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FINAL REPORT

EVALUATION OF COMPREHENSIVE SERVICES FOR VICTIMS OF HUMAN TRAFFICKING: KEY FINDINGS AND LESSONS LEARNED

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EXECUTIVE SUMMARY

INTRODUCTION

The crime of human trafficking affects virtually every country in the world (Miko, 2000; Europol, 2005) and has been associated with transnational criminal organizations, small criminal networks and local gangs, violations of labor and immigration codes, and government corruption (Richard, 2000). The U.S. Department of State (2004, 2006) estimates that 600,000 to 800,000 people around the world, both adults and children, are trafficked across international borders annually. About 90 percent of these victims are females and more than half of all those trafficked each year are believed to be trafficked for sexual exploitation. Among those trafficked, about 14,500 to 17,500 are trafficked into the United States each year. Recent data show that victims are often trafficked by perpetrators of the same nationality (Free the Slaves and Human Rights Center, 2004).

Historically, trafficking has been defined as the trade in women and children for prostitution or other immoral purposes (Europol, 2005). In 2000, the U.S. Congress passed the Victims of Trafficking and Violence Protection Act (TVPA), which defined and classified human trafficking into sex trafficking and labor trafficking. The legal definition of human trafficking set forth in the TVPA emphasizes the presence of coercion and differential power between trafficker and victim, and does not require transportation or movement of the victim for the crime to occur. The TVPA and subsequent reauthorizations not only provide a standard legal definition of the crime of human trafficking but also a framework for current and future U.S. anti-trafficking efforts.

The TVPA also marked a turning point in the nation's approach to identifying trafficking cases, assisting victims, and prosecuting traffickers, and created an international collaborative effort to address this issue. The TVPA allowed victims who participate in the investigation and prosecution of their traffickers to apply for T nonimmigrant status (T-Visa) and permanent residency, as well as receive other benefits and services through new grant programs. Prior to the passage of the TVPA, however, nongovernmental organizations (NGOs) and other service providers struggled to piece together the comprehensive services needed by victims of human trafficking with scarce resources (Clawson, Small, Go, and Myles, 2004). Even after the passage of the legislation, providing services to victims from the time they were identified by law enforcement (or others) until they were "certified" to receive services from the Office of Refugee Resettlement within the U.S. Department of Health and Human Services as required under the TVPA remained a challenge. In response to the need for resources to provide services during this "precertification" phase, the Office for Victims of Crime (OVC) within the U.S. Department of Justice developed and administered the "Services for Trafficking Victims Discretionary Grant Program—Comprehensive Services Sites." The program provides direct services, such as shelter, medical care, crisis counseling, legal assistance, and advocacy to assist victims during this critical phase of recovery.

In 2002, Caliber Associates (now ICF International), along with the Urban Institute, began an evaluation of the Comprehensive Services. The research design for this National Institute of Justice (NIJ) funded evaluation was divided into three phases: Phase I - an evaluability

assessment; Phase II - the planning, implementation, and outcome evaluation; and Phase III - interviews with trafficking survivors. This report presents the findings from each phase and is organized into the following sections:

- I. Introduction
- II. Evaluation Approach
- III. Evaluability Assessment
- IV. Planning, Implementation, and Outcome Evaluation
- V. Survivor Case Studies
- VI. Key Findings and Lessons Learned

EVALUATION APPROACH

The two primary goals of the evaluation were to determine the effectiveness of the Comprehensive Services in helping trafficking victims access appropriate and adequate services and to document the development and implementation of coordinated service delivery networks so others can learn from this experience and implement similar programs.

- *Phase I:* The evaluability assessment incorporated identification and selection of sample sites. Data collection included extensive reviews of grant applications; telephone interviews; and site visits.
- *Phase II:* Phase II provided detailed, descriptive information related to the planning, implementation, and outcomes of the Comprehensive Services. Data collection involved key partner surveys, interviews, network surveys, and core performance measures.
- *Phase III:* Intensive case studies were conducted with survivors from each of the evaluation sites. Data collection for the case studies consisted primarily of in-person, one-on-one interviews with clients of the grantees and formal partners.

EVALUABILITY ASSESSMENT

Phase I was completed within the first 3 months following the grant awards to the sites to assess the feasibility of evaluating the Comprehensive Services sites, including determining whether the goals and objectives were well specified and measurable and service models were defined clearly. Based on evaluation findings and discussions with NIJ and OVC, three grantees were selected for inclusion in the evaluation: Coalition to Abolish Slavery and Trafficking (CAST) in Los Angeles, Asian Anti-Trafficking Collaborative (AATC) in San Francisco, and Florida Freedom Partnership (FFP) in Miami and surrounding areas.

PLANNING, IMPLEMENTATION, AND OUTCOME EVALUATION

The results of the planning, implementation, and outcome evaluation are intended to provide OVC and the Comprehensive Services sites with a better understanding of what constitutes

success at each stage of the initiative. Additionally, the evaluation is intended to identify the impact of collaboration and coordinated service delivery on agencies, communities, and clients.

Evaluation Sample

- *Key partner survey:* Year one - 31 staff from across 19 key agencies; year two - 28 staff from across 17 agencies; and year three - 27 staff from across the 17 agencies.
- *Interviews:* Five site visits conducted during the evaluation; 66 interviews in year one; 59 interviews in year two; and 31 interviews conducted in year three.
- *Network survey:* Completed by each key partner agency at the end of year one and again at the end of year three.
- *Core performance measures:* Submitted by each lead partner semi-annually; five submissions were provided during the evaluation.

Planning Comprehensive Services Initiatives

What (and Who) Was Involved in the Planning of the Comprehensive Services?

Building on Prior Experiences Working with Victims of Human Trafficking

- In all three sites, partners had been working to piece together services for precertified victims of human trafficking before the grant became available.
- Forty-three percent of staff interviewed during year one reported having worked with victims of human trafficking for many years prior to the Victims of Trafficking and Violence Protection Act.
- Based on core measure data, the number of trafficking victims served by the lead or partner agencies prior to the Comprehensive Services initiatives ranged from 15 to 66.

Identifying Partners

- Agencies represented included legal services, housing/shelter providers, mental health services, health clinics, and translation services.
- The type of agencies represented remained fairly consistent during the course of the initiative.
- Partners were asked to identify stakeholders missing from the initiatives; it was not the case that agencies were missing but that more agencies were needed. Staff identified housing, medical, dental care, and education and job training programs.

Engaging Partners

- Key partners were asked why they became involved in the initiatives. Seventy-one percent indicated they became involved because of their prior relationship with the lead agency or another organization in the partnership; 29 percent indicated that the opportunity to work on this issue through this grant prompted their involvement.

Assessing the Needs of the Community

- Based on the key partner survey, 83.8 percent disagreed or strongly disagreed that resources were readily available to address trafficking victims' issues in their community at the start of the grants.
- In addition, 54.8 percent disagreed or strongly disagreed that human trafficking had been a priority for their communities.
- Approximately half of the key partners completing the key partner survey indicated service providers and advocates historically did not interact for the purposes of sharing information and communicating about human trafficking (48.4%), did not engage in joint planning and activities for victims (51.6%), and did not work together on goals that were complementary for the benefit of victims (48.4%).

Identifying Initial Goals for the Initiatives

- Common goals across initiatives were to improve service provision for victims of human trafficking (57%), improve client well-being (36%), increase public knowledge about this issue (21%), increase the service network and visibility of organizations doing this work (14%), and increase the number of victims served (14%).
- Difficulty, at times, collaborating across multiple agencies (29%) given different agency priorities and differences in resources (e.g., staff, service units or appointments) devoted to the initiative by each agency (e.g., dedicated staff, service units or slots, etc.) devoted to the initiative; limited number of victims initially referred for services (50%) given the difficulty finding victims; lack of knowledge and training (21%) among agencies providing services, law enforcement, and the general public; and difficulty obtaining critical services needed by victims (e.g., appropriate housing, medical and dental services, culturally appropriate mental health services, legal) given limited availability in the community and high cost (7%).
- By the third year, the goals of the initiatives were well-established, with 79 percent of partners indicating no change from the previous year. At the end of year three, 76 percent of key partners interviewed reported that the goals were met or that the initiative had exceeded their expectations.

What Did the Comprehensive Services Initiatives/Models Look Like? How Were They Similar? Different?

- *CAST service model:* CAST envisioned the Comprehensive Services model as one in which it operated as the hub of the initiative, providing centralized case management, coordination of social services, client advocacy, legal assistance, and training.
- *AATC service model:* The Comprehensive Services model for AATC has been described by all partners as a circle, with each agency prepared to conduct an intake and assessment of the client, provide case management, and coordinate services and referrals.
- *FFP service model:* The service model provides a rapid-response and comprehensive support system for trafficking victims while building the capacity of the South Florida community to better understand and respond to the needs of trafficked persons.

Implementation

How Are Clients Identified as Victims of Human Trafficking and How Has This Process Changed over Time?

- Most referrals at the start of the initiative came from law enforcement.
- An increase was reported in referrals from community-based organizations, Good Samaritans, and other providers.
- Victims self-referring for services was not common.

What Outreach Is Being Conducted to Access Trafficking Victims? How Has This Changed over Time?

- Two of the three initiatives engaged in targeted outreach; outreach activities included distributing brochures, flyers, and posters; developing public service announcements; and putting up billboards. The third initiative did not conduct education and outreach under the OVC grant.

What Networks of Services Were Available for Trafficking Victims? What Services Were Created or Made Available Through Collaboration?

- Based on core measures data, the services used most by clients included case management, legal, interpretation, education or job training, mental health, and medical.
- Partners reported being able to provide the following services as a result of the grant: crisis intervention/hotlines, housing, intensive case management, legal advocacy and more extensive legal services, medical and mental health, transportation, interpretation, and education or job training.

How Were Services Delivered? Who Was Involved in the Network? Was Delivery of Services Coordinated and Seamless?

- Initially, service delivery was not as coordinated or seamless as partners had anticipated. That is, referrals were often not followed up and clients sometimes “fell through the cracks”, information was not communicated between providers in a timely manner and therefore the client was left without answers and important information regarding his/her case, and the client often felt deceived because information was not being shared.
- During interviews, staff indicated that clients often did not know which agency was responsible for the services they were receiving or were unable to link the services they were receiving to the initiative; a possible indicator of seamless service delivery and a focus on services provided rather than provider of services.

What Needs Were the Agencies/Organizations Able to Meet? What Needs Were Difficult to Meet?

- Key partners identified housing and medical needs as two areas in which they were likely to experience difficulty meeting client needs.
- Other needs that were difficult to meet included dental care, job placement, and translation services for certain dialects.
- Meeting some needs was difficult because some clients were located a significant distance from the key partners.

Outcomes

System Changes

Collaboration

- Over the course of the evaluation, key partner staff reported changes in their perceptions of collaboration. Across the sites, agreement with statements related to collaboration tended to decline in year two then increase in year three. This included exchanging information, engaging in joint planning and activities, working on complimentary goals, and sharing resources.

Partner Interactions

- All partners reported an increase in their informal networks over the course of the evaluation.

Frequency of Communication

- During the planning phase, agencies communicating at least monthly across the initiatives. By the end of the initiative, communication had increased, monthly to almost weekly communication for some agencies.

Importance of Relationship

- Respondents rated the relationships with all partners to be very important and these ratings remained consistent at the end of the initiatives.

Community Changes

- During the first year of the evaluation, a lot of time was spent developing and disseminating informational materials designed to increase awareness.
- Subsequent years were spent serving victims and mobilizing community members. The availability of training also spiked in the first year then remained fairly constant throughout the evaluation.
- By the second year of the evaluation, 54 percent of the key partners interviewed reported observable changes in their communities' understanding of the issue and the overall community response to the problem.
- By the third year of the evaluation, 95 percent of the key partners reported observable changes in the communities.

Client Changes

- *Number of clients served:* Prior to the initiatives, the total number of precertified clients served across the initiatives was 111. During the course of the evaluation, the total number of clients served across the initiatives was 276.
- *Availability and accessibility of services:* The greatest increase in the availability of services was reported in the first year and leveled off in subsequent years. The greatest increase in accessibility of appropriate services was observed in the first and second years with steady improvement in the third year.

SUSTAINABILITY

What Plans Are in Place for Sustaining the Initiatives Beyond the OVC Grant?

- None of the key partners was able to identify plans for sustainability at the end of year one. By the second year, plans for sustainability began to emerge.

