

PRACTICE GUIDELINES FOR THE INITIAL RESPONSE TO COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN (CSEC) / SEX TRAFFICKING OF A MINOR

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Statement of Purpose

- 1) Given the unique investigative and service needs of youth who are suspected to have been sex trafficked, these guidelines supplement existing processes outlined in the Interagency Agreement on a Collaborative Response to Child Maltreatment. The purpose of the guidelines is to facilitate the coordination of multidisciplinary agencies to ensure a victim centered response that maximizes safety and evidence gathering efforts, while also ensuring the provision of trauma-informed services for youth. This tool is meant to be paired with resources available at <https://dcf.wisconsin.gov/ys/aht/toolkit> . Multidisciplinary teams (MDTs) are encouraged to modify this document to reflect the resources available in their area and to fit the specific needs of the community they serve.

- 2) For the purposes of these guidelines, the terms CSEC and sex trafficking of a minor will be used interchangeably. According to Wisconsin 948.051 (1), anyone who knowingly recruits, entices, provides, obtains, harbors, transports, patronizes, or solicits any child, or knowingly attempts or benefits in any manner from these actions, for the purpose of a commercial sex act is guilty of trafficking of a child. A commercial sex act occurs when anything of value is given to, promised, or received, directly or indirectly, by any person in exchange for sexual contact, sexual intercourse, a sexually explicit performance, or any other conduct done for the purpose of sexual humiliation, degradation, arousal, or gratification. [940.302 (1)(a)] A child is defined as anyone less than 18 years of age.
 - a) This definition includes situations in which another person, other than the youth, receives the benefits of the commercial sex act or attempts to recruit the youth for this purpose.
 - b) It also includes situations when an individual harbors, patronizes, or solicits a youth for the purpose of a commercial sex act without the involvement of a third party and the youth receives the payment or item(s) of value.
 - c) The item(s) exchanged for the sexual act can include money, drugs, survival needs (food, shelter, etc.), or any gift or service that is of value to any person.
 - d) Attempts to solicit or recruit a youth for a sexual act in exchange for anything of value are also considered sex trafficking, even if the sexual act did not ultimately occur.

- 3) Please see the Wisconsin Child Sex Trafficking and Exploitation Indicator and Response Guide for a list of risk factors for/indicators of trafficking. This document can be found at <https://dcf.wisconsin.gov/files/publications/pdf/5680.pdf>.

I. Multidisciplinary Team Composition and Responsibilities

Roles and responsibilities of Child Abuse Response Team (CART) agencies are outlined in Joint Protocol. These roles and responsibilities also apply to CSEC and will not be repeated here, but additional responsibilities and entities related to CSEC are listed below.

A. The Child Abuse Review Team (CART) or MDT CSEC Subcommittee:

- a) Responsible for overseeing the development and facilitating the implementation of the practice guidelines.
- b) Consults as needed with frontline professionals handling CSEC to address systems issues within the multidisciplinary team and to make necessary changes to the guidelines.
- c) Consults as needed with Anti Human Trafficking service providers to ensure that local approaches to CSEC are evolving in line with best practices. See resources below to assist in identification of regional supports.
 - (1) <https://dcf.wisconsin.gov/ys/aht/initiatives>
 - (2) [Copy of Hyperlinked Map 3/6/19 JB \(state.wi.us\)](#)
- d) Operates under the guiding principles developed by the Wisconsin State Anti-Human Trafficking Taskforce (2015-2017); available at <https://dcf.wisconsin.gov/files/aht/pdf/ahttf/guidingprinciples.pdf>

