



Georgia's Division of Family and Children Services'
Commercial Sexual Exploitation/Domestic Minor
Sex Trafficking Case Management Protocol

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Executive Summary

The commercial sexual exploitation of children (CSEC) has emerged as a serious societal problem in recent years. CSEC is a very real threat to the safety and well-being to America's children. In 2005, Georgia and, in particular, the city of Atlanta received the dubious distinction of being named by the Federal Bureau of Investigations as one of the 14 cities in the nation for the highest incidence of children used in prostitution. More recent studies have continued to show that the CSEC problem nationwide and particularly in Georgia is on the rise.

CSEC is a sub-set of the comprehensive issue of Human Trafficking. Human Trafficking also encompasses the term Domestic Minor Sex Trafficking or DMST. CSEC is the broader term which includes all nationalities of persons under the age of 18 years who are commercially sexually exploited whereas DMST refers specifically to American citizens under the age of 18 years who are commercially sexually exploited.

As the state's child welfare agency, ensuring the safety and well-being of children and youth under the age of 18 years is the responsibility of Georgia's Division of Family and Children Services (DFCS). This CSEC/DMST protocol therefore outlines the procedures that DFCS will utilize for investigations, services and support to these minors and their families. This protocol results in a rapid referral to community and state resources that combine to produce a collaborative effort on the part of multiple agencies working alongside DFCS to address the very complex and difficult needs of child victims or suspected victims of commercial sexual exploitation. The CSEC/DMST Protocol seeks to create a targeted response in order to better address the needs of CSEC/DMST victims.

The protocol will be reviewed annually and updated as needed as best practices emerge to address this issue.

The following are the key provisions contained within the protocol:

1. **Regional Protocols:** Each DFCS region will establish a regional protocol to ensure that the CSEC/DMST Protocol is operationalized and effective throughout the state.
2. **Child Protective Services Investigations:** In cases where the report seems indicative of CSEC/DMST, an additional set of specific screening questions will be used by DFCS' Centralized Intake Call Center (CICC) staff to disposition the case. If the report is screened in, it will be assigned to the Family Support or Investigations track in accordance with DFCS Child Welfare Policy Chapter 5.
3. **Community Partnerships:** DFCS will partner closely with local, state, and federal law enforcement, medical providers, and community-based providers in preventing, combating, treating and servicing victims of CSEC/DMST.
4. **Caregiver and Staff Training:** DFCS will require that its staff as well as Room, Board and Watchful Oversight providers participate in CSEC/DMST training. Foster caregivers will also receive training in CSEC/DMST.

5. **Foster Care Services:** DFCS will ensure that in-home and out-of-home CSEC/DMST foster care cases have placement and permanency services tailored to meet the complex safety, permanency and placement needs, as applicable, inherent in such cases.

Introduction

CSEC is a very real threat to the safety and well-being to America's children. The Federal Bureau of Investigations CSEC taskforce uses the tag line "America's Children Are Not for Sale". Likewise, Georgia's children are not for sale. The Division's CSEC/DMST protocol is therefore more than a set of instructions; it is a call to action for staff, providers and stakeholders to prioritize this growing epidemic in our daily efforts to ensure the safety and well-being of Georgia's children.

The commercial sexual exploitation of children (CSEC) has emerged as a serious societal problem resulting from the "widespread normalization and promotion in America of commercial sex" in recent years. In 2005, Georgia and, in particular, the city of Atlanta received the dubious distinction of being named by the Federal Bureau of Investigations as one of the 14 cities in the nation for the highest incidence of children used in prostitution. More recent studies have continued to show that the CSEC problem nationwide and particularly in Georgia is on the rise.

The Governor's Office for Children and Families (GOCF) published a 2010 report entitled "Commercial Sexual Exploitation of Children in Georgia: A Problem in Georgia's Backyard" which concluded, among other things, that "it is obvious that this problem is firmly nested within the state of Georgia, particularly in the Atlanta area, and continues to increase rather than decline." The report specifically has noted that "juvenile-related prostitution activity is well established in the following areas: Metropolitan Parkway, Moreland Avenue, Vine Street, Peachtree and North Avenue, and Pharr Road" in Atlanta. The average age that children are engaged in CSEC/DMST is 13-14 years old. The number one cause of death for exploited children is murder (Smith, et al., 2009).

As the state's child welfare agency, ensuring the safety and well-being of children and youth under the age of 18 years is the responsibility of Georgia's Division of Family and Children Services (DFCS). The matter of children and youth being commercially sexually exploited therefore has to be a high priority for DFCS. It is our duty to act in cases reported to the Division where children are victims or suspected victims of commercial sexual exploitation, whether by non-caregivers or caregivers.

CSEC is a sub-set of the comprehensive issue of human trafficking. Human trafficking also encompasses the term Domestic Minor Sex Trafficking or DMST. CSEC is the broader term which includes all nationalities of persons under the age of 18 years who are commercially sexually exploited, whereas DMST refers specifically to American citizens under the age of 18 years who are commercially sexually exploited. According to the GOCF report, DMST activities include "child sex slavery, child sex trafficking, prostitution of children, CSEC, and rape of a child (Smith, et al., 2009)". The term "Domestic Minor Sex Trafficking" was coined and developed in order to more accurately identify the nature of the crime being committed against a child who is sexually exploited, as well as clarify the child's status as that of the victim (Smith, et al., 2009).

In order to set the Commercial Sexual Exploitation of Children (hereinafter referred to as CSEC)/ Domestic Minor Sex Trafficking (hereinafter referred to as DMST) apart from other forms of child abuse/exploitation, and in order to have clarity with regard to the range of incidents or situations to which this policy is applicable, commercial sexual exploitation is defined as follows:

Sexual abuse/prostitution of a child by an adult or older juvenile involving payment in cash, food, shelter or other forms of value to the child or a third person; involving treatment of the child as a sexual and commercial object in activities such as prostitution, adult entertainment, pornography, and other forms of transactional sex where a child engages in sexual activities.

In 2009, O.C.G.A. § 19-7-5, relating to the mandated reporting of child abuse by youth serving professionals was extended to include “any person who engages in sexual exploitation of a child” so that it is no longer limited to a child’s “parent or caregiver”. Many victims of commercial sexual exploitation are abused by individuals who are not the child’s parent but are serving in a caregiver role. These persons are defined in O.C.G.A. § 15-11-2 as a “Person Responsible for the Care of a Child”. An individual meets this definition when he or she is:

1. An adult member of a child’s household;
2. A person exercising supervision over a child for any part of the 24 hour day; or
3. Any adult who, based on his or her relationship to the parent, guardian or legal custodian or a member of a child’s household, has access to such child.

In 2014, the United States Congress passed the *Preventing Sex Trafficking and Strengthening Families Act*. The law is designed to protect children and youth at risk of sex trafficking. The Act requires, among other things, that by 2016 state child welfare agencies implement specific tracking and reporting mechanisms of CSEC/DMST cases as well as implement stringent tracking of children who run away, whether a part of an in-home or out-of-home case.

Regional Case Management Protocols

Each DFCS regional director must establish inter-agency and case management protocols for their regions which will serve to localize the requirements of this protocol. The regional protocol must include, at a minimum, the following:

1. Plan for ensuring implementation and adherence to the overall CSEC/DMST protocol throughout the assigned region;
2. Tracking, monitoring and significant event reporting regarding CSEC/DMST cases;
3. Assignment and multi-level supervision of CSEC/DMST cases; and
4. Collaborating with Law Enforcement, Department of Juvenile Justice (DJJ), medical providers, Georgia Cares, and other service provider partnerships as it relates to serving CSEC/DMST youth.

The regional protocols are included as appendices to this protocol.

Risk Factors for CSEC/DMST Victimization

Understanding the depth and breadth of the CSEC/DMST issue as well as knowing and recognizing indicators of potential and active victimization are key steps toward preventing, combating and addressing CSEC/DMST. There are many risk factors associated with CSEC/DMST, but frighteningly, the main risk factor or vulnerability is age. The average age of youth first becoming a victim of sexual exploitation is 13-14 years old. Adolescent brain development at this age predisposes pre-teen and adolescent girls to being more susceptible to the calculated tactics used by child sex traffickers.

In addition to age, individual factors can also make a youth more at-risk for CSEC/DMST. Individual factors include:

- History of sexual or physical abuse or neglect
- History of mental health

- Family dysfunction
- History of substance abuse
- History of running away
- Homelessness
- Low IQ
- Lack of support and access to resources (particularly for gay, lesbian, and trans-gender youth)

Below is a non-exhaustive list of general physical, behavioral and family/home-life indicators associated with victims of CSEC/DMST.

Physical Indicators Associated with Victims of Commercial Sexual Exploitation

- Child has run away from home and/or guardian three or more times within the last twelve months
- Inappropriate dress, including oversized clothing or overtly sexy clothing
- Poor personal hygiene
- Unexplained bruises or injuries
- Cigarette burns
- Child is in possession of large amounts of money
- Child is in possession of more than one cell phone
- Child is in possession of hotel keys
- Presence of "gifts", the origin of which is unknown
- Rumors among students regarding sexual activity, which victim may not necessarily deny
- Diagnosed with sexually transmitted disease(s)
- Older "boyfriend" close to 5 years older than the child or male friend or relative (who may or may not seem controlling)
- In the juvenile court system, probably for repeated status offenses, particularly running away or truancy, shoplifting, criminal trespass, or giving a false name or age to police
- New pattern of failing grades and/or school suspensions
- Not enrolled in school
- Fake identification and/or fake city issued permit to be an escort or dance in a strip club under another name or incorrect age
- Substance abuse
- Gang clothing or other gang symbols
- Tattoo of someone's name or nickname, particularly on the back of the neck, or new tattoos in general
- Has a history of recruiting others into prostitution
- Arrest(s) of the child is in or around an area known for prostitution, such as an adult entertainment venue, strip club, massage parlor, X-rated video shop and/or hotel

Behavioral Indicators Associated with Victims of Commercial Sexual Exploitation

- Exhibits over-sexualized demeanor/behavior
- Angry, aggressive, clinically depressed, suicidal and/or tearful
- Fearful, anxious, depressed, submissive, tense, nervous
- Withdrawn, uncommunicative, and/or isolated from family
- Little to no eye contact

- Truancy and/or chronic absenteeism
- Sleeping in class
- Not eating

Family Indicators Associated with Victims of Commercial Sexual Exploitations

- Runaway child
- Lack of adult supervision/support
- Sexual or physical abuse at home, by family member or friend
- History with DFCS
- Parental substance abuse
- Parental history of prostitution arrests
- Domestic violence
- Living or hanging out in geographic areas known to be a gathering place for prostitution

CICC Protocol: Screening Suspected CSEC/DMST Cases

The following requirements apply to the CICC when screening CSEC/DMST suspected cases:

1. *CICC staff must be knowledgeable about CSEC/DMST indicators, risk factors and the additional screening questions to be used for such cases.*
2. *Assign screened in cases to the Investigations track.*
3. *Send a notification of the screened in case to law enforcement, the Attorney General's office, PRO Team and Georgia Cares.*
4. *CICC may not screen out cases based solely on the fact that the child may legally reside outside Georgia.*
5. *CICC must conduct a thorough screening of the report and the child's history in order to determine if the report is credible; if so, the case is to be assessed using the Division's existing policies and procedures (refer to DFCS Child Welfare Policy 4.3).*
6. *CICC must notate that a case is a CSEC/DMST case in GA SHINES using the "suspected Commercially Sexually Exploited" label located in the person detail page.*

DFCS referrals or reports of alleged maltreatment are received via the Centralized Intake line (at 1-855-GA-CHILD or 1-855-422-4453). DFCS will respond to referrals of alleged CSEC/DMST by completing the intake assessment process and determining if the report meets the criteria to screen in or screen out for an allegation of maltreatment. If the report is screened in, the case will be assigned to the Investigations track in adherence to the agency's policies and procedures. Such cases may not be assigned to the Family Support track.

The Centralized Intake Call Center (CICC) is responsible for screening and dispositioning known or suspected CSEC/DMST cases. If/When it appears during the intake process that the reporter is providing information that a child may be a victim of CSEC/DMST, the following additional questions shall be asked:

- Do you think that the child is being sexually exploited?
 - If so, what makes you suspect that?
- Does the child have a boyfriend around 5 years or older than the child?