- When asked whether they would continue doing this work after OVC funding ran out, some claimed their continued involvement depended on the availability of funding; others reported they were committed to the cause prior to OVC funding.

What Were Challenges/Barriers to Success?

- Insufficient capacity and resources among the partner agencies.
- Funding constraints that prevented some providers from serving victims.
- Service needs that extended beyond the expertise of the provider.
- Difficulty identifying victims.
- Clients not wanting to work with law enforcement.
- Confidentiality concerns.
- Difficulty working with law enforcement.

How Were Barriers Overcome?

- Expanding the network of service providers through continued education and outreach
- Improving knowledge and understanding of human trafficking through ongoing training and education
- Building trusting relationships with law enforcement through open, honest, and frequent communication
- Creating Memoranda of Understanding and Information/Data Sharing Agreements

What Factors Contributed to the Success of the Initiatives?

- Commitment of the key partners.
- Embracing a shared vision for the initiative.
- A wealth of experienced staff.
- Improved relationships with Federal and local law enforcement.

SURVIVOR CASE STUDIES

Interview Participants

- A total of 34 internationally trafficked survivors were interviewed.
- Interviewees were 13 CAST clients, 14 AATC clients, and 7 FFP clients; 32 women and two men; ages 19 to mid-fifties.
- The most common country of origin was Korea and the most common region of origin was Asia and the East Indies.

- Among the survivors, 17 had been subjected to labor trafficking, 14 to sex trafficking, one to a servile marriage, and for 2 the type of trafficking was not known to the interviewer.
- Fifteen clients had received certification as trafficking victims prior to the interview, and 19 had not yet been certified.

Needs of Human Trafficking Survivors

Method of Liberation

- Some victims escaped trafficking through a law enforcement raid. When trafficking victims are held in detention after a raid, their lack of knowledge about the American justice system, combined with negative perceptions about law enforcement, can produce overwhelming fear and anxiety.

Changing Needs over Time

- As basic survival needs are being met, the focus shifts toward recovering from the trafficking experience and beginning to rebuild an autonomous life.
- Mental health counseling needs tend to become prominent once the immediate crisis is over.
- Transitional or permanent housing becomes a priority, as is obtaining education or job training and work permits so victims can seek employment legally.
- In the long term, all victims interviewed wanted to build skills and resources to normalize their lives here; none expressed a desire to return to their home countries.
- Survivors reported similar needs regardless of the types of trafficking they experienced, age, how they came into the service network, or country of origin.

Survivor Experience with Services and Outcomes

Accessing the Service System

- Those who leave the trafficking situation through a raid or detention usually learn about services while they are detained. Others learn about services from friends or acquaintances, other legal or social service providers, and through service providers' outreach efforts.

The Service Experience and Client Outcomes

Services Received and Client Satisfaction

- Clients reported having their basic needs for food, clothing, and shelter met.
- *Safety outcomes:* Many survivors reported being comfortable with service providers and feeling safe when working with them.

- *Health outcomes:* Quite a few of the clients interviewed, even those who had been liberated years earlier and had a long history with the Comprehensive Services site, were still attempting to get medical and dental needs resolved.
- *Mental health outcomes:* Some clients also reported long-term mental health needs that they had not received treatment for or for which they were just beginning to get treatment.
- *Autonomous lifestyles:* Some clients were self-sufficient, with jobs and their own permanent housing; others were still awaiting legal authorization to work and were living in shelters or other transitional housing.

Client Dissatisfaction and Unmet Needs

- *Unmet needs because clients did not ask for help:* Some clients felt they were a burden on overstressed staff, which decreased the likelihood of their asking for services that may have improved their outcomes.
- *Unmet medical needs:* Many clients reported receiving very basic medical check-ups but still had unmet medical needs.
- *Unmet needs related to culturally appropriate food:* Needing and wanting familiar food native to their home countries was a theme raised by some clients.
- *Unmet needs due to a mismatch between service planning and survivor needs:* Some service providers noted the mismatch between service planning and needs assessment protocols and victims' actual needs while in detention.

Coordination Among Service Providers

- Clients did not think agencies were working together to assist them. A few clients felt their providers did not work together and did not seem to know what other partners were doing with their case.

Challenges and Barriers to Receiving Effective Services

- *Using non-trafficking-specific services:* Finding shelter or other temporary housing appropriate for trafficking survivors is not an easy task. Only one of the three Comprehensive Services sites in the study had a shelter devoted specifically to trafficking victims.
- *The quality of interpretation services:* High-quality interpretation requires fluency in both languages, as well as skills and training in how to interpret conversations effectively and professionally.
- *Working on legal issues:* Trafficking victims often fear deportation and may not want to cooperate with law enforcement to make a case against the trafficker.

- *Certification versus precertification services:* About half the survivors interviewed were certified as trafficking victims, and some of them reported greater access to services, such as Social Security, Food Stamps, and cash assistance, after certification.
- *Identifying and meeting needs:* Cultural competence and qualified interpretation services are central in services designed to meet all types of needs.
- *Working with limited resources:* Case managers commented on how limited services and benefits for trafficking victims were.
- *The size of the service area:* When the Comprehensive Services site covers a very large geographical area, service providers must be able to visit victims in their homes because the victims' ability to travel is often limited.
- *Working with different types of trafficking victims:* Several sub-groups of human trafficking victims present unique challenges to service delivery. Domestic workers as a group are often overlooked, according to case managers.
- *Client confidentiality:* Confidentiality is important when working with victims of human trafficking. Although some interview participants expressed less concern than others with this issue, service providers and others who assist victims should make confidentiality a central issue in their approach to service.

CONCLUSION

The evaluation findings provide evidence that the three Comprehensive Services initiatives had made significant progress toward achieving their shared overarching goals of improving service provision for victims as evidenced by: the increased availability of services that adequately met most clients' needs as reported by service providers and victims themselves; improved client well-being as reported by most victims during the client interviews; and increased awareness of human trafficking within the communities as evidenced by increased attendance of community representatives and organizations at training events, increased volunteers, and increased referrals for possible trafficking situations and victims. Additionally, promising practices, lessons learned, and especially, the recommendations of providers and survivors provide valuable information to guide other communities in planning, implementing, and continuing similar comprehensive service models to meet the diverse and complex needs of victims of human trafficking.

I. INTRODUCTION

The crime of human trafficking affects virtually every country in the world (Europol, 2005) and has been associated with transnational criminal organizations, small criminal networks and local gangs, violations of labor and immigration codes, and government corruption (Richard, 1999). The U.S. Department of State (2004, 2006) estimates that 600,000 to 800,000 people around the world, both adults and children, are trafficked across international borders annually.¹ About 90 percent of these victims are females and more than half of all those trafficked each year are believed to be trafficked for sexual exploitation. Among those trafficked, about 14,500 to 17,500 are trafficked into the United States each year. Recent data show that victims are often trafficked by perpetrators of the same nationality (Free the Slaves and Human Rights Center, 2004).

Historically, trafficking has been defined as the trade in women and children for prostitution or other immoral purposes (Europol, 2005). In 2000, the international community developed and agreed to a definition for trafficking in persons that can be found in Article 3 of the United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children:

“Trafficking in persons shall mean the recruitment, transportation, transfer, harboring or receipt of persons, by means of the threat or force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power, or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labor or services, slavery or practices similar to slavery, servitude or the removal of organs (Europol, 2005, p. 10).”

The same year, the U.S. Congress passed the Victims of Trafficking and Violence Protection Act (TVPA), which defined and classified human trafficking into sex trafficking and labor trafficking. Sex trafficking involves the recruitment, harboring, transportation, provision, *or* obtaining of a person for the purpose of a commercial sex act in which a commercial sex act is induced by force, fraud, or coercion, or in which the person forced to perform such an act is under the age of 18. A commercial sex act means any sex act on account of which anything of value is given to or received by any person. Types of sex trafficking include prostitution, pornography, stripping, live-sex shows, mail-order brides, military prostitution, and sex tourism. Labor trafficking is defined in the TVPA as the recruitment, harboring, transportation, provision, *or* obtaining of a person for labor services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery. Labor trafficking situations may arise in domestic servitude, restaurant work, janitorial work, sweatshop factory work, migrant agricultural work, construction, and peddling (TVPA, 2000). The U.S. legal definition set forth in the TVPA emphasizes the presence of coercion and

¹ The reported numbers represent the Department of State’s latest *estimates* of trafficking both into the United States and internationally. Precise numbers are very difficult to obtain due to the hidden nature of this crime; therefore, rigorous estimation methodology is required (Steinfatt, 2003; Steinfatt, Baker, and Beesey, 2002; U.S. Department of State, 2004, 2006; Clawson, Layne and Small, 2006).

Evaluation of Comprehensive Services for Victims of Human Trafficking

differential power between trafficker and victim, and does not require transportation or movement of the victim for the crime to occur. The TVPA and subsequent reauthorizations not only provide a standard legal definition of the crime of human trafficking but also a framework for current and future U.S. anti-trafficking efforts.

The TVPA marked a turning point in the nation's approach to identifying trafficking cases, assisting victims, and prosecuting traffickers, and created an international collaborative effort to address this issue. The TVPA allowed victims who participate in the investigation and prosecution of their traffickers to apply for T nonimmigrant status (T-Visa) and permanent residency, as well as receive other benefits and services through new grant programs. It also defined new crimes related to trafficking and enhanced penalties for existing criminal statutes. In addition, TVPA provided funding assistance to foreign countries to bolster their efforts to combat trafficking. TVPA was reauthorized in 2003 and in 2005, including additional elements to strengthen provisions in the original Act (U.S. Department of Justice, 2004).

Prior to the passage of the TVPA, however, nongovernmental organizations (NGOs) and other service providers struggled to piece together the comprehensive services needed by victims of human trafficking with scarce resources (Clawson, Small, Go, and Myles, 2004). Under the TVPA, the United States government designated the U.S. Department of Health and Human Services (HHS) as the agency responsible for helping victims of human trafficking become eligible for benefits and services and allocated resources for the delivery of those services. One responsibility of HHS is to certify victims of trafficking once identified. This certification provides a victim of trafficking who is a non-U.S. citizen with the appropriate documentation allowing eligibility for a special T-visa, benefits and other services. Child victims of trafficking (under the age of 18) do not need to be certified in order to receive services and benefits, as they are eligible for benefits through the Office of Refugee Resettlement (ORR) under HHS Administration for Children and Families (ACF) (22.U.S.C. §7105(b)(1)).

In order for a victim of trafficking to receive certification they must first be a victim of a severe form of trafficking as defined by the TVPA and be willing to assist in the investigation of the traffickers. Following this determination the victim must complete a bona fide application for a T-visa or be awarded "continued presence" by a U.S. Customs and Immigration Official (8 U.S.C. 1101 a15T 2000). T-visas were established under the TVPA and allow victims of trafficking to become temporary residents of the United States. Once a T-visa is obtained a victim may remain in the U.S. for up to three years. At the end of this time period the victim may be eligible for permanent residence status (Protection Project, 2001).

Certified adult victims are eligible to receive federally funded services and benefits similar to refugees. Some of the services that victims of trafficking are eligible for through HHS and NGOs are housing or shelter assistance, food assistance, income assistance, employment assistance, English language training, health care assistance, mental health services, and assistance for victims of torture. Some specific benefit programs that victims may apply for are the Temporary Assistance for Needy Families (TANF) which provides a cash benefit and work opportunities for needy families with children under the age of 18, and Medicaid which provides public health insurance for people with low income and limited resources (22.U.S.C. §7105(b)(1)).

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Another program that victims are eligible for is the Department of Labor's One-Stop Career Center System which offers free job search and employment centers that provide information and assistance for people who are looking for a job or who need education and training in order to get a job. It also provides support services such as transportation, child care and housing. Other programs include: Food Stamp Program; Supplemental Security Income (SSI), Torture Treatment Program, State Children's Health Insurance Program (SCHIP), Health Screening, Refugee Cash and Medical Assistance (RCA & RMA); Job Corps; Housing; and State-specific Programs (U.S. Department of Justice, 2006).

