

San Luis Obispo County CSEC Collaborative Response Team
Commercially Sexually Exploited Children (CSEC)

SCREENING TOOL

Please take a few minutes to fill out this form; one for each youth on your caseload. If you do not have time to complete for every youth, please at least preview this tool and complete for those you feel are at highest risk. Thank you in advance for your participation as this tool will help us identify the youth who are most impacted by the sexual exploitation industry.

Screening Date: _____ Agency: _____

Worker: _____ Phone: _____

Client's Name: _____ Gender: _____

DOB: _____ Age: _____ Zip Code: _____

1. Has unexplained absences from school for an extensive period of time. Yes No Unknown
2. Chronically runs away from home/placement. Yes No Unknown
3. Makes references to frequent travel to other cities. Yes No Unknown
4. Knows someone who has had sex for drugs, shelter, food, goods, or money. Yes No Unknown
5. Makes references to an older "boyfriend / girlfriend". Yes No Unknown
6. Makes reference or is participating in an online relationship, and has not met the person face-to-face.
 Yes No Unknown
7. Criminal Record / Arrest History / Juvenile Probation. Yes No Unknown
8. Gang Affiliation. Yes No Unknown
9. History of Child Welfare Services. Yes No Unknown
10. Victim of sexual abuse. Yes No Unknown
11. Exhibits bruises or other forms of physical trauma. Yes No Unknown
12. Exhibits psychological stressors: withdrawn behavior, low self-esteem, depression, fear, and evidence of self harm. Yes No Unknown
13. Lacks control over her/his schedule or identification documents. Yes No Unknown
14. Makes references to or appears to be malnourished. Yes No Unknown
15. Demonstrates a sudden change in attire, behavior or material possessions (expensive items or multiple cell phones) / or is inappropriately dressed (provocative style, based on weather conditions).
 Yes No Unknown
16. Makes reference of substance use/abuse. Yes No Unknown
17. Makes references to sexual situations that are beyond age-specific norms (developmental aged).
 Yes No Unknown
18. Makes references to terminology of the commercial sex industry. Yes No Unknown
19. Identifies themselves as Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex (LGBTQQI).
 Yes No Unknown
20. Tattoos in noticeable areas (often names). Yes No Unknown
21. Personal art drawn depicting sexual situations, pain (broken hearts/tear drops), dollar signs, and/or scripture. Yes No Unknown
22. The youth is a minor parent. Yes No Unknown

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RISK ASSESSMENT

I. Assessment- When marked “Yes”, each of the risk factors listed on the screening tool has a ranking from 1-3 as followed:

- Questions 1-15 = 3
- Questions 16-17 = 2
- Questions 18-22 = 1

Total: _____ / Please see **Overrides section** below for items unknown.

II. The sum of all items is then used to determine the level of potential/current risk.

- 28-54 = High/ Very High
- 0-27 = Low/ Moderate Risk
- None – No action needed
- Override:

III. Overrides- to be considered for increased level of risk

- a. If a third or more of the risk factors are identified
- b. If the youth is 10-14 years old and at least 1 risk factor in each category is identified
- c. If the youth is 12 or younger and has went AWOL at any point
- d. References terminology of the commercial sex industry
- e. If the youth has 3 or more items in the high risk category

IV. Referral to Child Welfare Services:

- SCAR made to Child Welfare Services
Date submitted:
- No SCAR needed

V. Referral(s) made for the youth to receive services with local community partner(s):

Yes No

Referred date:

Local agency referred to:

VI. Submitted tool with name redacted to Department of Social Services - Belinda Benassi
(email: bbenassi@co.slo.ca.us or fax: (805) 781-1846) Yes No

VII. Comments