- Does the child have amounts of money, mobile phones and/or expensive new belongings that they claim as gifts or provide no explanation?
- Does the child have tattoos on chest, neck or arms? Do you know what the tattoos say or represent?
- Are the child's caregivers aware of any of this?
- Does the child have a history of runaway or truant behavior?
- Does the child have a history of substance abuse, sexualized behavior, changes in behavior, or association with a different group of friends (possibly older)?

The report and child's prior history shall be carefully screened and reviewed (keeping the associated indicators in mind) to better determine whether the child may be a "CSEC/DMST Victim."

If the report is screened-in, and indicators are present that a child may be a victim of commercial sexual exploitation, the case must be assessed using the Division's existing policies and procedures (refer to DFCS Child Welfare Policy 4.3).

CICC staff must also send email notification of any CSEC/DMST screened in case to the following individuals:

- PRO Team Manager - James Kizer James.Kizer@dhs.ga.gov
- Georgia Cares -Abby Boldin Aboldin@gacares.org
- GBI Computer Crimes and Child Exploitation Unit - Brian Johnston Brian.Johnston@gbi.ga.gov
- Georgia Attorney General's Office - Camila Wright CWright@LAW.GA.GOV

CPS GA SHINES Documentation

When adding suspected victims or victims of CSEC into GA SHINES under the person detail page, the DFCS Case Manager should mark the box "suspected child of commercial sexual exploitation" under the person characteristics tab. This function is available at any stage of the case (INT, INV, FCC, ADO) and can be changed at any point in the case.

▼ Other

The characteristics in this section can be selected even if a child is in custody. Any diagnoses related to these items should be documented on Health Detail, when appropriate.

<input type="checkbox"/> Child History of Sexual Abuse	<input type="checkbox"/> Sibling Group
<input type="checkbox"/> Children In Need of Services (CHINS)	<input type="checkbox"/> Suspected Child of Commercial Sexual Exploitation ?
<input type="checkbox"/> Family Violence	<input type="checkbox"/> Teen Parent
<input type="checkbox"/> Limited English proficiency	<input type="checkbox"/> Tribal Member
<input type="checkbox"/> Military Dependant-legal dependent of individual on active duty in U.S Armed Services	<input type="checkbox"/> Unaccompanied Homeless Youth
<input type="checkbox"/> Other (Specify)	

± Other (Specify) *Enter actual Characteristic*

Allegations of CSEC/DMST for Children From Outside Georgia

When selecting the S7 Maltreatment Code on the Intake or Investigation Allegation Detail pages, the system will automatically select the Suspected Child of Commercial Sexual Exploitation checkbox in the Other Factors section of the Intake Allegation Detail page. The system will also populate CSEC to the alleged victim's

Person Characteristic page. If CSEC is alleged after an investigation is stage progressed to foster care, a new Intake Report is required.

Intake Allegation Detail

Reporter

Allegation Detail

Allegation Detail

* Alleged Maltreated Child: Date of Alleged Incident: 9/21/2015

* Maltreatment Type: SS Sexual Abuse * Maltreatment Code: S7 Sexual Exploitation ?

Alleged Maltreater Relationship: OU Other/Unknown

* Where did the Maltreatment occur: Other ?

Other Factors:

- Adult Substance Abuse
- Family Violence
- Fetal Alcohol Spectrum Disorder
- Fetal Alcohol Syndrome
- Infant Alcohol Addiction/Prenatal Exposure to Alcohol
- Infant Drug Addiction/Prenatal Drug Exposed
- Infant Going through Withdrawal
- Suspected Child of Commercial Sexual Exploitation
- Unaccompanied Homeless Youth

Add **Continue**

Person Characteristics

▼ **Other**

The characteristics in this section can be selected even if a child is in custody. Any diagnoses related to these items should be documented on Health Detail, when appropriate.

- Child History of Sexual Abuse
- Children In Need of Services (CHINS)
- Family Violence
- Limited English proficiency
- Military Dependant-legal dependent of individual on active duty in U.S Armed Services
- Other (Specify)
- Sibling Group
- Suspected Child of Commercial Sexual Exploitation ?
- Teen Parent
- Tribal Member
- Unaccompanied Homeless Youth

± Other (Specify) Enter actual Characteristic

▶ **None Diagnosed**

▶ **Not Yet Diagnosed**

▶ **Adoption**

Comments:

Save

Upon completion of the CPS Investigation Conclusion, the system displays whether CSEC was alleged and substantiated or unsubstantiated.

CPS Investigation Conclusion

Conclusion	
Maltreatment Finding:	
Overall Finding	<input type="text"/>
Overall Risk Finding	<input type="text"/>
Level Of Risk	<input type="text"/>
Fetal Alcohol Syndrome(FAS):	Alleged and Substantiated
Infant Going through Withdrawal:	Alleged and Unsubstantiated
Suspected Child of Commercial Sexual Exploitation(CSEC):	Not Alleged and Substantiated
Where did the Maltreatment occur?:	<input type="text"/>
Special Investigation Placement/Non-Placement Provider/Facility	
Is this a Special Investigation? ?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is this Maltreatment in Care? ?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is this a Policy Violation? ?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Was the foster parent notified of the right to have an advocate present?:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
Comment [Required when foster parent is not notified]:	<input type="text"/>
Date the foster parent was notified of the right to have an advocate present:	<input type="text"/>
Has notification been given to the state office of the removal of child(ren) following initial investigative contact?:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
Date the state office was notified of removal of child(ren):	<input type="text"/>
CPS Investigation Conclusion Page - HIGHLY CONFIDENTIAL	
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Allegations of CSEC/DMST for Children From Outside Georgia

It is very important to consider that nearly all victims of commercial sexual exploitation are transported back and forth across state lines. The moves can occur from hotel to hotel, city to city, and state to state throughout the country in order to travel to more lucrative markets where the children may be continued to be sold for sex, as well as to avoid detection by law enforcement and/or social services. The children trapped in these situations have no actual choice in where they reside.

For that reason, when a report is made to the Division that a child (currently located within the State of Georgia) may be a victim of commercial sexual exploitation but the child may not be from Georgia and instead from a state or country other than Georgia or the United States, the report must be evaluated based on the information related to child maltreatment and should not be screened out based solely on the fact that the child may not be a resident of the state of Georgia. If, during the intake assessment process it is determined that the child is in the original primary custody of another state, the intake report should be screened for an allegation of maltreatment and referred to the state maintaining legal custody. This should be completed by making an immediate report to the child's home state and, when applicable, involving the Interstate Compact on Placement of Children (ICPC) and/or the Interstate Compact of Juveniles (ICJ) (if relevant). (NOTE: ICPC may apply if the child is involved in a dependency proceeding in another state. Consult the ICPC State Office for further assistance. ICJ may apply if the child is involved in a delinquency and/or status offense related proceeding in another state. Consult with the Department of Juvenile Justice (DJJ) for further assistance.)

If the intake assessment is screened in and assigned to the Investigations or Family Support track and during the assessment process it is determined that the child is in the original primary custody of another state, an intake report detailing the current situation should be made immediately to the child's home state. In addition, ICPC and ICJ (if relevant) should be notified of the state to state involvement.

The county DFCS office and Georgia ICPC will work in collaboration with the agencies to coordinate the return of the child to their original jurisdiction, if appropriate.

All referrals by and through law enforcement should be taken with special consideration.

CPS Investigations Protocol: Assessing Allegations

The following requirements apply CPS investigators of CSEC/DMST suspected cases:

1. *Follow the investigative response policies and procedures in DFCS Child Welfare Policy Manual Chapter 5: Investigation.*
2. *Upload to GA SHINES at least two photos of the child: one full-length standing photo and one passport-like photo that is a properly focused full-face view that is clearly identifiable as the child.*
3. *Ensure that the child receives a forensic medical evaluation and a drug screening.*
4. *Make a referral to Georgia Cares to begin treatment services coordination.*
5. *Make a referral to the State Office Placement Resources Operations (PRO) Team to assist with finding an appropriate placement (for out-of-home cases).*
6. *Work cooperatively with law enforcement in ensuring the safety of CSEC/DMST victims.*

Upon receiving assignment of a report of suspected maltreatment involving a case where the child may be a victim of commercial sexual exploitation, the CPS investigator must accomplish the following:

1. Assess the safety of the child per DFCS policies and procedures, taking into account the physical and/or psychological indications that a child may be a victim of commercial sexual exploitation. The child should not be subject to multiple interviews, as feasible.
2. Make a referral to Georgia Cares.
3. If the child is recovered within the Metro-Atlanta area, the child should always be taken to the Scottish Rite Campus of Children's Healthcare of Atlanta's Emergency Department. The child should be brought to a local Child Advocacy Center or pediatric physician for forensic examination. Use the nearest emergency room if all of the above are not available.
4. If the child is cooperative, case managers may attempt to coordinate a forensic interview of the child by a trained forensic interviewer (if possible, a trained forensic interviewer who has experience in conducting CSEC/DMST forensic interviews). The child should be brought to a qualified provider preferably with a SANE (Sexual Assault Nurse Examiner) or other provider with abuse exam experience. Staff must coordinate a CSEC/DMST specific forensic interview through local resources headed by the local Children's Advocacy Center in the area.
 - a. If the child is denying victimization, and/or is not cooperative, it may be better to delay the forensic interview until some trust has been established with the child.

In such an event where CSEC/DMST specific resources may be unavailable, the County offices should utilize other available placement resources while keeping in mind the safety and well-being needs of the child including a high rate of runaway behavior. Contact should be made with the DFCS PRO Team once a CSEC/DMST child/youth has come into care. A referral to Georgia Cares and the DFCS PRO Team should be made as soon as possible in order to coordinate the most appropriate CSEC/DMST specific resources to the child.

The Family Assessment

It is very important that an initial assessment carefully consider whether a possible victim of commercial sexual exploitation needs out of home placement or can safely remain in their home. It is very common for the child victim of commercial sexual exploitation to have run away from home on multiple occasions prior to being discovered as a victim. It logically follows that the child may be running away from mental, physical, and/or sexual abuse at home.

The situation may include a parent who has done everything they know how to in order to protect the child. However, the child may also continue to run away in order to be with his or her trafficker/exploiter/"pimp" that has a stronger influence over the child than the parent. In addition, there have been many cases in which the child's trafficker/exploiter/ "pimp" has deliberately introduced the child to drugs in order to gain better control of the child.

It is critical to assess whether the parents, guardians, and/or caregivers were involved in any way in the commercial sexual exploitation of the child including whether the parents/guardians/caregivers were aware, participated in, or facilitated the trafficking. In addition, case managers should always be aware that the majority of child victims of commercial sexual exploitation are often unaware that they have been victimized and will deny that victimization.

Once there is sufficient information gained that the parents are **not** part of any sexual exploitation of the child, the case manager should then work closely with the parent and/or guardians in providing the appropriate CSEC/DMST specific resources to the child and family throughout the case.

All case managers should assess the circumstances of the commercial sexual exploitation of the child and the child's mental state carefully during the assessment phase of the case and well before making reunification plans with the parents, guardians, and/or caregiver.

All case managers should familiarize themselves with all of the Indicators/Risk Factors as well as Common CSEC/DMST Street Terminology found within this Protocol.

CPS Across County Lines

Most victims of commercial sexual exploitation are found to be wherever their abuser/"pimp" commands them to be, which is often out of their county of residence. Ongoing cooperation and collaboration between counties is essential to expediting services for the child victim. Follow the policy guidelines set forth in DFCS Policy 4.1 Receiving Intake Reports.

Upon receipt of a report or referral for a child who is a victim or alleged victim of CSEC/DMST, the County in which the child has been found, recovered by law enforcement, and/or located, shall take the lead in coordinating the Division's response to the needs of the child.

Referral by DFCS to Georgia Cares (GCI)

Within 24 Hours of the initial contact with the child, the CPS investigator must make a referral (to include both intake assessment information and any other relevant facts gathered during the initial contact with the child) to Georgia Cares through their Referral Form found at www.gacares.org. The referral to Georgia Cares is the most important part of rendering CSEC/DMST specific services to a child victim of commercial sexual exploitation. Collaboration between DFCS and Georgia Cares is essential to properly addressing the needs of children who are victims of commercial sexual exploitation.