Unfortunately, the process for obtaining certification can be lengthy. During this "waiting period" or "precertification" phase victims, while in need of services, are not eligible in most cases. The first ever national needs assessment of service providers working with victims of human trafficking described the precertification phase as one of the most challenging times to work with victims because of limited resources (Clawson, Small, Go, and Myles, 2004). During this time, victims present with a comprehensive range of needs including: emergency and sometimes transitional housing, food/clothing, medical services (including dental care), advocacy (moral/emotional support), legal services, transportation, and information/referral services (e.g., rights as a victim of human trafficking, available services, etc.) (Clawson et al., 2004). Additionally, victims often require language assistance to help them communicate with first responders and those trying to provide assistance. It is only after these immediate needs have been met, usually during the precertification phase that a victim can then benefit from treatment for things such as depression, trauma, and re-traumatization (Misra, Connolly, Klynman & Majeed, 2006). Not only is addressing the trauma critical to the long-term recovery of the victim but it is viewed as essential in preparing a victim as a witness in their case against the trafficker (Clawson et al., 2004).

The Office for Victims of Crime (OVC) within the U.S. Department of Justice was responsible for developing and administering the "Services for Trafficking Victims Discretionary Grant Program—Comprehensive Services Sites (Comprehensive Services)." The program provides direct services, such as shelter, medical care, crisis counseling, legal assistance, and advocacy to assist victims between the time they are identified by law enforcement (or others) until they are "certified" as a victim of human trafficking and eligible to receive benefits from ORR; also known as the precertification phase or period. This funding was designed to fill the gap in services by meeting the identified needs of victims during this critical phase. At the time the grants were awarded, OVC grantees were required to coordinate their services with ORR grantees, where possible, to ensure a continuum of care throughout both precertification and certification phases. The OVC funding has supported the development of *comprehensive service initiatives*, in which multiple agencies are involved in a service network to provide wide-ranging care to victims. By helping build these collaborative initiatives across the country, OVC hopes to increase the field's capacity to meet the comprehensive and complex needs of trafficking victims from the time they are identified to the time they receive certification.

In 2002, Caliber Associates (now ICF International), along with its subcontractor, the Urban Institute, began an evaluation of the Comprehensive Services. The research design for this National Institute of Justice (NIJ) funded evaluation was divided into three phases: Phase I was an evaluability assessment with the eight originally funded trafficking grantees to select the three

Evaluation of Comprehensive Services for Victims of Human Trafficking

sites to be included in the evaluation; Phase II was the planning, implementation, and outcome evaluation in the three selected sites; and Phase III included interviews with trafficking survivors who had been served by the three Comprehensive Services initiatives. This report presents the findings from each phase and is organized into the following sections:

- I. Introduction
- II. Evaluation Approach
- III. Evaluability Assessment
- IV. Planning, Implementation, and Outcome Evaluation
- V. Survivor Case Studies
- VI. Key Findings and Lessons Learned

The purpose of this report is to provide documented evidence of the effectiveness of the Comprehensive Services in helping trafficking victims receive appropriate and adequate services and to describe promising or emerging practices and lessons learned to help other communities plan, implement, and sustain similar programs.

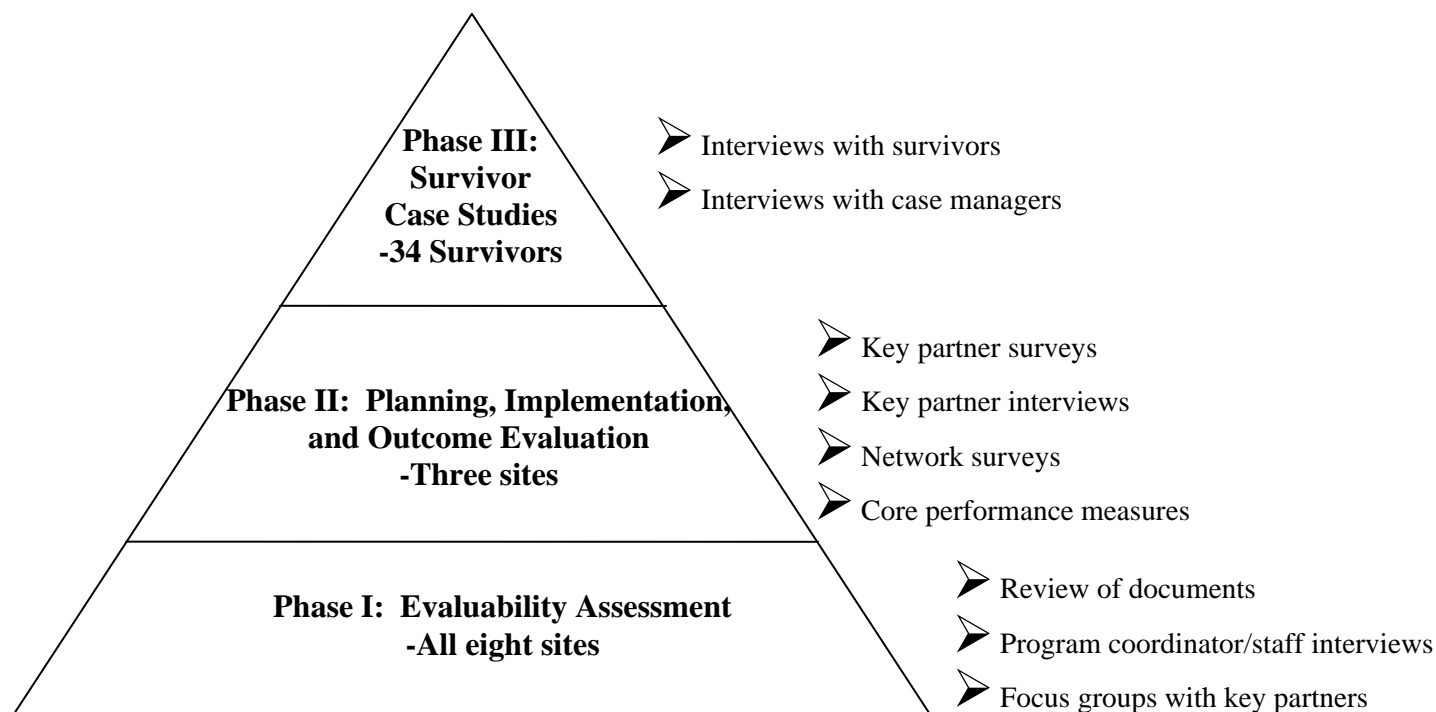
II. EVALUATION APPROACH

The two primary goals of the evaluation were to determine the effectiveness of the Comprehensive Services in helping trafficking victims access appropriate and adequate services and to document the development and implementation of coordinated service delivery networks so others can learn from this experience and implement similar successful programs in their communities. Specifically, the evaluation was designed to address the following questions:

- What factors and activities lead to effective collaborations to address trafficking in persons?
- What is the impact of the Comprehensive Services on how organizations and systems respond to one another?
- What is the impact of the Comprehensive Services on how organizations and systems respond to trafficked persons?

To address these questions, Caliber and the Urban Institute conducted a multi-phased evaluation of the Comprehensive Services (see Exhibit 1) using multiple approaches (both qualitative and quantitative) to obtain information from a range of stakeholders, including survivors. Caliber was responsible for Phase I and Phase II of the evaluation and the Urban Institute was responsible for Phase III.

EXHIBIT 1: EVALUATION DESIGN



1. PHASE I: EVALUABILITY ASSESSMENT

The evaluability assessment was a critical first step for the evaluation. Given resource constraints, it was not possible to conduct an in-depth descriptive study of the eight original Comprehensive Services sites. Instead, a sample of the sites needed to be selected for inclusion in the evaluation. While a random sample was considered, given the limited number of sites to be included in the evaluation it was important to ensure the selection of sites that had the greatest likelihood of success in order to identify promising practices for planning, implementation, and sustainability to share with other communities. Additionally, it was important to select sites that would be able to participate throughout the course of the evaluation. The evaluability assessment allowed for the identification and selection of these sites and provided information for refining the overall evaluation design and data collection methods.

1.1 Data Collection Methods

Data collection for the evaluability assessment included:

- Extensive reviews of grant applications by two members of the evaluation team.
- Telephone interviews with program coordinators and other stakeholders identified in the grant applications and/or through staff interviews.
- Visits to a sample of the most promising sites to conduct focus groups with key partners and review program documentation and record keeping systems (three sites were identified and visited).

Protocols for the evaluability assessment are provided in Appendix A.

1.2 Evaluability Assessment Questions

Data collection for the evaluability assessment centered on several key questions:

- Are the goals and objectives of the Comprehensive Services well specified? Are they measurable?
- Are the target population and its needs clearly identified?
- Are programs and services clearly defined?
- Is there a logical link between program activities and outcomes?
- Do the expected outcomes address the target population needs?

If these questions were answered affirmatively, a site was determined to have the potential to be evaluated. Additional inquiries were made during the telephone interviews and site visits regarding the availability of data to track programming, outputs, and outcomes, experience

conducting or participating in evaluation activities, and willingness to be part of a 3-year evaluation. The history of lead grantees and identified partners in working with victims of human trafficking and working collaboratively (even if with other victim populations) also were considered in site selection.

The results of the evaluability assessment are presented in Chapter III.

2. PHASE II: PLANNING, IMPLEMENTATION, AND OUTCOME EVALUATION

The purpose of Phase II was to provide detailed, descriptive information related to the planning, implementation, and outcomes of the Comprehensive Services. Attention was given to assessing system changes, specifically changes in collaboration, community awareness, service referral, and service delivery. While perceptions of outcomes for victims (e.g., self-sufficiency, well-being) were collected, Phase III of the evaluation was designed to best capture individual or client outcomes.

2.1 Data Collection Methods

Data collection for Phase II involved both qualitative and quantitative methods:

- **Key partner survey.** The key partner survey was administered in year one (assessing both baseline and year one activities), year two, and year three of the evaluation.² Key staff working on the Comprehensive Services from each of the formal or key partner agencies completed the survey either in hard copy or electronically. The survey was designed to gather quantitative measures of community readiness, collaboration, awareness, service capacity, service delivery, and service outcomes. This information was analyzed to assess changes over time across the sites. Given the small number of key staff from each site (from a high of 15 to a low of 6), the survey data were aggregated and analyzed across sites rather than analyzed separately for each site. Any unique site differences, however, are highlighted in the findings.
- **Interviews.** To supplement quantitative data collected from the key partner survey, and to provide more descriptive information regarding planning, implementation, and outcomes of the Comprehensive Services, individual interviews were conducted with key partners during semi-annual 2- to 3-day site visits. Interviews (from 1 to 2 hours long) were conducted with program coordinators, case managers, legal advocates and attorneys, mental health providers, shelter staff, and other service providers as designated by the program coordinator. Attempts were made to interview the same individuals (or their replacements) throughout the course of the evaluation.
- **Network survey.** The network survey was administered during the first year of the initiative and toward its end. The purpose of the survey was to gather information on how organizations interact with partners in the initiative, capture perceived barriers to collaboration, and provide

² Years one, two, and three of the evaluation corresponded roughly with years one, two, and three of the grants. Given delays in start-up and grant extensions, the last data collection period did not capture the last 5 to 6 months of the grant for each site.

Evaluation of Comprehensive Services for Victims of Human Trafficking

a method for assessing change in the patterns of interaction (or connectedness of the networks) over time. The survey was completed by each agency with input from all staff involved in the initiative. It was recommended that the network survey be completed during a staff meeting to ensure the experiences of all staff involved in the initiative were reflected in the findings.

- **Core performance measures.** To assist each site in documenting and tracking their activities and to provide standard measures of performance across the sites, the evaluation team identified, in collaboration with each site, performance measures to be collected and reported semi-annually for the evaluation. These measures related to client population, service provision (e.g., partner agencies, staff/volunteers, referrals, direct services), client status, training and technical assistance, and education and outreach. The program coordinator or designated staff person for the lead agency (or grantee) was responsible for obtaining input from all key partners for the core performance measures report. Core performance measures data were reviewed and validated with staff during site visits by the evaluation team.

The standardization of data collection allowed findings to be reported across the sites, providing a broader perspective of the Comprehensive Services than what could have been captured from any site alone. Copies of the data collection instruments for Phase II are provided in Appendix B.

2.2 Planning, Implementation, and Outcome Evaluation Questions

Data collection for Phase II was designed to answer the following questions:

Planning

- What (and who) was involved in the planning of the Comprehensive Services?
- What did the Comprehensive Services initiatives/models look like? How were they similar? Different?

Implementation

- How are clients identified as victims of human trafficking and how has this process changed over time?
- What outreach is being conducted to access trafficking victims? How has this changed over time?
- What networks of services were available for trafficking victims? What services were created or made available through collaboration?
- How were services delivered? Who was involved in the network? Was delivery of services coordinated and seamless?

