic.

Policy will be manualized as soon as possible. If you have questions, please feel free to contact Children & Family Services.

Thank you.