A referral to Georgia Cares will result in a trained person conducting a face to face meeting to ask additional screening questions of the child in a non-judgmental way. In addition, the DFCS PRO Team can assist DFCS staff and Georgia Cares in tracking changes in placement and additional referral and service needs for that particular child/youth and population. Referrals to Georgia Cares should be made automatically when there is a child in DFCS custody who has been arrested for prostitution.

The following procedures apply to the Georgia Cares referral:

1. Within 24 hours of contact with the child, make the referral to Georgia Cares, who will immediately designate a CSEC/DMST Care Coordinator (who coordinates services for the child) and work cooperatively with the Georgia Cares CSEC Care Coordinator and the DFCS PRO Team to determine the best/most appropriate CSEC/DMST Services.
2. It is essential that the multi-page GCI Referral Form (found at www.gacares.org) and the Release of Information Form be filled out and transmitted to GCI to begin the process for a Georgia Cares CSEC Care Coordinator to assist DFCS staff in the initial assessment and possible placement of the child victim and/or referral to CSEC/DMST specific services. Upload the completed application to GA SHINES.
3. When applicable, develop a case plan which contains goals as required by this protocol which shall specify referral to Georgia Cares and the name of the CSEC Care Coordinator, in addition to measures anticipated to provide for smooth interagency coordination.
4. Following the referral to Georgia Cares, the case manager assigned to the case shall remain in contact with the Georgia Cares CSEC Care Coordinator for the purposes of additional monitoring of the provision of services, and assuring any present danger situations or impending danger safety threats have been alleviated or mitigated.

Georgia Cares Contact Information

The Georgia Cares contact information is as follows:

Phone: 404-602-0068

Fax to: 404-371-1030

Website: www.gacares.org

Email to: referrals@gacares.org

Placement Support Assistance: DFCS State Office Placement Resources Operations (PRO) Team

As soon as the need for placement of a CSEC/DMST youth occurs, a referral should be made to the PRO Team for assistance. The initial placement of the child victim is critical to the child's overall welfare and any chance for a successful intervention. Law enforcement intervention in commercial sexual exploitation cases occurs 24 hours a day, 7 days a week. As such, it is possible that a commercial sexual exploitation victim will need some form of residential care/placement. All possible precautions must be taken, in coordination with the DFCS PRO Team and Georgia Cares, as well as local Law Enforcement, to ensure that the child victim does not run away from the initial placement.

Prior to leaving the Emergency Department, all drug screens must be returned to indicate any drug treatment needs. If the child discloses heavy drug use or use of a drug that is highly addictive, such as Oxycodone or Methamphetamine, placement should be sought with a resource that can first address the issue of drug addiction (even if the child's drug tests are negative for the presence of such drugs).

The following are placement recommendations for victims of CSEC/DMST:

- No two CSEC/DMST victims shall be placed in the same placement unless that placement is a CSEC specific placement provider.
- Avoid placing a victim of CSEC/DMST with another teenage child (who has individual at-risk factors) that may be recruited by the CSEC/DMST victim.

Avoiding placing two or more CSEC/DMST victims in the same home as they are very likely to run away together and/or recruit one another to return to their previous pattern of exploitation. This is especially the case when both children have been victimized by the same exploiter.

The DFCS PRO team is a state office function within the Foster Care Services Section and supports DFCS Case Managers in the identification of appropriate high-end MWO placements. These youth are identified as having serious to severe behavioral, emotional, and/or medical needs and developmental disorders. The PRO Team will be responsible for tracking and reporting CSEC/DMST related cases.

The PRO Team On-Call Schedule (5pm-9am) is located on the GA+SCORE website and in GA SHINES. Two PRO Team specialists are on-call and rotate weekly. Contact information, including cell phone numbers, are published for your convenience.

The PRO Team will also provide placement assistance. County staff should:

- Send a referral via email to proteam@dhs.ga.gov.
- Submit a [MATCH Screening Summary Form](#) (RBWO MSS) for review.
- Submit supporting documents if available (trauma assessment, discharge notes, current progress notes, psychological).

A PRO Specialist will review and assist with placement efforts.

Forensic Medical Evaluations

Case managers should keep in mind that the child will need a medical exam and at least one forensic interview. The medical exam should occur as soon as possible to facilitate evidence collection, assessment for injury and infection, pregnancy testing and infection/pregnancy prophylaxis. The medical exam should be done in an emergency room of a hospital, preferably by a provider trained to do sexual abuse exams. The initial forensic interview may or may not occur at the time of the exam.

In addition, a follow-up medical exam may be necessary depending on the child's medical condition. Every effort should be made to ensure the child receives all necessary continued medical care through collaboration with the assigned Georgia Family 360 CMO care coordination team.

Chief among whether the child should be referred to a CSEC/DMST forensic interview is whether the child is cooperative and able to speak to an interviewer about what they have endured. If a forensic interview is not possible at the assessment phase, all efforts should be made to encourage the child to undergo a full medical evaluation by hospital staff. Many victims of commercial sexual exploitation may have multiple sexually transmitted diseases which have gone untreated. A forensic interview may well lead law enforcement to other CSEC victims that have yet to be discovered.

Within the assessment phase of the case, case managers should refer all child victims to the local Child Advocacy Center or local pediatric doctor for a complete forensic medical evaluation and possible forensic interview of the child. Prior to leaving the Emergency Department, all drug screens must be returned to indicate any drug treatment needs.

While at the emergency room, DFCS case managers will be joined by the social workers employed with the hospital to work jointly toward all possible solutions in the child's best interest.

Whether the child is cooperative and desires such medical evaluations and/or forensic interviews to be provided is paramount in the consideration of what assistance will be provided to a child victim during this initial phase of the case. Some children may be ready to disclose while this process may take a period of weeks or months for others. It is important to note that forensic interviews of CSEC/DMST victims regularly involve more than one interview.

Case managers must ensure that, as long as the victim is cooperative, both medical evaluation and forensic interviews are coordinated and continue to be made available to child victims even as the case may be transferred within DFCS.

All CSEC/DMST cases where children are located within a reasonable proximity of Children's Healthcare of Atlanta Hospitals (Scottish Rite Campus) should be aware that the Stephanie V. Blank Center for Safe and Healthy Children has developed a systematic response for receiving child victims of commercial sexual exploitation at all hours of the day or evening. The expectation that the child be brought to Children's Healthcare of Atlanta (Scottish Rite Campus) can only be required of counties within the metro Atlanta area. Children's Healthcare of Atlanta conducts both medical evaluations as well as forensic interviews of children who may be victims of commercial sexual exploitation 24 hours a day.

For all other counties throughout the state, the child victim should be taken to the nearest Emergency Department where the child can receive a medical examination. The assigned Care Management Organization (CMO) can be of assistance in locating an appropriate facility for youth enrolled in Georgia Families 360. Each county/region should develop a CSEC/DMST protocol that addresses the medical referrals process.

[Intake Photos](#)

When the CSEC/DMST victim comes into care it is very important to take a series of digital photos that will be useful in assisting law enforcement and the National Center for Missing and Exploited Children (NCMEC) in locating the child. The digital photos should then be uploaded into SHINES. Upload at least two photos of the child: one full-length standing photo and one passport-like photo that is a properly focused full-face view that is clearly identifiable as the child.

Whenever a CSEC/DMST victim child is recovered, the likelihood that the child may run away is very high.

Missing Children

In the event the child CSEC victim is determined to have run away (which may mean that they cannot be located to initiate the investigation), CPS staff are to consult DFCS Policies 7.3 Family Preservation Services Cases Involving Missing and At-Risk Youth and 10.24 Missing Children/Youth to ensure that proper procedures are followed. The first priority should be to report the child missing to both law enforcement and the National Center for Missing and Exploited Children (NCMEC).

Requests by Law Enforcement

All requests by law enforcement for the Division to **not make contact with the parents** for the safety of the child must be respected and considered on a case by case basis. Revealing confidential law enforcement investigatory information to possible suspects could easily place the Child that has been recovered or other children that have yet to be recovered in danger. The juvenile court should be fully advised of this request when applying for a Shelter Care Order.

Coordination with Federal Partners

For all cases involving child victims of commercial sexual exploitation in which the child is found to be a foreign born child who is a legal permanent resident (a Green Card holder) or an undocumented child with no legal status within the United States, a referral must be made to the Department of Homeland Security in order to comply with Federal Notification requirements.

Notification regarding the facts and circumstances of a child who is a victim of commercial sexual exploitation should be made by case managers to the following Department of Homeland Security Personnel:

Department of Homeland Security
404-346-2300
Request to speak to: Anti-Human Trafficking Group

After-Hours:
Alia El-Sawi Victim Assistance Specialist
404-822-1268

The Department of Homeland Security Staff can assist in obtaining Immigration Counsel for children who are victims of commercial sexual exploitation. Resources are available to assist victims of

commercial sexual exploitation in obtaining proper visas to allow for them to remain in the United States. The Department of Homeland Security may also be able to assist in obtaining specialized placements for victims.

It should be noted that while the Department of Homeland Security can assist in obtaining appropriate immigration-related resources for both an undocumented or legal permanent resident (a Green Card Holder) children who are victims of commercial sexual exploitation, the DFCS case manager should remain as the primary person to coordinate the proper services for the child victim in each case.

Foster Care Services Protocol: Case Managing Placement to Permanency

The following requirements apply to permanency staff regarding CSEC/DMST suspected cases:

1. Ensure continued follow-up and continued coordination with Georgia Cares.
2. Ensure that initial and any subsequent placements are appropriate.

Multi-Disciplinary Case Management Approach

Any youth who is at risk of commercial sexual exploitation or has been confirmed as a CSEC victim will be provided a service continuum plan of action. All youth will be linked to appropriate services regardless of meeting criteria to participate in approved CSEC programs arranged through Georgia Cares. Once a child is discharged from a residential program or screened out due to not meeting criteria, a thorough comprehensive plan will be administered that will provide services to aid in the continuous development of youth. The service plan will be developed within 30 days. Please see the partial listing of resources on pages 25-28.

Youth will be linked to community resources by adhering to the following:

1. The Case Manager or referral source will complete the Service Continuum Referral Form and submit to proteam@dhs.ga.gov within 48 hours of determining services are needed.
2. A PRO Team Specialist will connect with Georgia Cares to determine the status of services and care coordinator, if applicable.
3. A PRO Team Specialist will connect with Amerigroup and coordinate with other trauma – informed service providers.
4. The youth will be linked with a service provider within 30 days of referral.
5. A PRO Team Specialist will follow up within 90 days to determine the status of the child and the resources provided to the child.

The PRO Team Specialist will take a multi-disciplinary approach to developing and maintaining a collaborative relationship with systemic partners, such as, but not limited to, Healthcare Professionals,

Juvenile Court, Amerigroup, School System, Behavioral and Mental Health Providers, Independent Living, Law Enforcement, Parents, Mentoring Programs and others. This approach will also be youth centered to include the specific needs and perspective of the child.

Case managers should always understand that law enforcement may not be able to share all information about their case. Information learned by DFCS staff should always be made available to assist law enforcement and the district attorney's office at every stage of the case pursuant to DFCS policy regarding Information Management found at DFCS Child Welfare Policy 2.6 Confidentiality.

Case managers should coordinate with Law Enforcement to determine if any information shared by Law Enforcement during the recovery of the victim would harm the ongoing investigation and therefore should *not be included* in the Juvenile Court Complaint.

When there is a change in case managers, Georgia Cares should be notified in writing (via email) immediately by the social services supervisor. If a case is pending with a law enforcement agency against the abuser of the child, efforts should also be made to notify the case officer and the local District Attorney's Office of a change in case managers.

The best chance to successfully address the complex needs of a victim of commercial sexual exploitation is for the Division of Family and Children Services to adopt and pursue a multi-disciplinary team approach. Children should be interviewed by an experienced forensic interviewer. Case managers should always request to observe the forensic interview in order to fully appreciate the level of trauma the child has undergone. These cases are complex; at the very least, supervisors, administrators and county directors should be a part of the decision-making team at each step.