- What needs were the agencies/organizations able to meet? What needs were difficult to meet?

Outcomes and Sustainability

- What were the outcomes of the Comprehensive Services?
- What plans are in place for sustaining the initiatives beyond the OVC grant?
- What were challenges/barriers to success?
- What factors contributed to the success of the initiatives?

The results of Phase II are presented in Chapter IV.

3. PHASE III: SURVIVOR CASE STUDIES

To learn more about the services provided by the Comprehensive Services and their impact on precertified victims, intensive case studies were conducted with survivors from each of the three evaluation sites. These case studies also provided a unique opportunity to hear directly from the victims for whom these services were designed, and to gather important details from their perspective to inform replication and refinement of similar initiatives.

3.1 Data Collection Methods

Case study data collection consisted primarily of in-person, one-on-one interviews (with interpreters as needed) with clients of the grantees and formal partners. Interviews were conducted approximately every 6 months from late 2003 to fall 2005. Case managers (and other service providers in the network at each site) identified clients who were appropriate for interviews and assisted the evaluation team in making logistical arrangements. Interviews were held at service providers' offices, or in public locations such as libraries, or in clients' homes, at times convenient to the participants' schedules. The interviews lasted about an hour and a half, and participants were given a \$50 cash gift of appreciation, along with reimbursement for any transportation costs.³ Prior to the interview, interviewers read an informed consent script that emphasized the voluntary, confidential, and anonymous nature of interview participation. The interpreter, the client's case manager, or the interviewer signed the consent form and the payment receipt as a witness to the victim's marking, avoiding an unnecessary record of the victim's name as an added protection. The evaluation staff and interpreters also signed confidentiality pledges.

To minimize the effects of using interpreters, the evaluation team forwarded interview questions to site staff and interpreters prior to conducting an interview. Victim interviews were tape recorded, when allowed by the victim. Victim case study notes and tapes were saved in password-protected files, which were stored in locked filing cabinets according to confidentiality requirements.

³ While participants were told they would be given a gift of appreciation during interview recruitment, the exact nature of the gift was not disclosed to ensure their participation was strictly voluntary and not unduly influenced by the monetary incentive.

With the evaluation's focus on service provision, the interviews presented questions specific to the service experience of the victims and did not address the trafficking experience itself. Specifically, the interview protocols covered the following topics: service needs; ways clients entered the service network; nature, length, and helpfulness of the relationship with each provider; met needs; unmet needs and the reasons for unmet needs; sense of safety and control, perceived collaboration among service providers; differences in the service experience before and after certification; recommendations to improve services; and advice to other survivors of trafficking.⁴

In addition to client interviews, the evaluation team met with each site's case managers over the period of the study. These interviews provided a wealth of information that was useful in understanding the topics addressed in the client interviews, and was incorporated as appropriate in discussions of the findings. All protocols, including informed consent forms, used for the case studies are provided in Appendix C.

3.2 Case Study Questions

The following questions guided the case studies:

- What are the needs of trafficking victims?
- How do victims learn about services?
- What barriers/challenges do victims face when accessing services?
- What services are being provided to meet the range of victims' needs?
- Are clients receiving comprehensive, seamless services?
- What does "success" mean to different victims? Are we achieving success for victims?

The results of the survivor case studies are presented in Chapter V.

⁴ Because some service provider staff were concerned that discussions of legal or immigration issues could potentially affect client cases if notes ever were subpoenaed, the evaluation staff agreed to reformat the open-ended interview protocol into a more structured, closed-ended format for use in one of the sites. Thus, two forms of the interview protocol were used.

III. EVALUABILITY ASSESSMENT

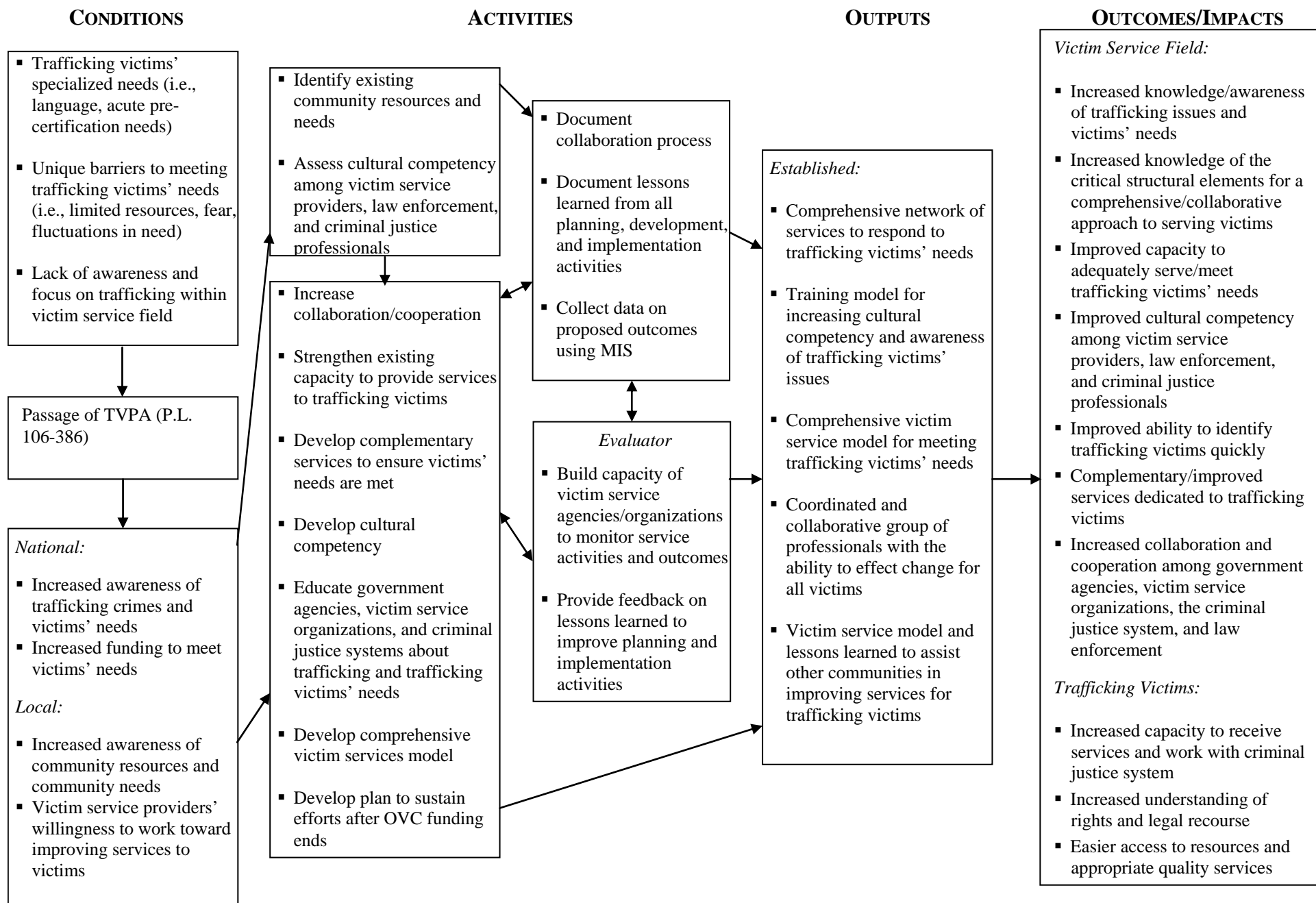
The evaluability assessment (Phase I) was completed within the first 3 months following the grant awards to determine the feasibility of evaluating the Comprehensive Services sites, including learning whether sites' goals and objectives were well specified and measurable and service models were defined clearly. Based on the evaluability assessment findings, three sites were identified for potential inclusion in the evaluation. This chapter begins with an overview of the Comprehensive Services, followed by a brief description of the eight original sites and a summary of evaluability assessment findings, and concludes with a more detailed description of the three sites selected for the evaluation.

1. OVERVIEW OF THE COMPREHENSIVE SERVICES INITIATIVE

In 2003, OVC made its first awards to NGOs for the purpose of providing comprehensive services to victims of human trafficking during the precertification phase. These comprehensive grants were intended to support direct services mobilized by the grantee and partnering agencies to meet the complex and diverse needs of trafficking victims. Comprehensive services included addressing the victim's basic needs for shelter, food, and clothing as well as providing intensive case management, information and referral, legal assistance and advocacy, medical and dental services, mental health assessment and treatment, job skills training, transportation, and interpretation services. Additionally, conducting education and outreach in the community and providing training and technical assistance to other providers was included under the Comprehensive Services grant. Core phases of the initiative included planning, implementation, and sustainability. Within and across these phases, the following components were required: assessment of existing services, resources, and needs; coordination and collaboration with other agencies; coalition building and outreach; development and implementation of a comprehensive victim services model; development of a plan to sustain the project after OVC funding ended; and collection of data for program information dissemination and program evaluation purposes. The logic model in Exhibit 2 provides a general framework for the initiative.

As part of the evaluability assessment, each of the eight funded grantees was evaluated based on their proposed plans for the development, implementation, and sustainability of their initiative in accordance with the requirements of the grant.

EXHIBIT 2 OVC COMPREHENSIVE SERVICES INITIATIVE LOGIC MODEL



2. BRIEF DESCRIPTION OF THE ORIGINAL FUNDED COMPREHENSIVE SERVICES

Eight Comprehensive Services sites were awarded grants in 2003. Each of these sites was considered for the evaluation. Following are brief descriptions of the five initiatives not selected for the evaluation, with lead organization or grantee cited.

Heartland Alliance for Human Needs and Human Rights in the Chicago Metro Area and Neighboring Regions of the Midwest. The goals of this project included ensuring the protection of trafficking victims' rights and promoting their safety during the initial discovery phase of trafficking investigations; assisting trafficking victims with obtaining legal remedies for which they are eligible, by providing victim-based legal advocacy with law enforcement to minimize or eliminate criminal charges against trafficking victims, and with obtaining orders of protection against traffickers; providing comprehensive, integrated case management and social services; providing comprehensive and culturally appropriate health services for trafficking victims; and ensuring the safety and protection of victims, identifying new victims, and educating law enforcement, community organizations, and immigrant communities about human trafficking.

Mosaic Family Counseling Services (formerly East Dallas Counseling Center). The goals of this project were to provide comprehensive services to victims of human trafficking in Dallas, Tarrant, and Collin counties in Texas. The project proposed to leverage existing community, State, and national resources to provide effective intervention and services to victims. Specifically, the grantee proposed to partner with several other service provider agencies to assist victims in finding appropriate and adequate shelter and food, and provide legal services, emergency and medical attention, crisis counseling and other mental health support, social services advocacy, and beginning English as a Second Language (ESL) lessons during the precertification period.

YMCA of the Greater Houston Area. The project was intended to provide comprehensive services to trafficking victims in the Southeast Texas and Western Louisiana regions until certification and employment authorization were obtained. Project goals included providing identified trafficking victims with immediate shelter and food, assisting them with obtaining housing, providing medical services, conducting initial assessments of emotional stability, completing an initial employment screening and assessment of skills, and providing community orientation to victims.

Boat People S.O.S. Through a partnership with another organization, this initiative was intended to expand the existing Boat People S.O.S program for victims of trafficking and provide a continuum of care for victims in the greater metropolitan Washington, DC, area. The initiative was to include direct services to victims, outreach and education activities in immigrant and refugee communities, and outreach and capacity-building activities for service providers, advocacy groups, law enforcement agencies, court personnel, and community- and faith-based organizations. The goals included providing legal and case management services to victims in offices in DC, Maryland, and Virginia; conducting a community assessment and preparing a report regarding victims' needs, available services, and next steps for area service providers;

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developing and distributing a Trafficking Victims' Service Providers Referral Directory to enable linguistically and culturally appropriate referrals; conducting outreach and education seminars for various stakeholders; and conducting capacity-building activities to expand the availability of services.

International Rescue Committee (IRC) - Arizona. This project was intended to build a community-based network of specialized, integrated, and culturally appropriate services for trafficking victims in the state of Arizona. Project goals included assessing existing services and needs, providing educational/outreach presentations, developing a Web site for the state of Arizona, and forming a statewide Victim Services Coalition. Additionally, the project was intended to provide comprehensive and acute care to victims of trafficking through collaborative partnerships with key housing, medical, and legal service agencies.