B. Local Multidisciplinary Team Coordinator

- a) See [National Children's Alliance Accreditation Standards Section .01](#) for the MDT Coordinator best practices. See [DCF Wisconsin Anti-Human Trafficking](#) website for more information on best practices and additional resources.
- b) Aids in identifying specific MDT partners involved in cases and ensure all appropriate MDT agency referrals have been completed.
 - (1) Facilitates with MDT partners appropriate service referrals, advocacy for youth, and any services as needed. Assist partners in accessing basic needs for youth (i.e. emergency clothing, food, etc).
 - (2) Arranges with all involved MDT partners a case specific MDT case staffing of referral with MDT partners directly involved in case. Purpose of staffing is to facilitate communication with MDT and develop a coordinated plan.
- c) Serves as point person for MDT partners and other youth serving agencies concerning resources available to CSEC and high-risk youth.
- d) Works with MDT partners and community-based agencies to coordinate appropriate advocate support to accompany youth to medical exams, law enforcement interviews, and other appointments related to investigation(s).
- e) Ensures updated information and needs of youth are shared with appropriate MDT partners/service providers.
- f) Provides educational information and resources to families/youth through direct or indirect contact when requested by partners or when families/youth are present at CAC or Forensic Interview appointment.

- g) Tracks cases and MDT staffing recommendations/next steps in case planning.
- h) Assists with the identification of local and regional resource and training needs including:
 - (1) Trauma informed services to youth at risk of or who have experienced CSE
 - (2) Screening and identification of CSEC within various systems and disciplines

C. Medical Evaluation Resources (specify clinic or organization)

In addition to the services described in Joint Protocol, health care providers will:

- a) Obtain specialized training in the medical care of youth who are at risk for or are experiencing sex trafficking.
- b) Work towards specialization in the provision of primary care and reproductive health care services to this population.
- c) Provide immediate medical care to all patients who have experienced sex trafficking, sexual assault, or domestic violence of all ages and genders.
- d) Provide sensitive care and recognize those that may have been trafficked.

D. Advocacy

Advocacy agencies within CART include both community and systems advocates (list all that apply).

Community and system-based advocates differ in their ability to provide youth/families confidential services. See Victim Support and Advocacy in this document for further information on advocacy in cases CSE.

E. Child Welfare

Sex trafficking falls under the definition of sexual abuse in accordance with CPS Access and Initial Assessment Standards. Per the standards, CPS screens in all reports alleging sex trafficking of a child. These are secondary assessments when they involve non-caregivers (i.e. traffickers, buyers, peer recruitment, etc.), and are primary assessments caregiver assessments when there is suspicion of trafficking by a parent or household member. Substantiation decisions are made based on the determination if maltreatment (i.e. trafficking of a minor) occurred, or did not occur. Both known and unknown maltreaters can be substantiated for trafficking of minor and/or related forms of abuse.

F. Law Enforcement

Law enforcement agencies, (list all that apply), respond to offenses such as sexual assault, child abuse and neglect, abduction of children, critically missing persons, and human trafficking. The county has (or can develop) a dedicated Human Trafficking Team made up of: supervisors, investigators, crime analyst, and advocate; as well as collaborative relationships with other jurisdictions and federal partners.

II. Information Sharing

Sharing of information within the MDT is permissible as outlined under [Wisconsin State Statute 48.981 \(7\)\(a\)\(6\)](#). The MDT Coordinator position is part of _____. This affiliation with _____, a part of the CART Multidisciplinary Team, allows for information sharing between the MDT Coordinator and other MDT partners as outlined within the Joint Protocol for a Collaborative Response to Child Maltreatment.

III. Screening and Mandatory Reporting

Mandated reporters are required to report to child protective services (CPS) or law enforcement when the reporter has reasonable cause to suspect that the child has been abused or neglected, or that abuse or neglect will occur. This includes sex trafficking of minors [48.02/48.981(2)]. CPS and law enforcement are obligated to cross-report suspected cases of sex trafficking [48.981(3)(a)(2) and (3)].

The [Wisconsin Child Sex Trafficking and Exploitation Indicator and Response Guide](#), developed by the 2015 Wisconsin Anti-Human Trafficking Taskforce, is available to youth serving agencies and mandated reporters. The guide outlines recommendations for mandatory reporting of youth suspected of/experiencing CSE based on observable risk factors and indicators.