It is critical for DFCS staff to continue working closely with the Georgia Cares and their CSEC Care Coordinators as well as the DFCS PRO Team who can help obtain the needed care (i.e. therapy, placement, parent support, peer support from a survivor, victim advocacy in the juvenile court program, etc.).

Placements in DFCS/CPA Foster Homes, Relative Placements, or Child Caring Institutions

The following are placement recommendations for victims of CSEC/DMST:

- No two CSEC/DMST victims shall be placed in the same placement unless that placement is a CSEC specific placement provider.
- Avoid placing a victim of CSEC/DMST with another teenage child (who has individual at-risk factors) that may be recruited by the CSEC/DMST victim.

Avoid placing two or more CSEC/DMST victims in the same home, as they are highly likely to run away together and/or recruit one another to return to their previous pattern of exploitation. This is especially the case when both children have been victimized by the same exploiter.

The placement considerations apply to the duration of the child's stay in foster care as applicable. It also applies to children in foster care placement who may be exposed or become victims of CSEC/DMST while wards of the state.

Whatever the stage of the child's DFCS case, it is absolutely essential that education about CSEC/DMST be provided to caregivers and foster parents. [NOTE: If the parents/caregivers of the child are involved in the exploitation, then this section is not applicable.] CSEC/DMST presents many issues that caregivers must be made aware of to assist them in caring for the child. While remaining in compliance with HIPPA, all pertinent information should be shared with the caregivers/foster parents. Family support can be coordinated through Georgia Cares.

Behavioral Health Services

Georgia Cares, Amerigroup care coordinators (for children enrolled in Georgia Families 360), and the DFCS PRO Team can assist the case manager in locating a behavioral health provider with experience in CSEC/DMST and sexual trauma. It is critical that the victimized child receive the appropriate therapeutic services to target their experiences. CSEC/DMST is different in nature than any other form of sexual abuse. Therapeutic services for this population should only be provided by a licensed behavioral health professional with experience in trauma treatment.

Case managers and Regional Well-Being Specialists must be diligent in monitoring behavioral health services to determine if the level of services in place and the provider are meeting the specific needs of the child. Therapeutic services should include a component of family education and family therapy, when appropriate.

Up to Date Photos

When the CSEC/DMST victim comes into care it is very important to take a series of digital photos that will be useful in assisting law enforcement and the National Center for Missing and Exploited Children (NCMEC) in locating the child. The digital photos should then be uploaded into SHINES. Upload at least two photos of the child: one full-length standing photo and one passport-like photo that is a properly focused full-face view that is clearly identifiable as the child.

Whenever a child CSEC/DMST victim is recovered, the likelihood that the child may run away is very high. Having a current photo of the child available will assist in location efforts.

Runaway and Missing Children

In the event that a youth runs away, consult DFCS Policy 10.24 Missing Children/Youth to ensure that proper procedures are followed. The first priority should be to report the child missing to both law enforcement and the National Center for Missing and Exploited Children (NCMEC).

Identifying CSEC/DMST Risks

It is important to note that Foster Care and Adoption staff should complete these same procedures once they have identified a child as a possible victim of CSEC/DMST. During ECEM contacts, case managers

should be alert to recognizing indicators of potential CSEC/DMST exposure or activity as well as ensuring that foster caregivers are likewise alert to the signs.

In the event that a child already in foster care placement is suspected to be involved in CSEC/DMST activity, the case manager must make a new CPS referral immediately.

Caregiver, Staff and RBWO Provider Training

The following training requirements apply to all foster caregivers, CPS and permanency DFCS staff, and RBWO staff:

1. All CPS and permanency case managers and supervisors and RBWO case support and human services professionals must participate in CSEC/DMST training either during new worker or track training or as a professional development course.
2. All DFCS/CPA foster caregivers must receive CSEC/DMST training either during pre-services training (IMPACT) or as an on-going training.

In order for effective CSEC assessment and intervention to occur, DFCS staff must receive thorough training in engagement and assessment of possible CSEC victims. *It is imperative that this occur at ANY stage of the case management process, from Intake through Foster Care.*

All CPS and permanency case managers and supervisors and RBWO case support and human services professionals must participate in CSEC/DMST training either during new worker or track training or as a professional development course.

Developing a training sequence is critical because research has shown that while nationally many CSEC cases remain undetected by Child Protective Services staff, even a basic class in CSEC awareness can make a dramatic difference (see "An Evaluation of a Child Welfare Training Program on the Commercial Sexual Exploitation of Children", McMahon-Howard, 2013).

Accordingly, the DFCS Education and Training Section has developed the following training plan:

- CSEC/DMST Overview Training for all DFCS Services Staff is a one day training that will be offered to all case management, supervisory, and administrative personnel. This Basic CSEC/DMST Training will include all relevant DFCS CSEC Policy/Protocol as well as information on CSEC dynamics and "recruitment," and assessment guidelines. Extensive use of video support and awareness activities will ensure the training is grounded in the experiences of victims and their families.
- Advanced CSEC Training or Trainings will be developed as needed, targeting Services Staff who are tasked with specific CSEC duties and oversight. These trainings may include webinars which utilize experts in the field of CSEC, and may include topics such as: advanced CSEC assessment practices, effective treatment intervention for CSEC victims, and other topics.
- Integrate appropriate CSEC information into other training classes as needed, including Keys (New Worker Training), CPS/Foster Care Track, and Foster Parent trainings.

The Office of Provider Management (OPM) will continue to provide trainings that focus on the CSEC/DSMT population to Georgia's Child Placing Agencies (CPAs) and Child Caring Institutions (CCIs). OPM provides Introduction to Working with Victims of Commercial Sexual Exploitation. This training provides the participant with an introduction to working with CSEC victims. The presentation dispels commonly held beliefs and stereotypes that promote CSEC. It unpacks the notion of "choice" in reference to children's involvement in the commercial sex industry. Participants also brainstorm opportunities for intervention with CSEC victims and review guidelines for appropriate and effective engagement. This course will be offered to Directors, Human Services Professionals, Case Support Workers, Case Support Supervisors, and Direct Care Staff.

Caregiver Training

All foster caregivers will be required to take a course in CSEC/DMST. This may be accomplished through the IMPACT pre-service curriculum (to be updated in 2016) or through an ongoing professional development course.

CSEC/DMST Terminology

Exploiters and their victims communicate about CSEC/DMST (what is also known as "The Life") using slang. Knowing these terms ensures that you are able to follow what your victim or witness is telling you, and can also help you build credibility with victims by reassuring them that you know something about their world. Some of this language is harsh and crude. It is reproduced here to build your effectiveness, not to condone its use.

(These terms provide insight into the criminal subculture that victims of CSEC/DMST experience.)

Street Terminology	Meaning
Automatic:	When a pimp is out of town in another city or incarcerated and a prostitute is working while he is gone. The child also saves money gained for the pimp while he is away.
Bag up:	To be caught/arrested by the police
Bare Back:	Sexual intercourse without the use of a condom
Bend:	A prostitute
Berry:	A police car
Bitch:	The most common term used by pimps when referring to a prostitute.
Bottom bitch:	The prostitute who has been with a certain pimp the longest period of time. She is typically the recruiter for the pimp, and is usually the most trusted.
Branded:	A tattoo on a victim indicating ownership by a trafficker/pimp
Break a bitch:	Phrase used to define the actual act of a pimp taking money from a prostitute.
Break yourself:	What a pimp tells a prostitute when he wants her to make money.
Broke luck:	Phrase referring to when a prostitute makes money. If a prostitute has turned a

	trick for money she is said to have “broke luck” for that day.
Buster:	A person who tries to act like a pimp, but is not really a pimp.
Cat eye:	To stare at a woman or man with sexual intention
Caught a case:	When a prostitute or pimp has been arrested and charged with a crime
Choose:	A prostitute having to pick a new pimp. This can be done either voluntarily or by looking another pimp in the eyes. In the latter case, she has “chosen” that new pimp even if she didn’t want to.
Circuit:	All of the tracks in the country. When a prostitute works the circuit, her pimp takes her from city to city, or track to track. The female will work a certain track until she stops making money or the police begin paying too much attention to that prostitute.
Daddy:	The name that most pimps are called by their prostitutes.
Date:	Can be used to describe the act of prostitution or the client itself. Example: when a prostitute is with a client, she is said to be “with a date,” “on a date,” or “turning a date.” The time and place where a prostituted child is scheduled to meet a buyer, known as a “john.”
Family or Folks:	A group of victims under the control of a single trafficker/pimp. The term is an attempt to recreate the family environment.
John:	A slang term for a buyer who pays for the services of a prostitute. A client of prostitution.
Lot Lizard:	Derogatory term for prostituted children at truck stops.
Mack:	An “upper level” pimp. Will supposedly take money from any female, not just a prostitute. This information is according to Macks arrested thus far. It is also an acronym for “Man Acquiring Cash through Knowledge”
Mark:	A client of prostitution/buyer of sex with the child
MOB (Money Over Bitches)	A common slang term or phrase used by traffickers; can also be a tattoo or brand on the victim’s body
Out-a-pocket:	When a prostitute has a pimp and looks at another pimp. That prostitute is now subject to the “choosing” rules. <i>See: Choose</i>
Outlaw:	A prostitute without a pimp
Party:	The act of prostitution. Example: A prostitute may ask a client if he wants to “party.”
Peel a trick:	Phrase used to describe the act when a prostitute

	steals something from her client.
Pimp:	A person who persuades, compels, or entices a male or female child to become a prostitute or continue to commit acts of prostitution. The pimp takes all of the money from the prostitutes under his or her control and usually has no legitimate source of income. Pimp is also an acronym for "Provided Income from Managing Prostitutes." He or she manages prostitutes, scheduling their "dates" and profits from their earnings. The relationship between pimps and prostitutes is often psychologically and physically abusive. Prostituted individuals are sometimes kidnapped off the street by pimps at a young age or lured through the Internet. Pimps are often involved in other illegal industries and activities such as drug dealing.
Pimp Circle:	Describes a situation where pimps circle around a victim for purposes of intimidating and disciplining the victim, using verbal and physical threats/action.
Pimp party:	When several pimps "unite" to abuse a prostitute for either being disrespectful, trying to leave the "game" or reporting a pimp to the police. It usually consists of several pimps "gang-raping" the victim, beating, urinating and/or defecating on the victim, and other forms of abuse
Quota:	The amount of money a victim must give to their trafficker/pimp each night. If a quota is not met, the victim may be made to work until it is, or may be beaten or otherwise disciplined.
Reckless eye balling:	When a prostitute is looking at another pimp or suspected pimp
Rick:	A client of prostitution/buyer of sex with a child
Seasoning:	The process of breaking a victim's spirit and gaining control over him or her, using rapes, beatings, manipulation and intimidation
Serve:	The procedure by which the newly "chosen" pimp "serves notice" to the old pimp. This is done when the "chosen" pimp takes his "new" prostitute's money (earned from the previous night) and gives it to the old pimp or will simply "serve" the old pimp verbally, without a money exchange.
Square:	A person not involved in the game of "pimpin" and prostitution. Someone who leads a normal life.
Stable:	The amount of prostitutes working for a particular pimp. Example: if a pimp has six girls working for

	him, he has a stable of six.
Staying in pocket:	A slang term for the practice of forbidding prostituted youth from observing street or establishment names or general surroundings during "dates" in order to keep them isolated and under control.
Streets:	Areas that prostitutes offer their trade and sellers know where buyers are shopping for their "dates". Work on the streets is easier and unlike entertainment/escort service or hotel work.
The Life:	Prostitution
Track:	A certain area of a street in any given city where prostitution can be found
Trade Up/Trade Down:	The act of buying or selling a person for a pimp's stable
Trap:	Place where prostitution/human trafficking occurs
Trick roller:	A prostitute who steals, either through using deception or drugs, property from clients after he/she befriends and either offers to, or engages in sex with, the client. Most trick roll victims are drugged to the point of unconsciousness, thereby giving the prostitute several hours to flee before the victim awakens.
Turn-out:	A brand new prostitute newly recruited into "The Life". One who has just turned from a normal girl to a prostitute
Wife-in-law:	The name each prostitute in a pimp's "stable" calls each other. A prostitute can only be a wife-in-law to another prostitute if they have the same pimp. In some "stables," wife-in-laws are not allowed to communicate with each other. Many pimps will enforce this rule to keep the prostitutes from unifying against him and to keep them from knowing how he treats others.