These summaries reflect each initiative's goals and planned activities at the start of their OVC grants and are meant only to provide a general description of the sites considered for inclusion in the evaluation. Based on the evolution of the three evaluation sites during the course of their grants, significant changes in all initiatives would have been expected over time. More details and contact information for these initiatives and subsequently funded Comprehensive Services can be found at www.ojp.usdoj.gov/ovc/help/traffickingmatrix.htm#1.

3. DIFFERENTIATING FACTORS FOR THE EVALUATION SITES

The purpose of the evaluability assessment was to determine the feasibility of conducting the proposed evaluation design with a sample of sites to produce promising and emerging practices and lessons learned to share with other communities. The evaluation team reviewed grant applications, conducted interviews with program coordinators and key staff, and for the most promising sites, conducted initial site visits to become more familiar with the initiatives and establish whether the grantee and partner organizations and staff were committed to participating in the evaluation.

While much could have been learned from each of the eight sites, the sample was limited to three initiatives.⁵ The primary factors that differentiated the selected sites from the remaining programs included the following:

- Clearly defined and well articulated Comprehensive Services model.
- Logical link between proposed activities and anticipated outcomes.
- Identified partners for the initiative.
- History of working collaboratively with most of the identified key partners.

⁵ The initial solicitation for the evaluation included two sites. As a result of the evaluability assessment, OVC was able to secure additional resources to support the inclusion of a third site in the evaluation.

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- At least one of the key partners was currently serving or had served a victim of human trafficking.
- Established process for victim referrals to at least one of the partners (e.g., an existing entry point for victims into the initiative).

Additionally, it was important to select sites that were willing to participate in the evaluation. This included assisting with the scheduling of semi-annual site visits and interviews with key partners, tracking and reporting core data to be identified by the evaluation team in collaboration with the sites and OVC, and providing access to clients throughout the course of the 3-year evaluation. In exchange for participating in the evaluation, the requirement to conduct a local evaluation was waived for these sites. Based on the findings from the evaluation and discussions with NIJ and OVC, three grantees, described below, were selected to participate in the evaluation.

4. SELECTED SITES FOR THE EVALUATION

4.1 Coalition to Abolish Slavery and Trafficking (CAST)

Purpose of the Initiative

The goal of this project was to provide comprehensive services to victims of trafficking in the Los Angeles area. Core services would be provided by CAST, including intensive case management, social services coordination, and legal services. Other services, such as health care, mental health counseling, housing, and language services would be provided through partner agencies on an as-needed basis. Additionally, partner agencies would provide legal services to CAST clients, when needed. During the course of the initiative, CAST developed a shelter for victims of human trafficking to provide emergency and transitional housing to a limited number of clients as part of the core services offered by CAST. Additionally, a health clinic was started to add limited medical and mental health services to the core services.

Key Partners

CAST and nine key partners applied for the OVC Comprehensive Services grant to help formalize ad hoc working relationships, build capacity among providers new to the human trafficking services field, and better serve precertified trafficking clients. CAST key partners were Alexandria House (AH), Asian Pacific American Legal Center (APALC), Asian Pacific Counseling and Treatment Center (APCTC), Chinatown Service Center (CTSC), Interval House (IH), Los Angeles Foundation for Legal Assistance (LAFLA), PALS for Health, Program for Torture Victims (PTV), and Public Counsel (PC).

4.2 Asian Pacific Islander Legal Outreach (APILO)

Purpose of the Initiative

This project was intended to provide comprehensive services to victims of human trafficking in the San Francisco area (and other areas, as appropriate). Specifically, the goals of this project

were to strengthen and expand legal services for a broad range of civil assistance readily accessible to Asian trafficked persons, strengthen and expand counseling and advocacy programs operated under the auspices of community organizations and shelters, increase availability of emergency housing for trafficked persons, and expand collaborative efforts among service providers to advance the accessibility of culturally and linguistically appropriate services.

Key Partners

After the passage of TVPA, APILO began leveraging local coalitions and partnerships built over 30 years of work to address domestic violence to expand its service infrastructure to assist victims of human trafficking. In collaboration with three key partners, APILO applied for the Comprehensive Services grant. The key partners were the Asian Women's Shelter (AWS), Narika, and Donaldina Cameron House (DCH). Under the grant, the Asian Anti-Trafficking Collaborative (AATC) was formalized as the first anti-trafficking collaborative response network in Northern California; however, the four agencies had conceptualized the initiative in 2001.

4.3 International Rescue Committee (IRC) – Miami

Purpose of the Initiative

This project planned to develop and implement a comprehensive service model for victims of human trafficking during the precertification period. Through partnership with legal, mental health, and shelter organizations, the initiative would provide case management, food, shelter, legal services, and mental health services. Additionally, the project intended to develop and implement a public education campaign; develop and maintain a trafficking Web site with links to resources for trafficking victims; and conduct a needs assessment to identify the extent of service needs, available resources, and service gaps.

Key Partners

To help trafficking victims rebuild their lives, and to engage all sectors of the community in bringing an end to this crime, IRC – Miami collaborated with the Florida Immigrant Advocacy Center (FIAC), the Victim Services Center (VSC), and the Salvation Army to apply for OVC funding under the Comprehensive Services grant. At the time of the award, three of the four partners were providing social services, legal assistance, and counseling to victims of trafficking from the 1999 *Cadena* case (pre-TVPA). The initiative became known as the Florida Freedom Partnership (FFP). After the first year of the grant, formal partnerships with the Salvation Army and VSC were dissolved and IRC – Miami and FIAC remained as the only key partners in the initiative.

More details on the key partner agencies for each initiative are provided in Appendix D. Details of the planning, implementation, and sustainability of these Comprehensive Services are presented in Chapter IV.

IV. PLANNING, IMPLEMENTATION, AND OUTCOME EVALUATION

The results of the planning, implementation, and outcome evaluation are intended to provide OVC and the Comprehensive Services sites (current and future) with a better understanding of what constitutes success at each stage of the initiative. Additionally, the evaluation is intended to identify the impact of collaboration and coordinated service delivery on agencies, communities, and clients.

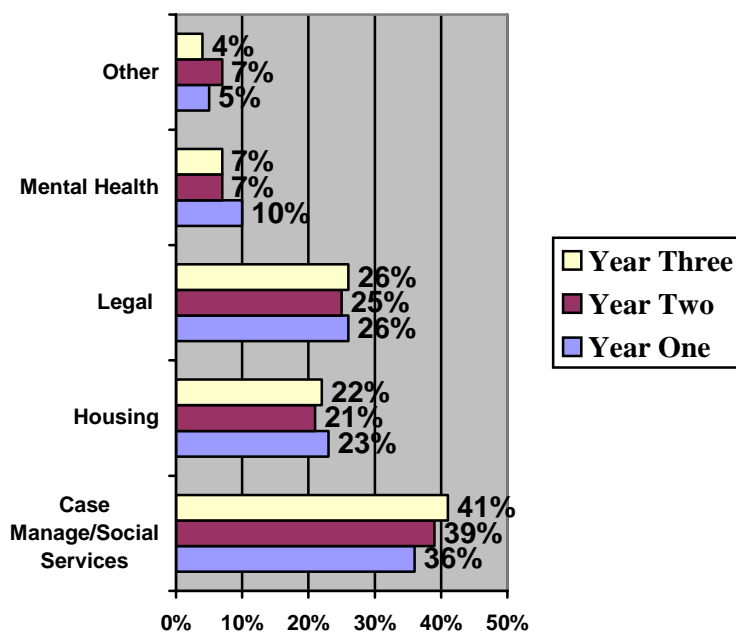
The results of Phase II of the evaluation are organized into four areas: planning, implementation, outcomes, and sustainability. Within each area, key findings (including changes over time) are related to the Phase II research questions identified in Chapter II. Unique site differences are highlighted, where appropriate. Otherwise, the findings are to be interpreted as similar across the three sites. Rather than report findings separately for each of the data collection methods, the results from each method have been integrated throughout. That is, the results have been triangulated across data collection methods to ensure reliability of the findings. A summary of key findings and overall lessons learned are presented in Chapter VI.

1. EVALUATION SAMPLE

1.1 Key Partner Survey

Participation in the key partner survey remained fairly consistent across the three initiatives. In year one, 31 staff from across the 19 key agencies participating in the Comprehensive Services across the three evaluation sites completed the survey. In year two, 28 staff completed the survey across 17 agencies, and in year three, 27 staff completed the survey across 17 agencies. The agencies represented by the respondents across the 3 years are shown in Exhibit 3.

EXHIBIT 3: KEY PARTNER AGENCIES REPRESENTED ACROSS THE INITIATIVES



1.2 Interviews

A total of five visits to each site were conducted during the evaluation (excluding the initial evaluability assessment site visits to each of the three sites). During each site visit, every attempt was made to conduct interviews with key staff from each key partner agency participating in the initiative. At minimum, at least one key staff member from each agency needed to be interviewed. Details of the interviews by site visit are shown in Exhibit 4.

EXHIBIT 4: PARTICIPANTS IN KEY PARTNER INTERVIEWS

Site	Year One		Year Two		Year Three
	Visit 1	Visit 2	Visit 3	Visit 4	Visit 5
CAST	16	15	13	14	15
AATC	10	9	9	9	9
FFP	8	8	7	7	7

1.3 Network Survey

The network survey was administered at the end of year one and again at the end of year three. One survey was completed for each key partner agency, with collective input from staff.

1.4 Core Performance Measures

Core performance measures were submitted by each lead partner semi-annually, reflecting the reporting periods required for the grant (January–June and July–December). Five submissions were provided during the evaluation, beginning with the period June–December 2003 (which also captured data prior to the initiative or baseline measures) and ending with the period July–December 2005. Reporting on core performance measures represented the greatest challenge for the sites. There were consistent problems with incomplete data and differences in what was being reported across sites. Also, the person responsible for completing the core measures tended to change from site to site over the course of the evaluation. Additionally, it was reported that not all partners provided the data required in the core measures form and, therefore, some of the information represented an underreporting or counting. To ensure the most reliable information possible, only those measures consistently reported across the evaluation for each site are included in the report.

2. PLANNING

2.1 What (and Who) Was Involved in the Planning of the Comprehensive Services?

Building on Prior Experiences Working with Victims of Human Trafficking

Much of the initial planning for the Comprehensive Services across the sites occurred prior to the grant application process. In all three sites, many of the partners had been working to piece together services for precertified victims of human trafficking long before the grant became available. In fact, 43 percent of staff interviewed during year one reported having worked with victims of human trafficking for many years before TVPA.

Additionally, two of the sites had received funding previously from ORR to serve certified victims of human trafficking. Based on core measure data submitted by each site, the number of trafficking victims served by the lead or partner agencies prior to the Comprehensive Services initiatives ranged from 15 (FFP) to 66 (CAST), with AATC reporting having served approximately 30 victims. However, during initial interviews, all partners acknowledged they probably had served many more victims of human trafficking than they realized. This was particularly true for domestic violence and sexual assault programs. Through these prior experiences, agencies were able to conceptualize a plan for their Comprehensive Services initiatives.

Identifying Partners

Historically, the sites reported having to rely on the good will of service providers and other professionals to help them expand their capacity to provide legal and social services to precertified trafficking victims. The experience of several of the lead agencies taught them that they alone could not adequately meet the complex needs of human trafficking victims. For the most part, lead agencies reached out to those they already were working with or to those agencies that were needed to expand existing capacity of a single or multiple agencies.

The type of partners involved in the planning process and/or contacted to participate in the initiatives was fairly consistent across the programs, although as shown in Chapter III, the number of initial key partners varied from 4 to 11. Agencies represented across the initiatives included legal services (e.g., immigrant attorneys, advocates, legal aid), housing/shelter providers (e.g., domestic violence, sexual assault, homeless), mental health services, health clinics, and translation services. Although there were some changes in key partners during the course of the initiatives, the type of agencies represented (either as formal or informal partners) remained fairly consistent.

Over the course of the evaluation, partners were asked to identify stakeholders missing from the initiatives. Responses were consistent across sites. For the most part, it was not the case that agencies were missing but that more agencies were needed. In particular, staff identified the need for more partners from among housing providers, medical and dental care, and education and job training programs. Two agencies that were identified as missing included faith-based

organizations and law enforcement (both Federal and local). By the end of the evaluation, these agencies had been engaged as informal partners across all three initiatives.