A. Notifying authorities of CSEC concerns

- a) Law enforcement: If an alleged crime occurred and the jurisdiction is unknown, call _____ for a triaged response to the correct jurisdiction or contact the jurisdiction where the child is currently located. When jurisdiction is known, make a call to the law enforcement agency where the crime occurred. Responding squads will coordinate with supervisors to ensure that individuals with the most training in investigating CSEC become involved.
- b) Child protective services: Report to the CPS County where the youth's guardian resides. If this is unknown, report to the county where the youth is located.
- c) Even if reports for CSEC are not made, consider whether other concerns for child maltreatment and/or victim/witness role in criminal activity may mandate a report to CPS and/or law enforcement.

B. Additional Considerations for Determining the Law Enforcement Response when CSEC concerns are reported first to CPS

- a) For youth in active disclosure/in need of urgent law enforcement response, utilize dispatch for a squad response to the scene/youth present location so that a forensic interview can be coordinated and conducted as soon as possible.
- b) When sex trafficking is suspected due to observable indicators or concern expressed by other sources, but youth is non-reporting, Access reports from CPS can be shared with the proper law enforcement agency to determine the next steps.

C. Guidance for content of reports to CPS and law enforcement

- a) Information given to CPS and law enforcement at the time of the referral can determine if the case is assigned to investigators specializing in CSEC as well as the timeframe and nature of the response. Critical information to communicate during referrals, if known, includes:
 - i) Current location of the youth, or last known location
 - ii) Names of involved individuals, including the names of suspected traffickers and any identifying characteristics of involved parties (tattoos, car, nicknames, etc.) if known
 - iii) CHIPS, JIPS, or Delinquency orders for child
 - iv) If youth is currently a run-away or has a history of running away
 - v) If the youth is in out-of-home care
 - vi) Any known or suspected Native American heritage
 - vii) Clear communication of concerns for CSEC and the specific indicators and context that prompted those concerns, including new incidents of trafficking/maltreatment if making a subsequent report
 - viii) Information that might affect the timing of investigators' response:
 - ix) Is the youth currently located in a business or healthcare clinic that will be closing?
 - x) Are there immediate safety concerns regarding caregivers or the youth's current placement?
 - xi) Are there health concerns that require urgent medical care?
 - xii) Are there any immediate safety concerns regarding non-caregivers (ex: traffickers) that require an emergent response?

D. Guidance for initial steps when youth is present on location with the reporter

- a) Clarify with investigators when a response by investigators can be expected
- b) A delayed response by investigators may occur when:
 - i) CPS determines there is not an immediate safety concern requiring an urgent response,
 - ii) A law enforcement investigator is not immediately available or,
 - iii) If the youth is not ready to discuss concerns for CSE with law enforcement and investigators feel it is more prudent to delay the interview
- c) In these situations, reporters should:
 - i) Work with CPS Access Worker/Access Supervisor to determine if it is safe to allow the youth to leave their current location with follow-up by investigators later,
 - ii) Notify investigators of who is with the child and where they will be able to locate youth after they leave the current location,
 - iii) Notify investigators if additional information is reported later that may change the urgency of the response.

IV. Multidisciplinary Investigations

OPTIONAL: Some communities have adopted terms, such as Tiers, to promote a consistent triaged response to various levels of risk or concern. Below is an example of a tiered system related to CSEC that maximizes the use of available resources. It is also used to guide Child Welfare and Law Enforcement initial response decisions. For the purposes of the initial investigation and response to potential CSEC, the following classifications are used:

1. Tier 1: Youth has disclosed that they have experienced CSE (reports exchanging a sexual act for something of value or that there has been any attempt by another party to engage in commercial sexual exploitation of the youth), and/or law enforcement is on scene with youth.
2. Tier 2: Multiple risk factors for CSEC are present and there has been an allegation of CSEC by a caregiver or professional working with the youth, but no disclosure by the youth.
3. Tier 3: Multiple risk factors and indicators for CSEC are present, but no allegations of CSEC have been made and youth is not disclosing; or denies CSE.

