

Identifying and Addressing Human Trafficking in Child Welfare Agencies: Caseworker Case Narrative Interview Guide

This guide should be used with case managers or caseworkers designated by the agency points-of-contact to walk through files.

Respondent:

Title:

Organization:

Interviewer:

Date: _

Introduction

Hello, this is _____ from RTI International. As we discussed, we are conducting a study sponsored by Administration for Children and Families (ACF) to understand child welfare agency efforts to identify human trafficking, serve victimized youth, and train staff on screening for human trafficking. We'd like to learn more about how children and youth are served by reviewing the files of [number] children and youth. As a reminder, please do not use the child's or youth's name or anything else that could identify him or her. To make it easier, I'll ask you to choose a pseudonym that we'll use to refer to this child or youth throughout the interview.

Voluntary and Private to the Extent Permitted by Law

Did you have any questions about information in the email I sent regarding your participation in this discussion? (review below if necessary)

- This interview is completely voluntary
- The information that we collect from you is private to the extent permitted by law. We keep your interview answers on a secure computer and all staff involved in this research signed a Privacy Pledge.
- In the future, information from this study may be securely shared with qualified researchers to help improve supports for children and youth who have experienced trafficking.
- When we summarize what is learned from this study, we will report on innovative practices and challenges described by different states and counties (jurisdictions). If you prefer that we not identify your state and agency in relation to anything you describe, let us know and we will be sure that it is not reported. We will not use your name in any reports.
- Reports will not include your name or any identifying information of any child or youth.

- With your permission, we will audio-record the interview. This recording will be a backup to our written notes, and only shared with the study team.
- You may choose to not answer certain questions or to not take part in the interview at any time.
- We expect this interview to take about sixty minutes.

Permission to Record

Do I have your permission to record the interview? (circle one)

YES

NO

If yes, begin audio-recording the interview.

Characteristics

Interviewer: use calendar template to track significant events over course of child or youth narrative as they are recounted by interviewee.

Throughout this interview, I am going to ask you questions about this child or youth. Please use a pseudonym or fake name instead of using the child/youth's real name.

What name would you like to use to refer to this child or youth during this interview? Great, we'll both use that from now on.

As we move through questions, please avoid using names of specific people or organizations. Instead, please describe people in relationship to [NAME], for example [NAME]'s foster parent or case manager. Please do not use the names of specific organizations or facilities; instead, describe types of services or placements. For example, instead of saying "inpatient unit at Piedmont Children's Hospital East Campus" you may say, "inpatient unit at a children's hospital."

1. [NAME's] current age:

2. Child or youth sex:

Male

Female

3. Child or youth sexual orientation, gender identity, and gender presentation (appearance, style, dress, movement, communication):

Lesbian

Gay

Bisexual

Straight (not lesbian or gay)

Something else (specify):

Don't know / Not sure

Male

Female

Transgender male

Transgender female

Something else (specify):

Don't know / Not sure

Very feminine

Mostly feminine

Somewhat feminine

Equally feminine and masculine

Somewhat masculine

Mostly masculine

Very masculine

Don't know / Not sure

4. Child or youth race and ethnicity (check all mentioned):

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Hispanic or Latino

Not Hispanic or Latino

5. Child or youth citizenship status:

6. When was [NAME] first identified as a possible victim of human trafficking (**mark on calendar**¹):

7. Was [NAME] involved with child welfare *before* trafficking victimization was identified?

If no, skip to section B..

¹ The calendar will be used to record time-anchored events. Because events may occur over the course of 18 years, a laptop-based calendar will be used during the interview. See example at the end of this guide for a truncated facsimile of such a calendar.

A. Child welfare involvement prior to identification of trafficking victimization

8. Let's start with the beginning of [NAME²]'s involvement with child welfare. How old was [NAME] when [PRONOUN] was first involved with child welfare? (**mark on calendar**)
Summarize child welfare history with annotations on calendar. For children and youth with complex histories, summarize to focus on first, total, and most recent prior to trafficking identification (investigations, out-of-home episodes, missing episodes)
- Investigated maltreatment allegations (timing, type of maltreatment)
 - Out-of-home placement episodes (timing, length, types of placement)
 - Missing from care episodes (timing, length of missingness, what was known about experiences while runaway)
 - Total time in out-of-home placement episodes prior to age when trafficking first identified
9. During the year *prior to* [NAME] first being identified as a possible trafficking victim, that is (reference months and years, based on calendar), how much time was [PRONOUN] in out-of-home placement?
10. [if any time in out-of-home care] During the year *prior to* [NAME] first being identified as a possible trafficking victim, that is (reference months and years, based on calendar), how many different times was [NAME] missing from care? For about how much time total?