Engaging Partners

During interviews, key partners were asked why they became involved in the initiatives. The majority (71%) indicated they became involved because of their prior relationship with the lead agency or another organization in the partnership. For about a third (29%) of the respondents, the opportunity to work on this issue through the grant prompted their involvement. Others reported it was within the mission of their agencies to work with victims of human trafficking and, in fact, they had been doing this work for years. They saw this initiative as a natural fit.

“We work on violence against women issues. That’s our primary mission and goal. Trafficking work is part of the same thing. We’ve done this. When we got more training, we realized we had been doing trafficking work for longer than we realized. It’s an extension of the work we are already doing.”

Despite the reasons they became involved in the initiative, the level of involvement of key partners in the planning process varied. For AATC, planning was a collaborative process involving all key partners in decision-making, determination of roles and responsibilities, and allocation of resources. For FFP, three of the four partners were involved in the planning, with

all partners reviewing the plan and providing input. For CAST, most of the planning was done in-house with some review and input from about a third of the key partners. The primary differences observed as a result of the different approaches to planning the initiatives were that partners who were more involved in the planning reported greater understanding of the goals and objectives of the initiative, clearer understanding of roles and responsibilities of each partner agency (including their own), and greater commitment to the initiative by the partner agency.

Engagement of partners extended beyond initial planning. Ongoing planning, decision-making, and refinement to the Comprehensive Services initiatives were needed. For AATC and FFP, partners met monthly or semi-monthly to discuss cases, review current practices, and identify problems and issues needing resolution. For CAST, these reviews were conducted in-house among CAST staff. Over time, partners became more engaged in the initiative and with each other and standard partner meetings were conducted. Partner staff progressed from reporting at the start of the evaluation not knowing who most of the partners were to working collaboratively and increasing communication with almost all partners (as appropriate) by the end of the evaluation.

The results of the network survey, presented in Section 4.1, provide more information about how collaboration and engagement of partners changed over time across the initiatives.

Assessing the Needs of the Community

While conducting a needs assessment of the community was a grant requirement, all three sites had engaged in or had access to information collected from some type of formal or informal needs assessment prior to applying for the grant. This included informal interviews with community members or leaders, law enforcement, and other providers; review of formal surveys

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(e.g., statewide needs assessment conducted in Florida, needs assessment of victim service providers and victims of human trafficking); analysis of existing service data across agencies; and information gathering from conferences and training on human trafficking. This information was important in helping the agencies conceptualize their service delivery models and anticipate challenges and barriers to implementation and sustainability.

For example, one existing barrier identified across sites was the availability of community resources to assist victims of human trafficking, particularly precertified victims. On the key partner survey, 83.8 percent disagreed or strongly disagreed that resources were readily available to address trafficking victims' issues in their community at the start of the grants. Additionally, 54.8 percent disagreed or strongly disagreed that human trafficking had been a priority for their communities.

While many partner agencies reported prior experience working with the lead agency as well as others in the initiative (particularly in serving domestic violence victims), the overall sense was that collaboration and coordination among service providers working with victims of human trafficking had not been common practices. Approximately half of the key partners completing the key partner survey indicated service providers and advocates historically did not interact for the purposes of sharing information and communicating about human trafficking (48.4%), did not engage in joint planning and activities for victims (51.6%), and did not work together on goals that were complementary for the benefit of victims (48.4%). Another obstacle to previous efforts to assist victims of human trafficking was a lack of a shared vision among provider agencies regarding working with human trafficking victims. All three initiatives intended to change these potential barriers through this grant.

Identifying Initial Goals for the Initiatives

A primary part of the planning process was determining specific goals for the initiative. When key partners were asked during initial interviews what they believed to be the goals of the initiatives, the following emerged: to improve service provision for victims of human trafficking (e.g., capacity, appropriate services) (57%), improve client well-being (36%), increase public knowledge about this issue (21%), increase the service network and visibility of organizations doing this work (14%), and increase the number of victims served (14%).

Across the initiatives, key partners identified various barriers or challenges to accomplishing the above key goals of the initiatives. Barriers included difficulty, at times collaborating across multiple agencies (29%) given different agency priorities and differences in resources (e.g., staff, service units or appointments) devoted to the initiative by each agency (e.g., dedicated staff, service

Common Goals Across Initiatives

- Develop a sustainable network of providers for trafficking victims
- Increase capacity to serve victims
- Improve (appropriate) services accessible to victims
- Improve referral system
- Remove barriers to service
- Improve awareness of trafficking and availability of services among victims
- Increase number of victims served
- Improve well-being of trafficking victims

“Ultimate success = empowerment for victims not the number of victims served!”

units or slots, etc.) devoted to the initiative; limited number of victims initially referred for services (50%) given the difficulty finding victims; lack of knowledge and training (21%) among agencies providing services, law enforcement, and the general public; and difficulty obtaining critical services needed by victims (e.g., appropriate housing, medical and dental services, culturally appropriate mental health services, legal) given limited availability in the community and high cost (7%).

The evaluation sought to determine whether initiative goals remained consistent over time. During year two, key partners identified the goals of their initiatives as follows: improve service provision (46%), improve client well-being and participation (18%), increase knowledge of available services (26%), increase public awareness on the issue of human trafficking (26%), increase the number of clients served (8%), increase involvement of law enforcement (e.g., engage law enforcement in the initiative) (8%), and increase the capacity of other providers, in particular domestic violence shelters, to serve victims of trafficking (5%). While the goals remained consistent, as partners became more familiar with the initiative and more engaged in implementation, they demonstrated more refined thinking about project goals. By the third year, the goals of the initiatives were well-established, with 79 percent of partners indicating no change from the previous year. Key partners still viewed the initiatives as the catalyst for improving service provision, improving client well-being, increasing awareness of the issue within the communities, and working more with law enforcement (a goal that emerged over time).

At the end of year three, respondents were asked to rate on a five-point scale (1= fell below my expectations; 5= exceeded my expectations) the level to which their goals/expectations for the initiative were met. The majority (76%) of key partners interviewed reported that the goals were met or that the initiative had exceeded their expectations.

2.2 What Did the Comprehensive Services Initiatives/Models Look Like? How Were They Similar? Different?

Descriptions of Service Models

CAST Service Model

CAST envisioned the Comprehensive Services model as one in which it operated as the hub of the initiative, providing centralized case management, coordination of social services, client advocacy, legal assistance, and training. Over the course of the initiative, CAST added housing as a core in-house service with establishment of a shelter for victims of human trafficking. To support CAST in meeting the needs of victims, key partners provided additional shelter and legal services, and medical, mental health, and interpretation services. Each key partner identified a point of contact to serve as a liaison between CAST and the key partner organization.

The model operates as a one-stop shop, with CAST providing most of the core services for victims of trafficking. All referrals are directed to CAST, which conducts the initial assessment and develops a service plan for the client. Key partners are contacted by CAST case managers to provide services (according to their agreements in the formal Memoranda of Understanding

[MOUs] under the grant) to precertified clients when client needs cannot be met in-house by CAST. Under this initiative, CAST also provides training and technical assistance to key partners and other agencies within the community. While education and outreach were not built into the overall initiative, several of the organizations engaged in their own activities separate from the grant. CAST, for example engaged in extensive education and training of law enforcement, prosecutors and attorneys, educational institutions, community-based organizations, faith-based organizations and other social service providers under a grant from ORR

AATC Service Model

AATC works to combat trafficking by providing multi-lingual, culturally competent legal and social services to trafficking survivors through a client-centered, team-based approach, and supports and strengthens other anti-trafficking programs by providing training and technical assistance. The Comprehensive Services model for AATC is a collaborative model that has been described by all partners as a circle, with each agency prepared to conduct an intake and assessment of the client, provide case management, and coordinate services and referrals. AATC is able to help clients access legal services, shelter, counseling, medical and dental services, job training, and ESL classes. All partners have equal input into decision-making and planning, with ongoing communication among partners (weekly subgroup meetings, monthly partner meetings, and other formal and informal meetings as needed) to discuss cases, education and outreach efforts, training, and monitoring and evaluation of the initiative.

FFP Service Model

The FFP service model provides a rapid-response and comprehensive support system for trafficking victims while building the capacity of the South Florida community to better understand and respond to the needs of trafficked persons. Through FFP, clients receive case management, safe and appropriate housing, legal services, medical care, and clinical intervention. Under the grant, FFP established a trafficking Rapid Response Team that includes a case manager, a mental health advocate, and a translator, all of whom respond directly to a case. Clients can enter the initiative through any of the key partner agencies but ultimately are referred to IRC for intake, assessment, and intensive case management. Case management services include an orientation covering available services, bus passes, cash assistance, employment services, referrals to service providers, and individualized service plans. Through FIAC, clients receive legal assistance and advocacy. Initially, housing and mental health services were provided by the Salvation Army and VSC. Over time, it became clear that a wider range of shelter services and “mobile” mental health services were needed to reach clients. As a result, the Salvation Army and VSC became informal partners and the pool of housing and mental health providers was expanded through informal networks. Additionally, FFP hired a mental health counselor who could provide mobile services, traveling to where victims were located. Bringing the mental health component of the model in-house resulted in greater access and utilization of this service by clients. Other services brokered by FFP include medical and dental care, job training, and education.

Similarities and Differences of the Models

Similarities

There are several similarities among the service models represented by the evaluation. That is, the models incorporate similar services (see Exhibit 5); involve partners or other community providers to fill gaps and enhance the capacity

“Our model is flexible. Whatever a client needs, we reshape to meet it. We can custom tailor every case to what that client needs. If we don’t use resources because there isn’t a need for them, we reallocate and streamline.”

EXHIBIT 5: SERVICES PROVIDED THROUGH THE INITIATIVES TO MEET CLIENT NEEDS

Short-term Services	Intermediate Services	Long-term Services
<ul style="list-style-type: none"> ▪ Translation ▪ Intake and assessment ▪ Safety plan ▪ Secure emergency shelter ▪ Food/clothing/necessities ▪ Acute medical and dental assistance ▪ Information and referral ▪ Advocacy/case management (including explanation of rights) ▪ Legal assistance (e.g., detention hearing, certification) 	<ul style="list-style-type: none"> ▪ Case management ▪ Transitional housing ▪ Ongoing legal assistance (e.g., T-visa application, self-petition, immigration hearing) ▪ Translation ▪ Ongoing medical and dental assistance ▪ Mental health services ▪ Education/ESL ▪ Job training ▪ Services for life skills and competencies (e.g., using public transportation, managing finances) 	<ul style="list-style-type: none"> ▪ Case management ▪ Ongoing services for life skills and competencies ▪ Employment assistance/placement ▪ Ongoing legal assistance (e.g., resolution of immigration status; assistance bringing family members to United States, repatriation) ▪ Independent, permanent housing ▪ Ongoing medical and dental assistance ▪ Ongoing mental health services ▪ Continued safety planning

of the lead or partner agencies (although to varying degrees) to meet the needs of victims; provide training and technical assistance to law enforcement, legal providers, social service agencies, and other victim service providers. At least two of the initiatives conduct public awareness and community education under the grant.

Perhaps the greatest similarity (and strength) across the service models is their flexibility. When asked to describe their models, almost all key partners (89%) reported that their service models were flexible and that as they worked more cases and learned more, they were more comfortable

changing the initial model to meet the needs of clients. Similarly, all three service models were client-centered; all decisions were those of the client. Across the initiatives, staff were responsible for ensuring clients understood their rights and knew their options (including the potential outcomes or consequences of their choices), but they did not make decisions for clients.

Differences

The primary differences among the models related to how they operate. As noted above, CAST's service model functions as a one-stop shop for service. Clients are referred to CAST for intake and assessment (even if they are identified by a partner agency) and subsequent case management services are centralized within CAST. Additionally, CAST looks to provide legal services, housing, and limited medical and mental health services in-house before referring a client to a key partner or informal partner for these services. Other social service needs are referred to partner agencies. Because of increased caseloads and limited capacity, CAST had to modify this approach over time, resulting in greater outsourcing of services, including core services such as some case management (e.g., co-case management), from other agencies.

AATC functions more as a "no-wrong-door" model. Clients can enter the service network through any of the key partners, either directly or by referral from others (e.g., law enforcement, community members, and other providers outside the network). All key partners are prepared to conduct intake and assessments and provide case management services, if necessary. Case consultation involves all partners rather than a single partner agency. After experience with a large and complex raid, the services model was revised slightly and the primary point of contact for coordinating social services for the initiative became a rotating position. This change gave each partner a chance to develop expertise, instilled a sense of value and importance for all partners, and helped prevent staff burnout.