A. CPS Initial Response

- a) Standards for screening decisions are universal and more information is available at: [Child Protective Services Access and Initial Assessment Standards - June 2023](#). Specifically, Appendix 9 of the standards: Guidance for Cases Involving Sex Trafficking of Children may be useful for agencies when receiving and screening these reports.
 - i) OPTIONAL Tiered Response Criteria:
 - (1) Tier 1 and 2: CPS will complete initial assessments for alleged child sex trafficking that meet Tier 1 and 2 criteria, regardless of whether the alleged perpetrator is a non-caregiver.
 - (2) Tier 3: CPS may not have jurisdiction to investigate if the concerns are related to risk factors alone. However, a history of repeated reports of concerns for sex trafficking or high-risk indicators should also be considered when making a screening decision.
- b) If concerns for CSEC are identified by the Access Worker/Access Supervisor, an Initial Assessment will be assigned.
- c) CPS will notify the appropriate law enforcement agency as soon as possible about concerns for CSEC to facilitate a joint investigation and timely communication regarding the appropriate timing and location of youth interviews (Wisconsin State Statute 48.981).
- d) CPS will refer the following to the MDT Coordinator:
 - a) Sex trafficking cases screened in by CPS for investigation and classified as Tier 1 or 2 will be referred to the coordinator. When the alleged trafficker is a non-caregiver, CPS can only interview the child victim with consent of the parent/caregiver except under specific circumstances. Cases requiring parent/caregiver consent will be forwarded after consent is obtained. CPS reports should be emailed to the coordinator (see [CPS Initial Response](#) in this document).

B. Law Enforcement Initial Response

1. [Local Law Enforcement Jurisdiction(s)]

- a) Whenever possible, allegations of CSEC will be assigned to investigators from a [detective bureau or unit/investigator] with specialized training.
- b) Tier 1: [Law Enforcement] will respond if the youth reports they have been sex trafficked. The timing of the response will be determined by [supervisory staff] and is based on the severity of the offense, safety needs of the victim, and availability of [specialized] investigators. If the youth is in immediate danger and/or the case is extremely severe, [supervisors] will attempt to pre-empt an investigator from a lower priority assignment. If this is not possible due to extenuating circumstances, [they] will request officers from patrol handle the initial investigation and will assume the investigation once a [specialized] investigator has been identified.

- c) Tier 2&3: If there is no disclosure of CSE by the youth or evidence of criminal activity, a law enforcement response is not required. Any case information forwarded to law enforcement will be filed and retained in accordance with agency policy and state law. If additional investigation by Child Protective Services or forensic interview at a Child Advocacy Center reveals evidence of a crime, it will become a Tier 1 case and law enforcement will respond.
- d) All suspected and confirmed cases of CSEC will be reported to the child protective services agency (CPS) where the child resides.

2. Guidance for Triaging Law Enforcement Response

- a) When [a law enforcement agency] on [non-specialized response unit] identifies concerns for sex trafficking, case information should be referred to [a detectives bureau] or [other specialized unit or task force with expertise] to be reviewed.
- b) Collaboration with [a specialized unit or task force] is encouraged to facilitate information sharing throughout the investigation, as well as technical assistance.
- c) Law Enforcement agencies without a specialized unit or investigators trained in CSEC may also choose to contact WI Division of Criminal Investigations (DCI) for technical assistance and investigation support.
- d) Decisions regarding who leads the investigation are made by the responding [law enforcement jurisdiction] and [any surrounding jurisdiction(s) having contact with the youth.] [Supervisor(s)/Command Staff] will assist in determining the availability of investigators based on details of the case as described in above Section IV(A-B).
- e) A referral to the [local Child Advocacy Center (CAC)] or [designated MDT Coordinator] (see Section V(C) of this document) should be made by the law enforcement agency to facilitate communication early in the investigative process. The [CAC/MDT Coordinator] can also provide information regarding local resources for youth when there are concerns for CSE.
- f) A joint investigation with Child Protective Services should be initiated as soon as possible.
- g) It is best practice that interviews of youth be done by individuals with experience and training in CSEC investigations. Depending on the developmental age, readiness to disclose, and other immediate safety issues, an initial fact-finding interview may be appropriate with a forensic interview to follow. Forensic interviews minimize trauma and the need for the survivor to experience duplicative interviews. Every effort should be made to consult with your district attorney's office for additional direction on case specific approaches to gathering information from youth experiencing trafficking. When appropriate, forensic interviewers with specialized training to interview this population are available at [Child Advocacy Centers]. Information about Forensic Interviewers with training and expertise with this population email elizabeth@cacsofwi.org.
- h) Systems-based and community advocates can be a resource to investigators attempting to locate community resources for youth during the initial investigation (see Section II (G); Section VIII of this document). Best practice in cases of CSEC is to involve an advocate as soon as consent for the advocate can be obtained from the youth; or immediately request in-person advocate response and allow youth to "opt-out" when advocate arrives.
- i) In accordance with WI Act 351, survivors of CSE have the right to be accompanied by a victim advocate during law enforcement interviews, medical evaluations, and throughout the criminal justice process (see Section VIII of this document).