Source: Darlene Lynch, Kosha Tucker, and Kirsten Widner, "Improving Offender Accountability in CSEC Cases: Tools for Investigating and Prosecuting Adult Exploiters", The Barton Child Law and Policy Center, Emory University School of Law, (2008)

CSEC/DMST Resources

Georgia Cares

Phone: 404-602-0068

Website: www.gacares.org

Email: referrals@gacares.org

Georgia Center for Child Advocacy
Mary Beth Brush, LCSW
Director of Forensic Services
Phone: 678-904-2880 x210
marybethb@gacfa.org

Training Resources

Children's Healthcare of Atlanta, Stephanie V. Blank Center for Safe and Healthy Children
Phone: 404-656-5600
Website: <http://children.georgia.gov/>

The Barton Child Law and Policy Center, Emory University School of Law
Phone: 404-727-6664
Website: www.bartoncenter.net

INTERVENE (Identifying and Responding to America's Prostituted Youth) Training
Website: <http://www.sharedhope.org/what/intervene.asp>

Girls Educational and Mentoring Services (GEMS) Trainings & Workshops
Website: www.gems-girls.org/get-involved/training

youthSpark
365 Pryor Street SW, Suite 2117
Atlanta, GA 30312
Phone: 404-612-4628
Fax: 404-224-1082
Website: www.youth-spark.org

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Mary Frances Bowley, "*The White Umbrella; Walking with Survivors of Sex Trafficking*", Chicago, IL: Moody Publishers, 2012.

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Appendices

Appendix A: Regional Protocols

Region 1 CSEC/DMST Protocol

Purpose:

CSEC is a very real threat to the safety and well-being to America's children. The Federal Bureau of Investigation's CSEC taskforce uses the tag line "America's Children Are Not for Sale". Likewise, Georgia's children are not for sale. Region 1 CSEC/DMST protocol is therefore more than a set of instructions; it is a call to action for staff, providers and stakeholders to prioritize this growing epidemic in our daily efforts to ensure the safety and well-being of Georgia's children.

As the state's child welfare agency, ensuring the safety and well-being of children and youth under the age of 18 years is the responsibility of Georgia's Division of Family and Children Services (DFCS). The matter of children and youth being commercially sexually exploited therefore has to be a high priority for DFCS. It is our duty to act in cases reported to the Division where children are victims or suspected victims of commercial sexual exploitation, whether by non-caregivers or caregivers.

Definition:

In 2009, O.C.G.A. § 19-7-5, relating to the mandated reporting of child abuse by youth serving professionals was extended to include "any person who engages in sexual exploitation of a child" so that this form of abuse is no longer limited to a child's "parent or caregiver". Many victims of commercial sexual exploitation are abused by individuals who are not the child's parent but are serving in a caregiver role. These persons are defined in O.C.G.A. § 15-11-2 as a "Person Responsible for the Care of a Child". An individual meets this definition when he or she is:

1. An adult member of a child's household;
2. A person exercising supervision over a child for any part of the 24 hour day; or
3. Any adult who, based on his or her relationship to the parent, guardian or legal custodian or a member of a child's household, has access to such child.

Protocol Actions:

- 1) Disseminate the statewide CSEC/DMST protocol to the 11 counties in Region 1.
- 2) The County Director for each county will ensure the protocol is reviewed with staff to ensure that all staff can identify children who may be victims.
- 3) R1 Supervisors and Case Managers will receive CSEC/DMST training during Regional Summits by April 30, 2016. Additionally, R1 will schedule a formal CSEC/DMST training through the Education and Training Unit, to be held at a location within R1, by June 30, 2016.

- 4) R1 will establish a CSEC Collaborative, to provide on-going training on how to identify potential CSEC victims and to identify and/or build appropriate service provisions for CSEC children and those providing care to CSEC children.
- 5) R1 Counties will review each open case by Feb 28, 2016, to identify and build a baseline of all CSEC children in Family Preservation and Placement cases in R1. R1 FPS Team members will work with each County to ensure CSEC policy is followed in these and all newly identified CSEC cases.
- 6) A regional Field Program Specialist will be assigned to track and monitor all CSEC/DMST cases for Region 1 and will submit a monthly report to the Regional Director, to include the following information: Case type; current caregiver; dates of visits with child; dates of staffing, services provided, referral dates to LE, referral dates to Georgia Cares, dates of CSEC interviews.

In the event a child is identified as a CSEC/DMST victim the county will:

- 1) Immediately notify the Regional Director (or designee,) who will assign an FPS to participate in all staffings and decisions regarding the child. The County Director, Supervisor, and Case Manager are also required to participate in all staffing.
- 2) Follow state policy and guidelines regarding timely notification to Georgia Cares, Law Enforcement, medical providers, and other identified partners.
 - a. Contact LE and ensure that a Child Abuse Report is filed.
 - b. Submit referral to Georgia Cares within 24 hrs.
 - c. Through partnership with the local Child Advocacy Center, ensure the child receives a medical exam within 48 hours.
 - d. Work diligently to connect the child to services and supports.
 - e. Collaborate with LE and Georgia Cares to determine best placement for the child.
- 3) Staff the case weekly with community partners and the assigned Region 1 FPS until case closure.

The Regional Director and County Directors will ensure there is collaboration with law enforcement, DJJ, Georgia Cares, medical professionals, and other service provider partnerships as it relates to serving CSEC/DMST youth.

All 11 counties within Region 1 will ensure the statewide protocol for CSEC/DMST is followed.

Region 2 CSEC/DMST Protocol

Purpose:

CSEC is a very real threat to the safety and well-being to America's children. The Federal Bureau of Investigations CSEC taskforce uses the tag line "America's Children Are Not for Sale". Likewise, Georgia's

children are not for sale. Region 2 CSEC/DMST protocol is therefore more than a set of instructions; it is a call to action for staff, providers and stakeholders to prioritize this growing epidemic in our daily efforts to ensure the safety and well-being of Georgia's children.

As the state's child welfare agency, ensuring the safety and well-being of children and youth under the age of 18 years is the responsibility of Georgia's Division of Family and Children Services (DFCS). The matter of children and youth being commercially sexually exploited therefore has to be a high priority for DFCS. It is our duty to act in cases reported to the Division where children are victims or suspected victims of commercial sexual exploitation, whether by non-caregivers or caregivers.

Definition:

In 2009, O.C.G.A. § 19-7-5, relating to the mandated reporting of child abuse by youth serving professionals was extended to include "any person who engages in sexual exploitation of a child" so that it is no longer limited to a child's "parent or caregiver". Many victims of commercial sexual exploitation are abused by individuals who are not the child's parent but are serving in a caregiver role. These persons are defined in O.C.G.A. § 15-11-2 as a "Person Responsible for the Care of a Child". An individual meets this definition when he or she is:

1. An adult member of a child's household;
2. A person exercising supervision over a child for any part of the 24 hour day; or
3. Any adult who, based on his or her relationship to the parent, guardian or legal custodian or a member of a child's household, has access to such child.

Protocol Actions:

I. Training:

The statewide CSEC/DMST protocol, Region 2 CSEC Protocol and Region 2 Quick Reference Field Guide will be disseminated to the 13 counties in Region 2 by 1/31/2016. The County Director for each county will then ensure the protocol is reviewed with staff by 3/31/2016. The County Director will also conduct outreach to ensure that community partners are aware of this protocol. This information will also be presented to Supervisory staff at the Regional Supervisor Meeting in February 2016. It will be presented to all County Directors by the March 2016 Region 2 Leadership Meeting. This will help ensure the ability of all staff to identify individuals who may be victims. In addition, the Regional Resource Development Team will work to distribute and offer applicable trainings to Region 2 foster parents to better prepare them to identify and support CSEC youth.

II. Notification/Monitoring:

In the event a child is identified as a CSEC/DMST victim, the county will notify the regional director, Kenny Jarvis, within 24 hours of assignment or identification of a CSEC case. The regional director will assign Field Program Specialist Cara Kitchen to participate in all staffings and decisions regarding the child. Field Program Specialist Kitchen will serve as the Region 2 Subject Matter Expert on CSEC and will provide guidance to staff in handling these cases. FPS Kitchen participated in the January CSEC training in order to become more familiar with CSEC in order to serve as the Regional Subject Matter Expert. FPS Kitchen will

participate in any further training opportunities that become available on this training. FPS Kitchen will be included in communications regarding these youth via phone at (678)296-9778 or via email at Caraj.Kitchen@dhs.ga.gov. The County Director, Supervisor, and Case Manager are also required to participate in all staffings. Regional Field Program Specialist Cara Kitchen will be assigned to track and monitor all CSEC/DMST cases for Region 2 upon notification from Regional Director Jarvis.

III. Handling:

The Regional Director and County Directors will ensure there is collaboration with law enforcement, DJJ, Georgia Cares, medical professionals, and other service provider partnerships as it relates to serving CSEC/DMST youth.

The Region will assign cases identified as CSEC cases to a Regional Special Investigator or other experienced staff member in order to meet the needs of these highly sensitive cases. Otherwise, additional oversight and support will be provided through ongoing staffings with the county and regional team. State Office CSEC Subject Matter Experts will be consulted as needed. Region 2 staff will use CHOA facilities if protocol timelines can be met, or will work closely with area hospitals and child advocacy centers to ensure established protocols are followed.

All 13 counties within Region 2 will ensure the statewide protocol for CSEC/DMST is followed.

Region 3 CSEC/DMST Protocol
Effective Date: January 4, 2016

Requirements:

(Administration Sex Trafficking Overview Policy 1.13)

The Division of Family and Children Services (DFCS) shall develop, in consultation with State and local law enforcement, juvenile justice, health care providers, education agencies, and organizations with experience in dealing with at-risk youth, policies and procedures (including relevant training for caseworkers) for identifying, documenting in agency records, and determining appropriate services for:

1. Any child or youth over whom DFCS has responsibility for placement, care, or supervision and who the agency has reasonable cause to believe is, or is at risk or being, a sex trafficking victim (including children for whom an agency has an open case file but who have not been removed from the home, children who have run away from foster care and who have not attained 18 years of age or such older age as the State has elected under section 475(8) of the Act, and youth who are not in foster care but are receiving services under section 477 of the Act); and
2. Youth formerly in foster care who are participating in Extended Youth Support Services through the age of 21.

Definitions:

For the Purposes of the Titles IV-B and Title IV-E of the Act the term "sex trafficking victim" means:

1. **A victim of a sex trafficking (as defined in section 103(10) of the Trafficking Victims Protection Act of 2000; or**
2. **A severe form of trafficking in persons described in Section 103(9)(A) of such Act.**

Purpose:

The purpose of this protocol is to ensure that County & Regional Staff in all program areas adhere to the CSEC policy around efforts to identify, support and provide a safe and protective environment for those youth identified as CSEC victims. In addition, this protocol serves to ensure that County and Regional staff is working collaboratively with community partners to facilitate successful placement and therapeutic services to address the trauma and stabilization of these youth. The protocol will encompass 4 main areas:

1. The regional plan for ensuring implementation & adherence to the overall CSEC/SMST policy/protocol.
2. Tracking, monitoring and significant event reporting.
3. Assignment and multi-level supervision/consultation of CSEC/DMST cases
4. Collaboration with LE, DJJ, Medical providers, GA Cares, & other community partners as it relates to serving CSEC/DMST youth.

Protocol:

Regional CSEC SME will ensure that all counties in the Region have a copy of the Statewide CSEC/DMST protocol & that it has been reviewed at all levels of leadership, from frontline staff up to County & Regional Director.

- The SME will also provide training & supportive tools/resources, as well as consultation and support when these types of cases are identified within the Region. (Via use of Summits & Leadership Meeting)
- The SME will Track, staff & follow until safe closure.
- The SME will provide a monthly report to County and Regional Leadership of CSEC cases.

Upon the assignment of CSEC cases or the identification of these types of cases, County staff/leadership will:

- Follow established state policy and guidelines around timely notification to Georgia Cares, LE, medical providers, and other identified partners.
- Notify SME within 24 hours of the assignment or notification a CSEC case
- Assign the case to an identified special investigator and/or consult with the State Special investigations unit within 24 hours of receipt.
- Schedule and facilitate weekly staffing with ALL community partners, including the SME, until safe closure is reached.