The FFP service model is a blend of the CAST and AATC models. Clients can enter FFP through any of the formal partners. Initially, this included IRC, FIAC, the Salvation Army, and VSC but is now limited to IRC and FIAC. While both agencies can conduct intake and perform assessments, the model is designed to centralize the assessment and planning process and intensive case management within IRC. This approach allows FIAC to focus on providing legal assistance and legal advocacy. In some cases, co-case management occurs, particularly for clients in shelters. Most shelter programs provide some level of case management but, because the needs of trafficking victims are so complex, case management usually is not left to an agency outside FFP without some oversight.

Given the few key partners within FFP, over time, the initiative began operating more like the CAST one-stop-shop model, with many core services now being provided by IRC. This includes case management, mental health services, translation services, education and ESL, job training, and in the future, possible legal assistance to expand the current capacity of FIAC. All case consultation involves staff from both IRC and FIAC on a semi-monthly (or more frequent) basis, making the model similar to AATC.

3. IMPLEMENTATION

3.1 How Are Clients Identified as Victims of Human Trafficking and How Has This Process Changed over Time?

For the initiatives to be able to serve victims of human trafficking, victims must be identified. According to the TVPA, the actual identification or designation of someone as a victim of human trafficking can only be made by law enforcement. For this reason, identification in this context refers to how victims come to the attention of the initiatives. When respondents were asked about how trafficking victims were identified or brought to their attention, most referrals at the start of the initiative came from law enforcement. Throughout the evaluation (and most likely the result of increased training, education, and outreach), the sources of referrals began to change. While law enforcement tended to remain the primary source of referral across agencies, an increase was reported in referrals from community-based organizations, Good Samaritans, and other providers (e.g., attorneys, domestic violence shelters, and health clinics). While some of the initiatives reported victims self-referring for services, this was not a common experience. However, a few clients were referred by former clients of the initiative or one of the key partners.

Following referral into the initiative, handling the client proceeded as described previously under the service model descriptions. The agency responsible for conducting intake and assessment used standard protocols developed under the initiative. Interestingly, both AATC and FFP report using the intake and assessment forms (e.g., screening protocols) developed prior to the grant by CAST as a guide or template in creating their tools. For CAST and FFP, specific trafficking protocols were created. For AATC, in most cases, specific trafficking questions were developed and added to existing protocols that had been used historically with victims of domestic violence. Using standard protocols was important, especially for those initiatives where intake and assessment could occur at different entry points within the network. Key partner staff reported greater confidence in their ability to assess the needs of victims and recommend service options once the standard protocols were implemented. It is important to note that for some staff, it was not possible to fully assess the effectiveness of their protocols until late into year two and year three of the evaluation. This was the result of a limited number of clients being referred into the initiative. It was clear that protocols (and procedures) for intake and assessment had to be reviewed continually, discussed with staff, and refined throughout the evaluation.

3.2 What Outreach Is Being Conducted to Access Trafficking Victims? How Has This Changed over Time?

Two of the three initiatives engaged in outreach under the grant targeted primarily to first responders or those most likely to come into contact with victims of human trafficking. While the two initiatives started out thinking they could conduct outreach to victims directly, over time they learned this was not the most effective approach to reaching victims, as few clients were self-referring for services and, more importantly, it was difficult to make direct contact with victims because they were not visible in the communities. The third initiative did not conduct any outreach activities under this grant as explained previously.

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Outreach activities for the two initiatives included distributing brochures, flyers, and posters on human trafficking and available services at community events, street fairs, and festivals; developing public service announcements for ethnic radio and television stations; conducting interviews with local journalists and disc jockeys; putting up billboards in ethnic and minority communities; distributing Band Aids, matchbooks, and other unobtrusive items at supermarkets and convenient stores, Laundromats, beauty salons, restaurants, truck stops, and other locations that might be frequented by a victim of trafficking.

Additionally, across the initiatives, more than 6,000 individuals have received training on human trafficking related topics (e.g., global dimensions of human trafficking, understanding human trafficking, needs of victims, and services for victims of human trafficking, anti-trafficking legislation, and interviewing victims). The audiences for these trainings have included victim service providers (1,671), law enforcement (Federal, State/local) (1,103), prosecutors (232), NGOs (817), Federal/State/local agency representatives (506), and others (e.g., law students, faith-based organizations, media, business leaders, health care providers, and community members) (1,887).

3.3 What Networks of Services Were Available for Trafficking Victims? What Services Were Created or Made Available Through Collaboration?

As detailed in the service model descriptions (and shown in Exhibit 5), comprehensive services were available to victims of human trafficking during the precertification phase across the three initiatives. Each initiative was asked to track the amount of services (in hours) offered to victims. Unfortunately, due to difficulties having all key partners track service hours, core measure data were incomplete. However, from a review of core data and information provided during interviews with staff, it was possible to identify the most common services provided through the initiatives. Additionally, staff were able to identify which services were available as a result of OVC funding.

The following services appear to have been provided by clients during the evaluation: case management (including crisis intervention, information and referral, moral/emotional support, explanation of social service benefits, transportation, and advocacy); legal services (including legal advocacy and explanation of legal rights, protections, and benefits); interpretation; education/job training (including ESL classes, life skills, computer skills, enrollment in school); mental health services; and medical services. The top five services provided by the three initiatives during the course of the evaluation are shown in Exhibit 6. These services remained fairly constant from year to year.

AATC COMMUNITY OUTREACH EFFORT

Among the unique strengths of AATC are direct ties to the community of each of the key partners. All four partner agencies are part of strong networks within the ethnic communities they serve. These organizations are viewed as community leaders and trusted sources for culturally sensitive services. Not having the trust of fairly closed ethnic communities has been cited as a challenge for other organizations around the country. However, the AATC site's strong community ties and level of trust earned in the Asian community increases its ability to conduct targeted and effective outreach.

Community outreach conducted by AATC members includes:

- DCH conducts community education and outreach in the *Chinese Current*, a quarterly newsletter for San Francisco's Chinatown area, as well as weekly radio segments on the Sinocast Cable Radio Program. Cameron House staff described how many Chinatown residents listen almost exclusively to Sinocast for news and education.
- APILO staff described how word-of-mouth communication is often one of the most prevalent and effective means of spreading news in the Asian community. Through informal conversations with community leaders, APILO staff were able to initiate outreach about human trafficking that spread through word-of-mouth.

As one APILO staff member stated, "In the Asian community, word of mouth is the driving force behind communication. Television, radio, and newspaper have an effect, but word-of-mouth is stronger. Although we've had an impact on awareness by using traditional American methods of media, more importantly for us in the Asian community, we've been out spreading the word by sparking word-of-mouth communication through influential religious leaders, clergy, and service providers."

AATC also has engaged in other outreach methods such as "tabling" at community fairs, ethnic community events, festivals, health fairs, universities, and women's groups; developing and distributing innovative outreach tools such as small business cards and quick reference cards; and targeting locations where trafficking victims may be left unsupervised, such as public restrooms, restaurants, supermarkets, or grocery stores.

FFP HUMAN TRAFFICKING COMMUNITY WORKING GROUPS

A unique FFP outreach strategy FFP is the development of community working groups to address the issue of human trafficking. FFP works with existing coalitions, networks, and community leaders to convene community forums, during which FFP provides an initial awareness session on “what is human trafficking.” Community members are encouraged to get involved in the fight against human trafficking. FFP facilitates subsequent meetings and helps the community develop subgroups or subcommittees to focus on key issues or tasks, such as education and outreach, community resource assessment, identification, and response. Over time, the role of FFP in facilitating these working groups diminishes and the community takes control, building commitment to the issue and confidence in the working groups.

The primary goals of the working groups are:

1. To create a local outreach campaign that will reach trafficked persons.
2. To educate the general public about the issue of human trafficking.
3. To create a service plan to be implemented once a person is identified as a victim of human trafficking.

Other goals are added based on the needs and interests of the community. Additionally, working group participants receive additional training on human trafficking, victim identification, and legal remedies for victims.

Critical to the success of these working groups is broad representation of the community, including representatives from law enforcement, social service providers, the domestic violence and sexual assault services community, minority and faith leaders, and housing/shelter representatives and advocates.

EXHIBIT 6: TOP FIVE SERVICES PROVIDED ACROSS THE INITIATIVES

CAST	AATC	FFP
1. Case management	1. Case management	1. Case management
2. Legal services	2. Interpreters/translators	2. Legal services
3. Medical services	3. Legal services	3. Education/job training
4. Interpreters/translators	4. Education/job training	4. Mental health
5. Dental services	5. Mental health services	5. Interpreters/translators

These findings were supported by interviews with partner staff throughout the evaluation, with legal services, case management, housing, interpretation/translation, medical, mental health, and employment/job training always appearing in the top five services across years. With regard to providing services, almost a third (30%) of staff across the initiatives indicated that victims of human trafficking required more intensive case management than other victims of crime with whom they had worked. This finding underscores the importance of being able to provide intensive case management.

Intensive case management included conducting intake and assessments; educating clients about their rights as victims of human trafficking; explaining social service benefits to clients; establishing safety plans for self, staff, and clients; developing and monitoring service plans; providing moral and emotional support; crisis intervention; advocating for the client with other providers and law enforcement; assisting with transportation needs (often going with the client to appointments); finding and making referrals/appointments; coordinating services; following up on services provided by other agencies; and helping clients complete applications. Not only were case managers able to support victims, but also other partners identified case managers as critical to their ability to carry out their specific job. That is, law enforcement, attorneys, counselors, and others were able to focus on their objectives with the victim and not be involved in coordinating services or following up on referrals.

Another important service identified by partners, although not always accessed by clients initially, was mental health services. Partners who were able to offer non-western methods of counseling and therapy, such as acupuncture, massage therapy, relaxation and breathing techniques, and those who offered trauma-reduction therapy tended to report the greatest success in both getting clients to participate and seeing results in client well-being. Partners also reported that victims who were receiving mental health counseling tended to report improvement in their physical condition. This was attributed to the fact that physical conditions such as stomach aches or headaches often are symptoms of trauma. Other partners reported some clients were unable to engage in mental health counseling because they were overwhelmed with their legal case and unable to focus on treatment. According to mental health providers interviewed, the keys to recovery for most clients were time and patience.

While it is important to know which services were provided and used most by clients, it is also important to know which services were available as a result of OVC funding; that is, what service would not have been available without OVC funding. Partners reported being able to provide the following services as a result of the grant: crisis intervention/hotlines, housing, intensive case management, legal advocacy and more extensive legal services, medical and

mental health services, transportation, interpretation, and education or job training. Clearly, the services provided through the initiatives with OVC funding filled a service void that once existed for precertified victims.

One new, and much needed, service for victims of human trafficking that was created as a result of OVC funding was the CAST shelter.

3.4 How Were Services Delivered? Who Was Involved in the Network? Was Delivery of Services Coordinated and Seamless?

Initially, there were mixed reports regarding coordination of service delivery. With new partners, new protocols, and for some the new experience of working with victims of trafficking, delivery was not as coordinated or seamless as partners had anticipated. For example, initially there were often delays between the time a referral was made and when a client was actually seen. In some cases, victims were overlooked and “fell through the cracks,” or information regarding a client’s legal case was not communicated to the client or case manager in a timely or consistent manner. Clients felt unimportant and, in some cases, deceived. (See Chapter V for more information on services for clients.). It also became clear across the initiatives that the further removed the service provision was from the key partners, the less coordinated and effective the services were, which prompted an increase in education and training of other providers in surrounding communities.

Over time, with more staff training, greater case experience, and ongoing communication and brainstorming about challenges, the entire process from intake, through referral, and to follow-up became much more coordinated. Additionally, staff indicated during interviews that clients often did not know which agency was responsible for the services they were receiving or were unable to link the services they were receiving to the initiative (e.g., CAST, AATC, and FFP). This was viewed positively because clients were receiving services through a seamless process; who provided services did not matter, as long as they were being provided and without delay or interruption. Some providers felt services were not as seamless and that clients were sometimes confused about who to contact for information about their case or service referrals. Designating a single case manager for a client was considered the best solution to this problem. The case manager, in most instances, served as the primary point of contact for the client and was responsible for coordinating services, keeping the client informed, and ensuring follow-up, when appropriate.