C. Referrals to the [CSEC / Designated MDT Coordinator] and Initial Response

- 1) The following agencies may make referrals to the [designated MDT Coordinator] for case specific coordination and staffing:
 - a) Law Enforcement Agencies (Municipal, County, State, or Federal as specified in protocol)
 - b) State or Federal Prosecutors or Victim Witness Coordinators (as specified in protocol)
 - c) Local Child Protective Services agencies responsible for conducting Child Protective Services initial assessments
 - d) Other agencies participating in investigations, or as specified in protocol (i.e. Child Advocacy Center(s))
- 2) Referrals should be sent via [specified method] to the [designated MDT Coordinator] and contain the following:
 - a) Identify on referral that this is a trafficking case
 - b) Identify Tier classification based on known information
 - c) Identify if referral is urgent and requires immediate response
 - d) All referrals should include any investigative/community agency contact information that is known to be involved in case as well as referring professional's contact information
 - e) [CPS] will attach relevant Access report(s)
- 3) Upon receiving referral the [designated MDT Coordinator] will do the following:
 - a) Ensure referrals to appropriate law enforcement and Child Protective Service agencies have occurred and that the Ongoing Child Welfare Professional (if applicable) is aware of the concerns. [In some counties this may expand to Youth Justice for youth with any Child Welfare involvement]
 - b) Facilitate family engagement when appropriate and if aligned with job role
 - c) If possible, and agreed upon by all involved [CART partners], obtain consent to share information with appropriate non-CART agencies (i.e. placement providers, mental health/other treatment providers, crisis providers, Independent Living, federal law enforcement agencies, advocacy agencies, SANE programs, school/education program, etc.)
 - d) Arrange initial MDT communication and schedule staffing upon response from partners at the time of majority convenience
 - e) Ensure appropriate advocacy involvement in the initial response (first attempts should be to contact advocate that is already working with child)
 - f) Contact [Wraparound / CCS] if applicable and within protocol
 - g) Ensure appropriate referrals to services as determined by the MDT
 - h) Initiate case tracking and data collection as relevant to your area

D. Guidelines for Forensic Interviews of CSE Youth

Forensic interviewing of youth with concerns for sex trafficking requires specialized training due to the unique needs and experiences of this population. Forensic Interviewers trained to interview youth who may have been sex trafficked are available at the _____. Investigators from law enforcement agencies may also have specialized experience and training. Whether the interview is conducted at the _____ by a forensic interviewer or by law enforcement is case specific. Refer to Joint Protocol for additional guidelines, including purpose and goals, of forensic interviewing a child victim and/or witness. [Wisconsin's Victim Accompaniment Law Act 351](#) (summary available [HERE](#)) gives survivors of sexual assault, human trafficking, and child sexual abuse the right to be accompanied by a sexual assault victim advocate during medical evaluations and throughout the criminal justice process. Act 351 authorizes a forensic interviewer to exclude a victim advocate from the interview room, but that

person is still entitled to support throughout the forensic interview appointment. The 2023 APSAC Practice Guidelines on the Forensic Interviewing of Children indicate that advocates should not routinely be present during child forensic interviews. In rare circumstances where presence of an advocate will not interfere with the course of the investigation AND when initiated by the child, advocates should be instructed not to say anything during the interview or assist the child in responding.