B. Child or youth status at time of trafficking identification

11. Was [NAME] in child welfare supervision at the time that trafficking victimization was *first* identified?
if no, skip to Section C.
If yes, skip to Section D.

C. Child or youth identified as trafficked while *not in* child welfare supervision

12. When was [NAME] first identified as a possible trafficking victim? (**mark on calendar**)
13. Where was [NAME] when first identified as possibly trafficked? (in parents' home, other family home, juvenile justice facility, runaway/homeless, other)
- a. As a reminder, if applicable, please tell us the *type* of facility or other placement and *not* the specific name of the facility or placement.

² All questions will use the pseudonym selected by the caseworker, shown here as [NAME]. The interviewer will not know the name of the child or youth.

14. How was [NAME] first identified as a possible trafficking victim? (human trafficking reported to hotline, or report of other form of maltreatment)
- What was the source of the report? (e.g., law enforcement, school, another provider)
 - Was the report referred for investigation? (if no, skip to **Question 16.**)
 - What were the findings of this investigation? (substantiated/not substantiated allegations for trafficking allegations, for other maltreatment allegations)
 - What action was taken following the investigation? (child welfare custody, in-home services, other)
15. Was a trafficking screener conducted as part of this investigation? Can you tell me about the screener (e.g., existing tool, etc.)?
If no, skip to Question 16..
- What was the outcome of this screener? (e.g., likely trafficked, high risk, [or CATEGORIES FROM AGENCY's TOOL])
 - Did the screener lead to additional assessment?
 - What was the outcome of the additional assessment?
16. What did you learn about circumstances of trafficking, whether through the hotline report, investigation, or other sources?
- Type of trafficking (sex and/or labor)
 - Type of work or transactional/commercial sex involved
 - Relationship to perpetrator (be sure to ascertain whether family or nonfamily)

If trafficking was not confirmed when possible victimization was first identified:

17. When was trafficking victimization confirmed for [NAME]? How did this happen (repeat questions 14-16)?

Continue to Section E.

D. Child or Youth identified as trafficked while *in* child welfare supervision

18. When was [NAME] first identified as a possible trafficking victim? (**mark on calendar**)
19. Where was [NAME] placed when first identified as possibly trafficked? (e.g. in-home service, foster home, group or residential placement, etc.)
- As a reminder, if applicable, please tell us the *type* of facility or other placement and not the specific name of the facility or placement.
20. Was [NAME] on runaway status when possible trafficking was first identified?

- a. What information do you have about this runaway episode **Probe for:** length of time missing, where child or youth ran to, factors precipitating run, etc.
21. Was [NAME] identified as possibly trafficked based on self-identification, information from a case manager or other provider, or some other information?
 22. Was a trafficking screener conducted? Can you tell me about the screener (e.g., existing tool, etc.)?
If no, skip to Section E
 23. Why was [NAME] screened for trafficking (as part of case management, after runaway episode, indicators triggering screening/assessment?)
 - a. What was the outcome of this screener? (e.g., likely trafficked, high risk, [or CATEGORIES FROM AGENCY'S TOOL])
 - b. Did the screener lead to additional assessment?
 - c. What was the outcome of the additional assessment?
 24. What did you learn about circumstances of trafficking?
 - a. Type of trafficking (sex and/or labor)
 - b. Type of work or transactional/commercial sex involved
 - c. Relationship to perpetrator (be sure to ascertain whether family or nonfamily)

Continue to section E.

E. Status at time of initial identification of trafficking

25. At the time of initial identification of human trafficking, what information was gathered about [NAME]? As a reminder, please do not provide any information that could identify [NAME].
If needed, probe on the following, **marking important dates on calendar:**
 - a. Additional information about living situation
 - b. Mental health (i.e., prior treatment, diagnoses)
 - c. Substance abuse (i.e., child/youth or family)
 - d. School (grade-level; performance; expulsions/suspensions)
 - e. Employment history
 - f. Broader family context (i.e., family structure; socioeconomic status; other family supports such as TANF or SNAP)
 - g. Juvenile/criminal justice involvement (child/youth or family)
 - h. Other key needs identified at time of intake/assessment
26. Were there other significant risk or protective factors identified at this time? (e.g., history of runaway episodes, access to supportive extended family, etc.)

27. At the time of initial identification of human trafficking, what kind of services was [NAME] receiving, from the child welfare agency or elsewhere? **If needed, probe on the following:** safety planning, crisis intervention, education, employment, legal, physical health (including dental, vision, and reproductive/sexual health), mental health, substance abuse, life skills.

F. Response following initial identification of trafficking

28. Recap: so, at the time that trafficking was initially identified, [NAME] was (at home, in child welfare placement, in juvenile justice placement, other)? Reference response to C13. or D17.19. and clarify as needed.