Region 4 CSEC/DMST Protocol

Purpose:

CSEC is a very real threat to the safety and well-being to America's children. The Federal Bureau of Investigations CSEC taskforce uses the tag line "America's Children Are Not for Sale". Likewise, Georgia's children are not for sale. Region 2 CSEC/DMST protocol is therefore more than a set of instructions; it is a call to action for staff, providers and stakeholders to prioritize this growing epidemic in our daily efforts to ensure the safety and well-being of Georgia's children.

As the state's child welfare agency, ensuring the safety and well-being of children and youth under the age of 18 years is the responsibility of Georgia's Division of Family and Children Services (DFCS). The matter of children and youth being commercially sexually exploited therefore has to be a high priority for DFCS. It is our duty to act in cases reported to the Division where children are victims or suspected victims of commercial sexual exploitation, whether by non-caregivers or caregivers.

Definition:

In 2009, O.C.G.A. § 19-7-5, relating to the mandated reporting of child abuse by youth serving professionals was extended to include "any person who engages in sexual exploitation of a child" so that it is no longer limited to a child's "parent or caregiver". Many victims of commercial sexual exploitation are abused by individuals who are not the child's parent but are serving in a caregiver role. These persons are defined in O.C.G.A. § 15-11-2 as a "Person Responsible for the Care of a Child". An individual meets this definition when he or she is:

1. An adult member of a child's household;
2. A person exercising supervision over a child for any part of the 24 hour day; or
3. Any adult who, based on his or her relationship to the parent, guardian or legal custodian or a member of a child's household, has access to such child.

Protocol Actions:

The statewide CSEC/DMST protocol will be disseminated to the 12 counties in Region 4. The county director for each county will then ensure the protocol is reviewed with staff. This will help ensure the ability of all staff to identify individuals who may be victims.

In the event a child is identified as a CSEC/DMST victim the county will immediately notify the regional director. The regional director will assign a FPS to participate in all staffings and decisions regarding the child. The county director, supervisor, and case manager are also required to participate in all staffings.

A regional field program specialist will be assigned to track and monitor all CSEC/DMST cases for Region 4.

The regional director and county directors will ensure there is collaboration with law enforcement, DJJ, Georgia Cares, medical professionals, and other service provider partnerships as it relates to serving CSEC/DMST youth.

All 12 counties within Region 4 will ensure the statewide protocol for CSEC/DMST is followed.

Region 5 CSEC/DMST Case Management Protocol

Objectives

- To plan for ensuring implementation and adherence to the overall CSEC/DMST protocol throughout Region 5
- To track, monitor and report significant events regarding CSEC/DMST cases
- To ensure assignment and multi-level supervision of CSEC/DMST cases
- To collaborate with Law Enforcement, Department of Juvenile Justice (DJJ), medical providers, Georgia Cares, and other service provider partnerships as it relates to serving CSEC/DMST youth

Implementation Plan

- All Region 5 Case Managers, Supervisors, Administrators, County Directors and Field Program Specialists will receive formal CSEC/DMST training through Education and Training Unit by March 31, 2016. There is a training being held in Region 5 on February 9th and that class is already full with 25 participants.
- The Region 5 CSEC/DMST protocol will be reiterated during monthly regional leadership meetings.

Tracking, Monitoring and Reporting Plan

- A Regional Case Manager will be assigned to handle all CSEC/DMST cases.
- All CSEC/DMST cases will be handled in accordance to the Georgia DFCS CSEC/DMST Case Management Protocol.
- A Regional Field Program Specialist will be assigned to ensure appropriate tracking, monitoring and reporting of CSEC/DMST cases.
- Reports will be submitted accurately and timely.

Assignment and Supervision Plan

- A Regional Case Manager will be assigned to handle all CSEC/DMST cases.
- When a case involves a child in foster care, there will be collaboration between the Foster Care Case Manager and the Regional Case Manager assigned to handle CSEC/DMST cases.
- Supervision of all CSEC/DMST cases will be done in consultation with a Regional Field Program Specialist assigned as a Subject Matter Expert.
- State Office CSEC/DMST Subject Matter Experts will be consulted as needed.

Collaboration Plan

- County Directors will conduct outreach with community partners informing them of the Region 5 CSEC/DMST DFCS protocol insuring they have the name and contact information for the Regional Case Manager assigned to handle CSEC cases.
- The Regional Case Manager assigned to handle CSEC cases will conduct ongoing outreach with community partners aimed at enhancing relationships; thereby, enhancing services to CSEC/DMST victims.

Region 6 DFCS CSEC/DMST Protocol

CSEC Subject Matter Experts (SME) have been identified for each county office. . R6 SMEs will attend the CSEC and DFCS: Assessment and Intervention training on January 8, 2016. CSEC SMEs will be responsible for keeping abreast of CSEC policies, practices and providers in order to provide county consultation. Moving forward, the regional CSEC SMEs will meet quarterly to keep abreast of trending issues and resources.

Counties will engage collaborative partners during local MDT meetings to ensure CSEC population is being served within the community and to identify any gaps in CSEC service provision in an effort to develop new resources. If local MDT meetings do not include Law Enforcement and Child Advocacy Centers representatives, county leadership and CSEC SME will meet with them quarterly.

R6 will establish a CSEC Collaborative Initiation between R6 DFCS, DFCS Foster Parents, and regional CPAs and CCIs to provide training on how to identify CSEC children, implement services within the community and a resource parent base to serve CSEC children who cannot be placed through resources identified through Georgia Cares.

The Regional Office will establish a baseline of all CSEC children in both Family Preservation and Placement and will assist the counties in monitoring to ensure policy is adhered to each month.

Counties will maintain a spreadsheet to reflect monthly work with CSEC population to include the following: identified placement provider, dates of weekly visits, staffing dates, service interventions, referral dates to LE, Georgia Cares, and CSEC interviews .The spreadsheet will be submit by the 10th of each month.

Field Program Specialists will provide case consultation on all CSEC children to ensure policy adherence and quality of services are in place during monthly county visits.

Region 7 CSEC /DMST Regional Case Management Protocol

Policy

1.13. Sex Trafficking Overview

The purpose of this protocol is to ensure that CSE youth are successfully placed in a protective environment that offers therapeutic programming, specific to their trauma, in order to best stabilize them during this most critical time.

Definition:

In 2009, O.C.G.A. § 19-7-5, relating to the mandated reporting of child abuse by youth serving professionals was extended to include “any person who engages in sexual exploitation of a child” so that it is no longer limited to a child’s “parent or caregiver”. Many victims of commercial sexual exploitation are abused by individuals who are not the child’s parent but are serving in a caregiver role. These persons are defined in O.C.G.A. § 15-11-2 as a “Person Responsible for the Care of a Child”. An individual meets this definition when he or she is:

1. An adult member of a child’s household;
2. A person exercising supervision over a child for any part of the 24 hour day; or
3. Any adult who, based on his or her relationship to the parent, guardian or legal custodian or a member of a child’s household, has access to such child.

***Upon receiving an identified case of a CSEC/DMST victim, the county will immediately notify the Regional Director. The Regional Director will notify the FPS to participate in all staffings and decisions regarding the child.**

1. Staffing will be conducted with CM, SSS, and FPS to assess the needs of the CSE youth to ensure proper treatment is provided.

County Director/Designee will assess the safety of the child (ren) taking into account the physical and/or psychological indications that a child (ren) may be a CSEC/DMTS victim and carefully consider whether the child (ren) involved or any remaining in the home should be taken into care and actions needed to ensure their safety if they are determined to be unsafe.

2. Contact Law Enforcement and make sure that a Child Abuse Report is filed.
3. CM will follow up to make sure that a referral has been made to Georgia Cares within 24 hours of receiving the case.
4. Within 48 hours, the CM will ensure the CSE youth has a medical exam for gathering forensic evidence and is connected with services and supports.
5. CM will collaborate with Law Enforcement and Georgia Cares to determine the best placement for the youth.
6. All CSEC cases will be staffed with the County Director/Designee or Lead FPS to discuss ongoing safety concerns. At the end of the staffing there should be a clear plan detailing the child’s safety and if all services and supports are in place for the child.

*** County Director/Designee and/or Lead FPS will ensure monthly staffings and documentation reviews are completed on CSEC/DMTS cases through facilitation and/or reviews.**

REGION 8 CSEC/DSMT PROTOCOL

Upon receiving the assignment of a report of suspected maltreatment involving a case where the child may be a victim of commercial sexual exploitation, the CM must follow through with the following steps:

- The county office will notify Niesha Robinson that a CSEC case has been identified. She will monitor the identified CSEC cases weekly (this will include reading case in SHINES) and provide case consultation to the counties.
- Respond to all CSEC referrals and assess the needs of the CSEC youth to ensure proper treatment is provided within 24 hours.
- At the initial visit with the child, take at least two photos of the child: one full-length standing photo and one passport-like photo that is a properly focused, full-face view that is clearly identifiable as the child. Upload both of these into external documents in Shines.
- Within 48 hours make sure that the CSEC youth has a medical exam for gathering forensic evidence and a drug screening. Put in any needed services and supports.
- If the child is cooperative, a forensic interview must be done within 48 hours. If not, then wait until trust can be established and then schedule one.
- Contact Law Enforcement and make sure that a Child Abuse report is filed. Then work cooperatively with law enforcement in ensuring the safety of CSEC/DMST victims.
- The CM will follow up to make sure that a referral has been made to Georgia Cares, the PRO Team Manager, the GBI Computer Crimes and Child Exploitation Unit, and the Georgia Attorney General's office within 24 hours of receiving the case.
- CM will work collaboratively with Georgia Cares to begin treatment service coordination.
- CM will work collaboratively with the PRO Team in determining and selecting an appropriate placement (for out of home cases).
- SSS and CM will staff these cases weekly to ensure the identified needs of the youth are being met and services are being provided. Staffing notes will be entered into SHINES within 72 hours of each staffing.
- All CSEC cases will be staffed with the County Director/Designee by the 20th day to discuss ongoing safety concerns. At the end of the staffing there should be a clear plan detailing the child's safety and if all services and supports are in place for the child.
- The statewide CSEC/DMST protocol will be disseminated to the social services staff in Region 8 at the CM Summits and Supervisor Meetings. This will help ensure the ability of all staff to identify individuals who may be victims.

All Social Services Staff (CPS CM's, FCC CM's, Resource Development CM's, All Supervisors, Administrators, FPS, County Directors) will be trained in CSEC by April 30, 2016.

**REGION 9 REGIONAL CSEC/DMST PROTOCOL
(Revised 12/29/2015)**

The following is a regional protocol set forth by leadership within Region 9 DFCS to ensure the consistency and follow through of the statewide CSEC/DMST protocol. It should meet all requirements set forth in the key provisions of the Georgia's Division of Family and Children Services' Commercial Sexual Exploitation/Domestic Minor Sex Trafficking Case Management Protocol.

I. Regional plan for ensuring implementation and adherence to the overall CSEC/DMST protocol throughout the region:

- a. Region 9 Director will appoint a regional CSEC/DMST Subject Matter Expert (SME) by Dec. 2015.
 1. **Angie Veal**, social services administrator, has been selected as this SME for Region 9
- b. The Regional SME (Angie Veal) will attend specialized training in the area of CSEC/DMST given by our statewide Education and Training department by the end of January 2016.
 1. She attended training in late Dec/ early Jan 2016
- c. The regional Social Services Lead FPS (**Michelle Walls**) and SME will review the statewide CSEC/DMST protocol and policy with all Social Services staff by March 31, 2016 in Management Team and Unit Meetings. All social services staff will attend required CSEC/DMST training deployed by our statewide E&T department as well.
 1. Management Team Meeting – 2/8/16
 2. Unit Meetings held monthly (in counties) – Beginning 3/2016- SME or CD will train staff during these meetings.
- d. Supervisors will notify the regional SME of any identified/potential CSEC/DMST cases within 24 hours of receiving the report from CICC or being notified of the potential. This will be done through email notification or telephone call.
- e. The regional SME will staff all identified/potentially identified CSEC/DMST cases with regional staff (to include supervisors, case managers, county directors, and FPS assigned to the case) within 24 hours of being notified by the SSS. The SME and SSS will ensure all requirements (according to statewide CPS policy) are completed. This includes any and all referrals to other agency partners.
- f. The Region 9 Resource Development Supervisor (Dana Moore) will ensure all Region 9 foster parents receive required CSEC/DMST training according to the statewide protocol.
 1. RD Supervisor (Dana Moore) will keep a log/report of which foster/adoptive parents have received this training beginning in March 2016.
 2. RD Supervisors and CMs will train these foster parents (with the SME's assistance) beginning in March 2016.
 3. RD Supervisor will ensure each NEW foster/adoptive family receives this training on an ongoing basis. This training will be documented in the FH/AH stage in SHINES.