1. Assessing Whether a Recorded Forensic Interview is Appropriate

- a) Discussion should occur between MDT partners when making a decision regarding the type of interview conducted with the youth. In the planning process, each partner should be aware of, and share, what information is needed for their investigation, for example, sometimes a youth might be reluctant to provide information, but law enforcement may be able to meet with the youth to build rapport or collect other evidence. Collaborative decision making around youth interview(s) is essential to minimizing trauma and error by limiting the number of interviews done while ensuring all necessary information is obtained.
- b) Partners should consider the following factors when deciding on, or planning for, a forensic interview:
 - i. Age, emotional, developmental, language and cognitive abilities, cultural or language preferences and needs, and other potential victim(s)/witness(es) who will also need to be interviewed or have already been interviewed,
 - ii. The physical setting and timing of the interview
 - iii. Youth reluctance to participate and interviewing options available to best meet their stage of readiness,
 - iv. The case specific investigative and child protection needs,
 - v. Availability of evidence to present to youth during an interview,
 - vi. Potential barriers, such as youth self-incrimination, that could occur during the interview.

2. Youth in Active Disclosure

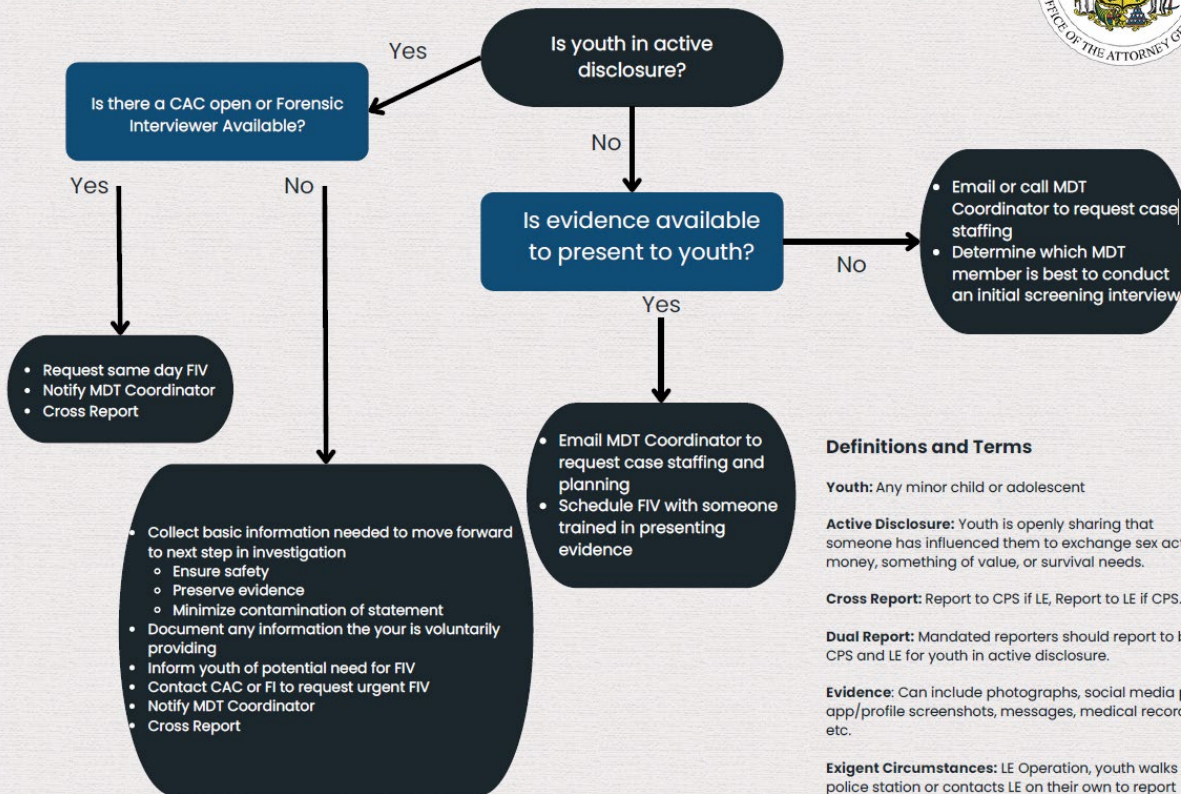
When a youth in active disclosure is brought directly for an interview and/or medical exam prior to engaging with law enforcement, the appropriate law enforcement agency will be contacted prior to conducting a forensic interview to verify agreement to proceed and arrange for observation/response. If not already present, CPS will also be notified via new CPS Report if mandated or direct contact to assigned Initial Assessment Professional/supervisor.