29. Following initial identification of trafficking, was [NAME] placed in care, or moved to a different type of placement? (remained at home, kinship care, non-family foster care, group home, residential care, etc.) As a reminder, please tell us the *type* of facility or other placement and not the specific name of the facility or placement.

- a. (If in placement) Was the placement specialized for child or youth victims of trafficking or sexual exploitation? If yes, obtain description of the placement. If no, why not? (i.e., deemed not necessary; specialized placements not an option; bed not available, etc.)
- a. Do you think this was the best placement for [NAME] at this time? Why or why not? (proximity to trafficker, caregivers needed specialized training)
- b. Were there any placement disruptions? (probe for how many, what kinds of moves were required, what triggered disruptions)
- c. Were there any missing-from-care episodes during this episode?
- d. How long did this out-of-home care episode last? (mark on calendar)

30. Initial services following trafficking identification: Again, focusing on the time period right after [NAME] was first identified as having experienced human trafficking – what services were initially put into place? As a reminder, please tell us the *type* of services and not the specific name of the organization.

- a. **If needed, probe:** safety planning, crisis intervention, education, employment, legal, physical health (including dental, vision, and reproductive/sexual health), mental health, substance abuse, life skills.
- b. Were these referrals for services different from those typically made for other children or youth (not identified as a victim of human trafficking)? How so?
- c. Do you think these were the best initial services for [NAME]? Why or why not? (e.g., services not trafficking specific, not suited to [NAME]'s age or sexual orientation)
- d. From your perspective, were there needs that the agency could not adequately meet?

31. *Subsequent out-of-home care episode*³: Now, looking beyond the initial out-of-home care episode, can you walk me through additional episodes? (**obtain dates, mark on calendar**)
- How many subsequent episodes occurred, and when did they happen? (**obtain dates, mark on calendar**)
 - What led to subsequent episodes (new investigations for trafficking or other forms of maltreatment)
 - During these episodes, was [NAME] reported missing from care? During which episodes did these reports happen, and about how many times? (**mark on calendar**)
 - Were assessments conducted after [NAME] was recovered? What did these assessments reveal? (probe for human trafficking experiences while missing)
 - If relevant**, how did these missing episodes (or assessments following recovery) impact placement decisions? Services provided?
32. *Course of services*: Now, looking beyond the services put into place immediately post-assessment, can you walk me through other services [NAME] received over the course of their involvement with child welfare? (**obtain dates, mark on calendar**)
- Why were services ended? (e.g., new needs; provider no longer available)
 - Why were new services started? (e.g., new needs; provider became available; new foster parent advocated for services)
 - From your perspective, were there needs that the agency could not adequately meet?
33. Were additional assessments conducted to assess risk for human trafficking revictimization (other than upon recovery from missing episodes)?
- If so, at what points in time (**mark on calendar**)
 - What was the outcome of those assessments?
34. Were additional allegations (human trafficking as well as other forms of maltreatment) recorded for [NAME] during their involvement with the agency? (**mark on calendar**)
- Even if additional allegations were not recorded, were you concerned [PRONOUN] was still being victimized? Why? (e.g., pattern of runaway episodes, relationships)
35. Was [NAME] able to establish non-exploitative support systems (formal and informal)? From your perspective, what role did these support systems play?
36. Were other adverse events recorded for [NAME] during their involvement with the agency (e.g., justice involvement, suicidal behaviour, hospitalization) (**mark on calendar**)

³ An "out-of-home care episode" is the time from when a child or youth is removed from home to reunification or other permanency outcome. An episode may include multiple placements, and may include episodes of running away.

If the child or youth's child welfare case was active in or after March 2020:

37. In what ways, if any, do you think the COVID-19 pandemic may have impacted the identification of trafficking and/or associated response in [NAME]'s case?

H. Current Status

38. Is [NAME's] case currently open or closed?

- a. If closed, when and why was the case closed? **(mark on calendar)**
- b. What do you know about [NAME's] current situation?

39. What is your sense of [name's] current circumstances and risks of ongoing trafficking victimization?

40. Since [NAME] was identified as a trafficking victim, what services and events do you think had greatest impact, whether positive or negative?

I. Wrap-up

41. Is there anything else you would like to say about [NAME]?

Thank you for taking the time to talk with me today. We will share the report that we will eventually prepare for this study with [HT COORDINATOR AT THIS AGENCY]. If you would like to get a copy of the report directly, please leave me your email.

The described collection of information is voluntary and will be used to improve supports for children and youth who have experienced trafficking. Public reporting burden for the collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number and expiration date for the described collection are OMB #: XXXX-XXXX, Exp: XX/XX/XXXX. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Melissa Dolan, 230 W Monroe St., Suite 2100, Chicago, IL 60606.