II. Tracking, monitoring and significant event reporting regarding CSEC/DMST cases:

- a. Region 9 SME will be notified of all potential CSEC/DMST cases and will utilize SHINES reports to track and monitor such cases.
- b. Region 9 SME will send monthly reports to Regional Director (Stacey Barfield) and Lead FPS (Michelle Walls) by the 10th day of each month regarding cases identified that month as a CSEC/DMST case. This will begin March 2016.
- c. SME will report to RD (Stacey Barfield) and Lead FPS (Michelle Walls) any significant events regarding such cases as soon as she is made aware by the Supervisor.
- d. All staffings regarding CSEC/DMST cases will be documented by the SSS in the case record in SHINES. The monthly report (sent to RD and Lead FPS) will include the staffing date. If any follow up steps were to occur, the SME will have a follow up staffing which, too, will go onto her report monthly.

Region 10 Protocol on CSEC/DMST

Purpose:

CSEC (Commercial Exploitation of Children) is a sub-set of the comprehensive issue of Human Trafficking. Human trafficking also encompasses the term Domestic Minor Sex Trafficking or DMST. CSEC is the broader term which includes all nationalities of persons under the age of 18 years who are commercially sexually exploited whereas DMST refers specifically to American citizens under the age of 18 years who are commercially sexually exploited.

As the state's child welfare agency, ensuring the safety and well-being of children are you under the age of 18 years is the responsibility of Georgia's Division of Family and Children Services (DFCS). This CSEC/DMST protocol therefore outlines the procedures that DFCS will utilize for investigations, services and support to these minors and their families. This protocol results in a rapid referral to community and state resources that combine to produce a collaborative effort on the part of multiple agencies working alongside DFCS to address the very complex and difficult needs of child victims or suspected victims of commercial sexual exploitation. The Region 10 CSEC/DMST protocol seeks to create a targeted response in order to better address the needs of CSEC/DMST victims.

Definition:

In 2009, O.C.G.A. § 19-7-5, relating to the mandated reporting of child abuse by youth serving professionals was extended to include "any person who engages in sexual exploitation of a child" so that it is no longer limited to a child's "parent or caregiver". Many victims of commercial sexual exploitation are abused by individuals who are not the child's parent but are serving in a caregiver role. These persons are defined in O.C.G.A. § 15-11-2 as a "Person Responsible for the Care of a Child". An individual meets this definition when he or she is:

1. An adult member of a child's household;
2. A person exercising supervision over a child for any part of the 24 hour day; or

3. Any adult who, based on his or her relationship to the parent, guardian or legal custodian or a member of a child's household, has access to such child.

The statewide CSEC/DMST protocol will be disseminated to the 14 counties in Region 10. The county director for each county will then ensure the protocol is reviewed with staff. This will help ensure the ability of all staff to identify individuals who may be victims.

CPS Investigation

Upon receiving assignment of a report of suspected maltreatment involving a case where the child *may be* a victim of commercial sexual exploitation, the CM must follow through with the following:

- Follow the investigative response policies and procedures in DFCS Child welfare Policy Manual Chapters 5: Investigations
- Upload to GA Shines at least two photos of child: one full-length standing photo and one passport-like photo
- Within 48 hours make sure that the CSE youth has a medical exam at the local Child Advocacy Center for gathering forensic evidence, a drug screen, and is connected with services and supports.
- CM will follow up to make sure that a referral has been made to Georgia Cares within 24 hours of receiving the case.
- If applicable, make a referral to the State Office Placement Resources Operations (PRO) team to assist with finding an appropriate placement (for out of home cases)
- Contact Law Enforcement within 24 hours and make sure that a Child abuse report is filed.
- CM will collaborate with Law Enforcement and Georgia Cares to determine the best placement for the youth.

Family Preservation Cases

- If CSEC is alleged after an investigation is stage progressed to FPS, a new Intake report is required immediately.
- Follow the same steps as the CPS Investigations
- Within 24 hours, make a report to law enforcement for any child or youth who has been identified as a known or suspected victim of sex trafficking
- If there is a child who was on runaway or missing and suspected or identified as a victim of CSEC, upon locating the child, the case manager will contact the Georgia Care Connection Office (GCCO) at 404-602-0068 and complete the Commercial Sexual Exploitation of Children (CSEC) Referral form to coordinate services for the child/youth
- Increase visits to weekly with the child to stabilize their relationships and minimize disruptions; visits can be done by a service provider
- When a child has been identified as a victim of CSEC or is at risk of becoming a victim, ensure safety and therapeutic interventions are provided to the child and family.

Permanency Cases

- If CSEC is alleged after an investigation is stage progressed to Permanency, a new Intake report is required immediately.

- Any foster care youth who are determined to be at risk of commercial sexual exploitation or has been confirmed as a CSEC victim will be provided a service continuum plan of action within 30 days of being identified
- Ensure Georgia Cares receives a referral within 48 hours for any child who has been identified as or suspected of being a victim of sex trafficking
- Within 48 hours, the case manager will complete the Service Continuum Referral Form and submit to proteam@dhs.ga.gov once it is determined services are needed
- Ensure the foster child receives a forensic interview at the local Child Advocacy Center and the case manager will observe the interview
- The case manager will not place two or more CSEC/DMST victims in the same home for the duration of their time in foster care
- The Permanency supervisor and case manager will ensure that a series of pictures of the foster child is taken and uploaded into Shines

All Program areas

- Respond to all CSEC referrals and assess the needs of the CSE youth to ensure proper treatment is provided.
- All CPS and Permanency staff will be participate in CSEC/DMST training either during new worker, track training, or professional development course.
- The regional resource development team will ensure that all foster caregivers will receive CSEC/DMST training either during pre-service training (IMPACT) or as an ongoing training. This will be completed by March 15, 2016.
- When there is a change in case managers, the social services supervisor will notify in writing (via email) Georgia Cares of the change within 24 hours
- If law enforcement has a case pending, the social services supervisor will notify the case officer and local District Attorney's Office of a change in case managers within 48 hours.
- County office will notify the CSEC subject matter expert (SME), Christopher Wiggins, and Lead FPS, Angie Thompson, that a CSEC case has been identified, these cases will be tracked by the SME and the Lead FPS
- SSS and CM will staff these cases bi weekly to ensure the identified needs of the youth are being met and services are being provided and staffing notes will be entered into SHINES
- All CSEC cases will be staffed with the County Director/Designee by the 30th day to discuss ongoing safety concerns. At the end of the staffing there should be a clear plan detailing the child's safety and if all services and supports are in place for the child.
- The SME and the Lead FPS will monitor the identified CSEC cases weekly (this will include reading case in SHINES) and provide case consultation to the counties.

Contact information for identified parties:

Christopher Wiggins
Subject Matter Expert
229-288-0648

Christopher.wiggins@dhs.ga.gov

Angie Thompson
Lead Field Program Specialist
229-288-6946

angela.thompson2@dhs.ga.gov

Local Child Advocacy Centers:

Firefly House Children's Advocacy Center

P.O. Box 70938
Albany, GA 31708
Phone: 229-435-0074
Fax: 229-435-0756
Website: www.lilypadcenter.com

Pataula Center for Children

3 South Jefferson Street
Blakely, GA 39823
Phone: 229- 723-2468

The Patticake House

PO Box 2727
Tifton, GA 31793
Phone: 229-387-9697
Fax: 229-387-8800
Website: www.patticakehousecac.com

The Oak House CAC

115 Spring Creek Rd.
Bainbridge, GA 39817
Phone: 229-416-4033

The Treehouse CAC of Thomas County

P.O. Box 2594
Thomasville, GA 31799
Phone: (229) 977-1639
Fax: 229-236-5437

Hero House

The Children's Advocacy Center of Colquitt County
P. O. Box 1236
Moultrie, GA 31776
Phone: 229-890-5549
Fax: 229-890-5376

Region 11 CSEC/DMST Protocol

Purpose:

CSEC is a very real threat to the safety and well-being to America's children. The Federal Bureau of Investigations CSEC taskforce uses the tag line "America's Children Are Not for Sale". Likewise, Georgia's children are not for sale. The Region 11 CSEC/DMST protocol is therefore more than a set of instructions; it is a call to action for staff, providers and stakeholders to prioritize this growing epidemic in our daily efforts to ensure the safety and well-being of Georgia's children.

As the state's child welfare agency, ensuring the safety and well-being of children and youth under the age of 18 years is the responsibility of Georgia's Division of Family and Children Services (DFCS). The matter of children and youth being commercially sexually exploited therefore has to be a high priority for DFCS. It is our duty to act in cases reported to the Division where children are victims or suspected victims of commercial sexual exploitation, whether by non-caregivers or caregivers.

Definition:

In 2009, O.C.G.A. § 19-7-5, relating to the mandated reporting of child abuse by youth serving professionals was extended to include “any person who engages in sexual exploitation of a child” so that it is no longer limited to a child’s “parent or caregiver”. Many victims of commercial sexual exploitation are abused by individuals who are not the child’s parent but are serving in a caregiver role. These persons are defined in O.C.G.A. § 15-11-2 as a “Person Responsible for the Care of a Child”. An individual meets this definition when he or she is:

1. An adult member of a child’s household;
2. A person exercising supervision over a child for any part of the 24 hour day; or
3. Any adult who, based on his or her relationship to the parent, guardian or legal custodian or a member of a child’s household, has access to such child.

Protocol Actions:

The Lead FPS will ensure that SSS are trained on updated policy concerning CSEC requirements.

The Region RD team will ensure that all foster/adoptive parents, county directors, and social services supervisors and case managers are trained in the RPPS standards and expectations. This training will be provided to all new foster/adoptive homes and will be provided to all existing homes yearly.

The statewide CSEC/DMST protocol will be disseminated to the 18 counties in Region 11. The county director for each county will then ensure the protocol is reviewed with staff. This will help ensure the ability of all staff to identify individuals who may be victims.

In the event a child is identified as a CSEC/DMST victim the county will immediately notify the regional director. The regional director will assign a FPS to participate in all staffings and decisions regarding the child. The county director, supervisor, and case manager are also required to participate in all staffings.

A regional field program specialist will be assigned to track and monitor all CSEC/DMST cases for Region 18.

The regional director and county directors will ensure there is collaboration with law enforcement, DJJ, Georgia Cares, medical professionals, and other service provider partnerships as it relates to serving CSEC/DMST youth.

All 18 counties within Region 11 will ensure the statewide protocol for CSEC/DMST is followed.

Region 11 will ensure that CPS Investigators and any other necessary staff are trained in CSEC through the Education and Training courses in 2016.

Region 12 CSEC/DSMT Regional Case Management Protocol

Effective 1/4/16, this protocol should be followed for all Social Services Staff in Region 12 regarding inter-agency and case management procedures for Commercial Sexual Exploitation/Domestic Minor Sex Trafficking (CSEC/DMST). The protocol should also support efforts to ensure that service provision is in the best interest of the children and families served by Region 12. Although it will be best practice to use this protocol when dealing with counties outside of Region 12, this protocol is specific only to our region. This regional protocol should be adhered to in conjunction with **Child Welfare Services Manual Transmittal No. 2015-05 Re: Child Welfare Policy Manual: Preventing Sex Trafficking and Strengthening Families Act (Public Law 113-183); Georgia's Division of Family and Children Services' Commercial Sexual Exploitation/Domestic Minor Sex Trafficking Case Management Protocol**; and the **Revised Protocol for the Multidisciplinary Investigation and Prosecution Cases of Child Abuse, Sexual Abuse and Sexual Exploitation**.