3. Preparing for Forensic Interviews of CSE Youth

- a) When a forensic interview is necessary based on the decision-making tool attached, the MDT Coordinator, or other designated person, will request all existing and relevant reports from investigative agencies, as well as any documented statements/disclosures made by the youth to a verifiable source.
- b) The Coordinator will arrange a pre-meeting with involved partners for additional collaboration prior to the interview. Partners may be asked to arrive early to the interview for additional prep time with the interviewer, as well as asked to bring supplemental information such as reports, photos, and other evidence to be presented in the interview at that time.

Gathering Information from High Risk and Trafficked Youth

Best Practice Considerations for Investigative Agencies and the use of Forensic Interviews



Definitions and Terms

- Youth:** Any minor child or adolescent
- Active Disclosure:** Youth is openly sharing that someone has influenced them to exchange sex acts for money, something of value, or survival needs.
- Cross Report:** Report to CPS if LE, Report to LE if CPS.
- Dual Report:** Mandated reporters should report to both CPS and LE for youth in active disclosure.
- Evidence:** Can include photographs, social media posts, app/profile screenshots, messages, medical records, etc.
- Exigent Circumstances:** LE Operation, youth walks into police station or contacts LE on their own to report

E. Guidelines for Medical Examination

Special considerations for youth who have experienced trafficking are outlined below.

- a) Given the high risk for reproductive health care problems and untreated physical and mental health conditions, every youth who is suspected of experiencing sex trafficking should be offered a medical evaluation.
- b) The medical evaluation should only be done with the consent/assent of the youth.
- c) In cases of CSEC, youth may decline forensic evidence collection due to fear of retaliation by the trafficker, to avoid implicating the buyer or trafficker, or for other reasons. If the youth declines sexual assault evidence collection, the medical evaluation should still be offered to address reproductive healthcare needs and to initiate primary care.
- d) The efficacy of prophylaxis against pregnancy and sexually transmitted infections decreases over time. Therefore, an acute sexual assault requires an urgent evaluation (as soon as possible after the last known assault) due to the potential life-saving effects of timely HIV prophylaxis.
- e) Considerations should be given for collection of DNA evidence.
- f) Youth with situations requiring emergent care should be transported to an Emergency Department as soon as possible. For non-emergent sexual assault evaluations, the MDT coordinator can assist in identifying local SANE and FNE resources.
- g) <https://www.wisconsinforensicnurses.org/wiforensicprograms> .

F. Mental Health Services

Mental health providers with appropriate experience working with youth who have experienced trafficking may be a challenge in certain parts of the state. It's important to keep in mind that a trained licensed professional, particularly one practiced in trauma-informed care, can access resources to supplement their knowledge in approaching a youth who has been trafficked in order to provide effective services.

Per the *Wisconsin Anti-Human Trafficking Task Force Guidelines for an Effective Coordinated Community Response to Sex Trafficking of Youth*, youth at risk of or experiencing CSEC should receive trauma informed services, while keeping in mind “the success of the initial response also depends on the availability of community resources to meet the youth’s basic needs, including food, clothing, hygiene, shelter, medical and mental health care support, and safety.” “Trafficked youth may distrust systems and people in positions of authority, have had prior negative experiences with service providers, and/or be completely disengaged from social services; thus, they may not accept services without some form of advocacy or intense (but respectful) outreach.”