I. Definition:

In 2009, O.C.G.A. § 19-7-5, relating to the mandated reporting of child abuse by youth serving professionals was extended to include “any person who engages in sexual exploitation of a child” so that it is no longer limited to a child’s “parent or caregiver”. Many victims of commercial sexual exploitation are abused by individuals who are not the child’s parent but are serving in a caregiver role. These persons are defined in O.C.G.A. § 15-11-2 as a “Person Responsible for the Care of a Child”. An individual meets this definition when he or she is:

1. An adult member of a child’s household;
2. A person exercising supervision over a child for any part of the 24 hour day; or
3. Any adult who, based on his or her relationship to the parent, guardian or legal custodian or a member of a child’s household, has access to such child.

II. Plan for Ensuring Implementation and Adherence to the Overall CSEC/DMST Protocol Throughout the Assigned Region

1. Regional Director will ensure that all DFCS policies and protocols from State Office and those require by law are shared with Field Program Specialist (FPS) and County Directors prior to the dissemination of the CSEC/DMST policies and protocols with Regional Social Services Staff.

2. Regional Director will ensure that FPS’ and County Directors will dissemination of the CSEC/DMST policies and protocols with Regional and County Social Services Staff.

3. Lead Field Program Specialist will be responsible for ensuring Regional Social Services Staff will receive initial and ongoing education and training on CSEC/DMST at a variety of venues including- Regional Management Team Meetings, SSS/CM summits, email blasts regional conference calls, unit meetings, etc.

4. County Directors and supervising FPS' are responsible for verifying that all assigned Social Services Staff receive CSES/DMST initial and ongoing education and training.

III. Tracking, Monitoring and Significant Event Reporting Regarding CSEC/DMTS Cases

Upon receiving assignment of a report or discovering suspected maltreatment involving a case where the child may be a victim of CSEC/DMST the following must be accomplished:

1. County Director/Designee will notify the Regional Director/Designee to include Lead Field Program Specialist Amanda Chapman and FPS Kim Howard immediately of the CSEC/DMST.
2. County Director/Designee will ensure that all policies and practice guidelines as outlined in **Child Welfare Services Manual Transmittal No. 2015-05 Re: Child Welfare Policy Manual: Preventing Sex Trafficking and Strengthening Families Act (Public Law 113-183); Georgia's Division of Family and Protocol;** and the **Revised Protocol for the Multidisciplinary Investigation and Prosecution Cases of Child Abuse, Sexual Abuse and Sexual Exploitation** are followed.
3. County Director/Designee will ensure that all CPS: Investigations Protocols are followed.
4. County Director/Designee will assess the safety of the child(ren) taking into account the physical and/or psychological indications that a child(ren) may be a CSEC/DMTS victim and carefully consider whether the child(ren) involved or any remaining in the home should be taken into care and actions needed to ensure their safety if they are determined to be unsafe.
5. County Director/Designee will review Intake, circumstances of any allegations or suspected CSEC/DMTS cases within 24 hours and provide information to Regional Director/Designee, law enforcement, and make all required referrals.
6. County Director/Designee within 48 hours will provide Regional Director/Designee with any additional information gathered and a safety assessment of any child involved.
7. Regional Director/Designee will maintain a regional list of all CSEC/DMTS cases for needed follow-up through cadence, staffing, consultation, etc., needed during the life of the case.

REGION 13 CSEC/DMST PROTOCOL

The following is a regional protocol set forth by leadership within Region 13 DFCS to ensure the consistency and adherence to the statewide Commercial Sexual Exploitation/Domestic Minor Sex Trafficking Case Management Protocol (CSEC/DMST). This protocol will be disseminated at every Regional New Employee Orientation and throughout each county office.

- I. **Regional plan for ensuring implementation and adherence to the overall CSEC/DMST protocol throughout the region:**
 - a. Region 13 has appointed Senika Gober, Field Program Specialist as the Regional subject matter expert (SME).
 - b. The Regional SME will attend specialized training in the area of CSEC/DMST given by our statewide Education and Training Section (ETS).

- c. Social services staff will attend required CSEC/DMST training deployed by our statewide ETS. The Regional SME will also provide an overview of the statewide CSEC/DMST protocol and policy while facilitating workshops for staff and will track attendance for all participants via regional procedures.
- d. Region 13 Resource Development Supervisors will ensure all foster parents receive required CSEC/DMST training according to the statewide protocol. The Resource Development Supervisors will work with the Regional Education and Development Manager to satisfy this requirement.

II. Tracking, monitoring and significant event reporting regarding CSEC/DMST cases:

- a. Regional SME will be notified within 24 – 48 hours of all identified CSEC/DMST cases and will utilize SHINES reports to track and monitor such cases; including foster children that have runaway or are missing.
- b. Regional SME will send monthly reports to Regional Director by the 10th working day of each month regarding cases identified the prior month.

III. Assignment and multi-level supervision of CSEC/DMST cases:

- a. Regional SME, Social Services Supervisor (SSS) and Case Manager (CM) will staff each identified CSEC/DMST case to ensure all requirements (according to statewide policy) are completed by the 10th day.
- b. All CSEC/DMST cases will be staffed with the Regional SME, County Director/Designee, SSA, SSS and CM by the 20th day to discuss ongoing safety concerns. At the end of the staffing, there should be a clear plan detailing the child's safety and if all services and supports are in place for the child.
- c. Prior to closing the CSEC/DMST investigation, the Regional SME will review the case to ensure ongoing services are in place.
- d. If the case progresses to family preservation and/or placement, the Regional SME will provide support until case closure.

IV. Collaborating with Law Enforcement, Department of Juvenile Justice (DJJ), medical providers, Georgia Cares, and other service provider partnerships as it relates to serving CSEC/DMST youth:

- a. County Leadership will ensure stakeholders have a copy of the current and updated Child Abuse Protocols that includes Child Exploitation and Trafficking.
- b. Regional and County Leadership will participate in local and regional committees, Multi-Disciplinary Teams (MDT), Child Abuse Protocol Committee, stakeholder meetings and Regional Advisory Board Meetings.

IV. Assignment and Multi-Level Supervision of CSEC/DMTS Cases

1. County Director/Designee and/or Lead FPS will ensure that a CSEC/DMTS informed, preferably trained, Case Manager and Supervisor are assigned to Investigate and work all cases.
2. County Director/Designee and/or Lead FPS will ensure monthly staffing's and documentation reviews are completed on CSEC/DMTS cases through facilitation and/or reviews.

V. Collaboration with Law Enforcement, Department of Juvenile Justice (DJJ), Medical Providers, Georgia Cares, and Other Service Provider Partnerships As It Relates to Serving CSEC/DMST Youth.

1. County Directors/Designee will ensure that stake holders will have a copy of current and updated Child Abuse Protocols that includes Child Exploitation and Trafficking.
2. Regional Director, FPS', County Directors, and Social Services Supervisors will participate in local and regional committees, MDT, Child Abuse Protocol Committee, stake holder meetings, and host annual Law Enforcement Meet and Greets.
3. Region 12 Resource Development Team, Regional Leadership, and DFCS Pro Team will work together ongoing to identify and develop safe, qualified, and appropriate emergency placements, specialized foster homes, and residential care/placements for Region 12 CSEC/DMTS children.

REGION 14 REGIONAL CSEC/DMST PROTOCOL

The following is a regional protocol set forth by leadership within Region 14 DFCS to ensure the consistency and adherence to the statewide Commercial Sexual Exploitation/Domestic Minor Sex Trafficking Case Management Protocol (CSEC/DMST). This protocol will be disseminated at every Regional New Employee Orientation and throughout each county office.

- I. **Regional plan for ensuring implementation and adherence to the overall CSEC/DMST protocol throughout the region:**
 - a. Region 14 has appointed Allison Boynes, Field Program Specialist as the Regional Subject Matter Expert (SME), Shevon Jones (SME – DeKalb) and Nina Potter-Branch (SME-Fulton).
 - b. Region 14 will follow policy 5.2
- II. **Cases Involving Missing or Abducted Children**

DFCS shall report immediately, and in no case later than 24 hours after receiving information on missing or abducted children or youth to the law enforcement authorities for entry into the National Crime Information Center (NCIC) database of the Federal Bureau of Investigation, established pursuant to section 534 of title 28, United States Code, and to the National Center for Missing and Exploited Children

- III. 4. If the investigation involves known or suspected victim of sex trafficking (Commercial Sexual Exploitation of Children) [CSEC] or red flags are indicated suggesting a child might be a CSEC victim:

- IV. a. Contact the Georgia Bureau of Investigation **immediately to within 24 hours** to provide notification of DFCS' receipt of the report and to discuss next steps that need to be completed during the investigation.
- V. b. Contact the Georgia Care Connection: i. Provide notification of receipt of the report within 24 hours of receipt to <http://www.georgiacareconnection.com> or 404-602-0068 (24 hours).
- VI. ii. Make a referral of a child to gaconnection@cacga.org or fax the Commercial Sexual Exploitation of Children (CSEC) Referral Form to 404-371-1030. Include an Authorization for Release of Information form.
- VII. iii. Obtain assistance in accessing CSEC specific services and to identify potential placements.
- VIII.
- IX. c. In conjunction with law enforcement, investigate the circumstances of the commercial exploitation prior to reunification with a caregiver.
- X. d. Obtain a medical examination and consider the necessity of a forensic interview.
- XI. e. Limit the amount of information given to the caregiver if there is an indication the caregiver is involved in the exploitation.
- XII. f. When it is determined a child is a resident of another state, notify the other state. If the child enters foster care, ensure compliance with the Interstate Compact for the Placement of Children (ICPC) (see policy 15.0 Interstate Compact on the Placement of Children (ICPC): Introduction to Interstate Compact on the Placement of Children).
- XIII. g. Contact the DFCS Placement Resource Operations (PRO) Team to obtain services for a child, to identify potential placements to meet the needs of the child and to request participation in a multi-disciplinary team to address the needs of the child and family.
- XIV. **NOTE:** Children in the metro Atlanta area will be referred to the Emergency Department of Children's HealthCare of Atlanta
 - a. Region 14 will disseminate child abuse protocol and policy that will be discussed in our county summits.
 - b. SME will educate Resource Development around CSE for them to be able to thoroughly inform Foster caretakers how to deal with children that are placed in their home that are identified CSE victims.
- XV. Tracking, monitoring and significant event reporting regarding CSEC/DMST cases:**
 - a. Regional SME will send monthly reports to Regional Director on the number of children that are in the region as CSEC children involved with DFCS.
 - b. By the 15th of each month Permanency/CPS PD will turn in to Regional SME the list of identified CSE Children.
 - c. Regional SME will attend CSC MDT monthly.

Appendix B: Relevant O.C.G.A. Sections

O.C.G.A. § 16-4-7	Criminal Solicitation
O.C.G.A. § 16-5-45	Interference with Custody of a Child
O.C.G.A. § 16-5-46	Trafficking a Person for Labor or Sexual Servitude
O.C.G.A. § 16-5-70	Cruelty to Children
O.C.G.A. § 16-6-1	Rape
O.C.G.A. § 16-6-2	Sodomy
O.C.G.A. § 16-6-2	Aggravated Sodomy
O.C.G.A. § 16-6-3	Statutory Rape
O.C.G.A. § 16-6-4	Child Molestation
O.C.G.A. § 16-6-4	Aggravated Child Molestation
O.C.G.A. § 16-6-5	Enticing a Child for Indecent Purposes
O.C.G.A. § 16-6-10	Keeping a Place of Prostitution
O.C.G.A. § 16-6-11	Pimping
O.C.G.A. § 16-6-12	Pandering
O.C.G.A. § 16-6-14	Pandering by Compulsion
O.C.G.A. § 16-6-15	Solicitation of Sodomy
O.C.G.A. § 16-6-22.1	Sexual Battery
O.C.G.A. § 16-6-22.1	Aggravated Sexual Battery
O.C.G.A. § 16-12-1	Contributing to the Delinquency of a Minor
O.C.G.A. § 16-12-100	Sexual Exploitation of Children
O.C.G.A. § 19-7-5	Mandated Reporter
O.C.G.A. § 39-4-4	Interstate Compact on the Placement of Children
O.C.G.A. § 49-4B-2	Interstate Compact for Juveniles