1. Local Resources

- Regional resources: [“Starting Point Map”](#) or [“Local Crime Victim Resources”](#)
- Core Competencies for Community Response to Sex Trafficking of Youth: [Page 22](#)
- Wisconsin Child Welfare Professional Development System: [Human Trafficking 101](#)

2. National/Mental Health Provider Resources

- [SOAR \(Stop; Observe; Ask; Respond\) Training on Human Trafficking for Health Care Providers](#)

3. Mental Health Service Priorities

- Crisis stabilization: Crisis Intervention Programming (dhs.wisconsin.gov/crisis)
- Address acute mental health needs
- Treatment of withdrawal from drugs and alcohol

- Continuity of mental health care
- Consideration for possible placement changes of the youth
- Resources may be available through [Comprehensive Community Services for Medicaid eligible youth](#)

G. Victim Support and Advocacy

[Wisconsin's Victim Accompaniment Law Act 351](#) (summary available [HERE](#)) gives survivors of sexual assault, human trafficking, and child sexual abuse the right to be accompanied by a sexual assault victim advocate during medical evaluations and throughout the criminal justice process. Advocates should be called as soon as consent can be obtained from the youth, or using an opt-out model in which youth may decline advocacy upon advocate response to location. Ideally advocates would be available to accompany youth for the full medical evaluation and criminal justice process, including initial interviews. Given the complexity and dynamics of CSEC, advocacy needs may be different for this population. [Service Providers | WCASA](#)

Note: Not all advocacy services provide confidential services. CAC and systems-based advocates are permitted to share information through the MDT process. Community based advocates follow mandated reporting guidelines, and also have legal privilege in their communication per Wisconsin 905.045. Case by case exceptions may be made only with signed consent and proper authorization from the youth to their advocate.

Advocacy may also be valuable for the following:

- MDT meetings
- Assist youth in navigating whichever system the advocate is situated inside and potentially other systems.
- Share information, as appropriate, to facilitate coordination of CSEC case coordination and continuity of care.
- Provide connection to system-based and community-based resources, including community-based advocacy.

“Advocates offer survivors a sense of security during a very vulnerable time and can help prevent additional psychological trauma as they navigate complex medical and legal systems. Furthermore, survivors who are supported by an advocate are more effective participants in the criminal justice system, which increases the ability of the criminal justice system to hold perpetrators accountable.”

[Guidelines for an Effective Coordinated Community Response to Sex Trafficking of Youth](#)

H. MDT Staffing of CSEC Cases (Case Review)

Cases of possible CSEC will be staffed outside of regular CART MDT monthly and weekly staffings (described in Joint Protocol). When appropriate, staffings are arranged by the MDT Coordinator as soon as the majority of CART partners are available. The MDT Coordinator will provide a summary of the MDT plan to all involved MDT parties and distribute via email following staffing.

1. Individuals Participating in Case Staffings

- a) Representatives from CART agencies who are actively involved in the case or to whom referrals are planned.
- b) If the Coordinator is unable to arrange a meeting with all necessary parties, agencies not represented will be contacted separately.

- c) With written consent from a guardian, or when allowed by individual agency confidentiality policies or statutes, non-CART agencies may be contacted for a separate meeting for information sharing and resource provision. These agencies may include, but are not limited to:
 - (i) Community Advocacy
 - (ii) Human Services Worker
 - (iii) Youth Shelter Staff
 - (iv) State or federal law enforcement and justice system agencies
 - (v) Non-CART agency schools

2. Discussion topics (as applicable)

- a) Investigative needs and information sharing
- b) Caregiver/family support and education
- c) Individual and family mental health therapy
- d) Peer mentoring and support between prior and current survivors
- e) AODA services
- f) Transitional and long-term housing
- g) Ongoing medical needs (reproductive health care services, primary care, referrals to specialists)
- h) Educational advocacy
- i) Vocational training services
- j) Ongoing legal advocacy and crime victim support services
- k) Immigration support
- l) Case/care coordination
- m) Connection to community-based services
- n) Ongoing transportation for youth and families
- o) Legal services for youth

I. Case Tracking

- The MDT Coordinator will track basic demographic information, Tier level, systemic involvement, and frequently identified indicators and risk factors of youth referred for case coordination.
- The MDT Coordinator will also track referral/resource recommendations identified during the coordination period, including ‘recommendations’ indicated through MDT case staffings.
- Referral outcomes/service engagement may be tracked in specific areas as requested by partners.
- Additional MDT case staffings will be arranged as needed or as requested by the involved agencies.