CAST SHELTER FOR VICTIMS OF HUMAN TRAFFICKING

In May 2004, the CAST shelter for victims of human trafficking officially opened as an emergency and transitional home. Clients go from predictable (albeit horrific) environments to freedom, having so many choices that can leave them feeling childlike, lost, and helpless. Clients are scared, depressed, and angry because they do not know how to function independently and do not have the support of their families. CAST staff work to ensure the shelter is a home where clients feel safe and empowered. The benefits of living at the shelter include:

- Safe living space.
- Supportive environment to move to positions of independency.
- Living with someone who understands their experience.
- Opportunity to see others who are engaged in activities and life.

Activities are designed to get residents engaged in life and interacting with the community. Activities include:

- Weekly house meetings.
- Weekly potluck dinners, for which clients cook dishes from their home countries.
- Workshops (e.g., art, knitting, cooking).
- Yoga classes at a local gym.
- Gardening.
- ESL classes.

Although the shelter is fairly new, CAST staff have learned several key lessons from which other programs might benefit:

- Address mental health and cultural issues before moving a client into the house.
- Teach clients to communicate effectively and respectfully.
- Develop activities that respect all cultures and language concerns.
- Communicate to residents the need for rules and guidelines that are in place for their safety.
- Staff must set boundaries with residents to minimize staff burnout and client dependency.
- Staff must cross-train with other shelter providers.

Volunteers work at the CAST shelter after completing an interview with CAST staff and attending training where they learn about human trafficking and emergency protocols and guidelines.

3.5 What Needs Were the Agencies/Organizations Able to Meet? What Needs Were Difficult to Meet?

The client needs most commonly met related to the most frequently provided or most used services identified earlier: case management, legal services, translation services, transportation, housing, routine medical care, and some mental health services. Other services included education and job training, dental services, information and referrals, and life skills workshops or training. Case managers and other providers worked hard to ensure client needs were met. In general, it was not that needs could not be met, it was a matter of how much time and resources were involved in tracking down the services needed. Each initiative worked diligently to ensure all needs were met; however, the quality and effectiveness of the services received tended to vary based on the client and the provider. For example, as explained in the highlighted case example, some shelters did not provide the most culturally appropriate services or safest environment for clients. When these situations were brought to the attention of the case manager or another provider, every attempt was made to resolve the problem by working with the shelter providers or finding a new placement for the client.

CASE EXAMPLE

One initiative saw a significant difference in the type of witness a client turned out to be based on the type of shelter program where they were placed. There was a lack of trust among clients in shelters that were not part of the initiative or among shelters that had no experience with trafficking clients. It was clear that providing a training on “what is human trafficking” was not enough. For some victims, they wanted to return home rather than stay and cooperate with law enforcement. Their experience resulted in a lack of trust of service providers and law enforcement. For other victims staying in shelters that were part of the initiative and had received ongoing training and technical assistance, victims reported positive experiences in the shelters, including one-on-one case management and sensitivity to their cultural needs (e.g., visits to ethnic supermarkets or ethnic video stores). These victims remained in the U.S. and assisted law enforcement with the legal case against the traffickers.

Although partners worked hard to meet the needs of all clients, certain needs were more difficult to meet than others. From the start of the evaluation, key partners identified housing and medical care as two areas in which they were likely to experience difficulty meeting client needs, due primarily to limited availability of shelter beds and affordable housing in the communities, as well as the cost of providing these services. Over the course of the evaluation, the inability to readily provide these services persisted. Locating housing proved difficult, particularly transitional and permanent housing and housing for male clients, children, and families. Additionally, affordable medical care was difficult to find. “Free” clinics were not always free and, in some cases, clients were not eligible to receive free medical care because they were undocumented. In other cases, the waiting list was weeks or even months long. Those partners who could provide medical care often found themselves stretched to capacity, especially toward the end of the evaluation as caseloads continued to increase across all three initiatives. Also, medical needs of clients extended beyond basic checkups and included specialized treatment for conditions such as diabetes, cataracts, cancer, and for some clients, physical disabilities (e.g., back/spine injuries, mental impairment) resulting from the trafficking experience. This was reported to be particularly true for some victims of labor trafficking. Finding mental health

services that incorporated non-western therapies was also a challenge for some initiatives. For others, while key partners (and even informal partners) could provide these services, resources and staffing limited the number of clients they could serve, especially because the mental health needs of many clients required long-term treatment.

“Counseling services are much more recognized in western culture than in other cultures. In some cultures, it can be a stigma to receive counseling. You just don’t talk to others, especially others outside your culture, about your problems.”

Other needs that were difficult to meet included dental care (also due to the limited availability of affordable services and long waiting lists at free clinics), job placement, and translation services for certain dialects. Meeting the needs of some clients was difficult because of their physical location at a significant distance from the key partners. Limited transportation options and client difficulty with navigating unfamiliar surroundings, increased the need to provide mobile services to clients. This was particularly true for FFP and became an issue for both CAST and AATC as the geographic location of clients continued to expand into remote counties and rural areas.

More information on met and unmet client needs is provided in Chapter V.

4. OUTCOMES

This section addresses the question, “What were the outcomes of the Comprehensive Services?” The results are organized by type of outcomes: system changes, community changes, and client changes.

4.1 System Changes

Collaboration

Over the course of the evaluation, key partner staff reported changes in their satisfaction with the collaboration among partner agencies within the initiative, as shown in Exhibit 7. Across the sites, the percentage of staff who agreed or strongly agreed with the statements related to collaboration tended to decline in year two then, for the most part, increase in year three. During year one, most initiative activities were focused on planning and early implementation. Some sites saw very few clients, thus the need for collaboration with partner agencies was minimal. In year two, when implementation increased and more clients were receiving services, challenges and problems with partner agencies arose. As these issues were resolved and staff reported greater familiarity with agencies and their staff, as well as greater comfort with their caseloads, satisfaction with partner agencies tended to increase, as reflected in year three responses. One noticeable exception was whether there was a shared vision among partner agencies. While most staff reported a shared vision at the start of the initiative, as they began to work directly with victims and as they neared the end of the grant and saw a decrease in available funding, the reality of that shared vision became clear. For many agencies, working with victims of human trafficking was embedded in their organizations mission statement and was work that they would continue beyond the grant. For others, it was clear that the shared vision was linked to the

EXHIBIT 7: PERCENTAGE OF KEY PARTNER STAFF AGREEING/STRONGLY AGREEING WITH EACH STATEMENT RELATED TO COLLABORATION

	Year 1 (N=31)	Year 2 (N=28)	Year 3 (N=27)
Service providers and advocates interact for the purpose of exchanging information and communication about human trafficking.	86.7%	85.7%	100%*
Service providers and advocates are involved in joint planning and activities for victims of human trafficking.	73.4%	57.2%*	88.8%*
Service providers and advocates work together on goals that are complementary for the benefit of victims of human trafficking.	93.3%	85.7%*	88.9%
There is coordination and some sharing of resources across service providers and advocates to serve the needs of trafficking victims.	86.7%	85.7%	100%*
Trafficking service providers/advocates share a common vision that links diverse interests.	80%	57.1%*	66.6%

*Differences of proportions were calculated between Year 1 and Year 2 and Year 2 and Year 3 and changes determined to be statistically significant at $p < .01$.

availability of resources to implement that vision. For these agencies, continuing to work with victims of human trafficking was less likely without continued grant funding.

Other findings from the key partner survey also highlight changes in collaboration and working relationships among agencies across the initiatives. As shown in Exhibit 8, coordination with law enforcement, while showing improvement by year three, continues to be a challenge across the sites and often is attributed to victim service providers “putting the victim first” and law enforcement being perceived as “putting the case first.” In some cases, law enforcement is considered to be more concerned with whether a victim will cooperate with the investigation and help get a conviction than with recognizing and understanding the reasons why a victim may not be willing to come forward and cooperate (e.g., fear, shame, distrust).

“An initial difficulty was building a relationship with law enforcement but we overcame this by showing them our value.”

“NGOs should know that we’re not going to make it through this without law enforcement, and law enforcement should know that they won’t get through this without NGOs. If we want services for victims, we need law enforcement. And if they want good investigations and prosecutions, they need us. But it’s a slow process.”

One goal of the Comprehensive Services across sites was to streamline services, including improving the referral process. In fact, key partners reported a sharp decrease between year one and year two in the streamlining of referrals, which may be the result of an increase in referrals from non-law enforcement agencies during the second year of the grant. While the process for

EXHIBIT 8: PERCENTAGE OF KEY PARTNERS AGREEING/STRONGLY AGREEING WITH IMPACTS OF THE INITIATIVE OVER TIME

	Year 1 (N=30)	Year 2 (N=28)	Year 3 (N=27)
New/improved networks and relationships have been built among organizations, agencies, and groups to work with trafficking victims.	93.4%	85.7%*	88.9%
Organizations, agencies, and groups are working together more effectively on trafficking victims’ issues.	93.3%	57.1%*	88.9%*
There is better coordination between law enforcement organizations and victim service providers when dealing with victims of human trafficking.	46.7%	28.6%*	66.6%*
There is shared language about trafficking among victim service providers, advocates, and trafficking victims themselves.	66.7%	57.1%	33.3%*
The referral process for trafficking issues between agencies and organizations is more streamlined.	73.3%	28.6%*	66.6%*

*Differences of proportions were calculated between Year 1 and Year 2 and Year 2 and Year 3 and changes determined to be statistically significant at $p < .01$.

making and receiving referrals from law enforcement was given ample attention in the first year (including targeted training to law enforcement), the increased awareness of human trafficking resulting from the education and outreach efforts of the initiative was followed by increases in referrals from a wide range of audiences (e.g., Good Samaritans, community-based organizations, faith-based organizations, legal providers, health clinics). By the last year of the grant, improvement was made in the referral process, with designated primary and secondary points of contact within agencies and clear procedures for making and receiving referrals and conducting follow-up activities.

While data from the key partner survey provided some indication of changes in collaboration over time, the network survey gathered additional information that allowed for the mapping of these relationships. Maps of collaborations can be used to strengthen existing relationships, expand circles of partners, build new collaborations across agencies, and ultimately enhance the ability of an initiative to provide comprehensive services to clients. In the network surveys, the questions used to measure collaboration addressed any interaction (yes or no), frequency of communication (0 = not at all to 4 = about daily), and importance of relationship (0 = not at all important to 4 = when implementation increased and more clients were receiving services, challenges and problems with partner agencies arose. As these issues were resolved and staff reported greater familiarity with agencies and their staff, as well as greater comfort with their caseloads, satisfaction with partner agencies tended to increase, when implementation increased and more clients were receiving services, challenges and problems with partner agencies arose. As these issues were resolved and staff reported greater familiarity with agencies and their staff, as well as greater comfort with their caseloads, satisfaction with partner agencies tended to increase, as reflected in year three when implementation increased and more clients were receiving services, challenges and problems with partner agencies arose. As these issues were

resolved and staff reported greater familiarity with agencies and their staff, as well as greater comfort with their caseloads, satisfaction with partner agencies tended to increase, as reflected in year three responses.

Partner Interactions

Exhibit 9 displays interactions among key partners for each of the initiatives during the planning phase. A one-way arrow indicates that one organization perceives it is interacting with another. A two-way arrow indicates that two organizations are interacting with each other. At the time the initial network survey was conducted, the Salvation Army was being phased out as a key partner for FFP, which explains its location in the model.

Exhibit 10 shows changes in the patterns of interaction during year three, the sustainability phase. For AATC, the interactions remained bi-directional among all partners, reflecting their service model and philosophy as well as a long history of working together. FFP experienced dramatic changes in key partners over the course of the initiative, decreasing from four key partners to two key partners. This was possible because the mental health services provided by one of the key partners became available in-house through IRC, and shelter services were provided by several informal partners within various communities served by FFP to meet a wider range of client needs. Interaction between IRC and FIAC remained consistent. For CAST, there was a significant increase in interaction among partners, including between partners and CAST. This was the result of more frequent partner meetings, increased awareness of the partners in the initiative, and the need to provide more client services outside of CAST.

While not shown in Exhibit 10, all partners reported an increase in their informal network over the course of the initiative.⁶ Informal partners included dentists and dental clinics, family clinics, health centers, medical centers, dental schools, adult education programs, health departments, school districts, Department of Labor, housing/shelters, mental health services, legal providers (including pro bono attorneys), wellness centers, domestic violence providers, and law enforcement (Federal and local).

⁶ Initially, the network survey was designed to gather information on both formal and informal partner interactions. However, due to difficulties getting informal partners to complete the survey, the process was modified to capture only formal or key partner interactions.

EXHIBIT 9: MAP OF COLLABORATION DURING THE PLANNING PHASE

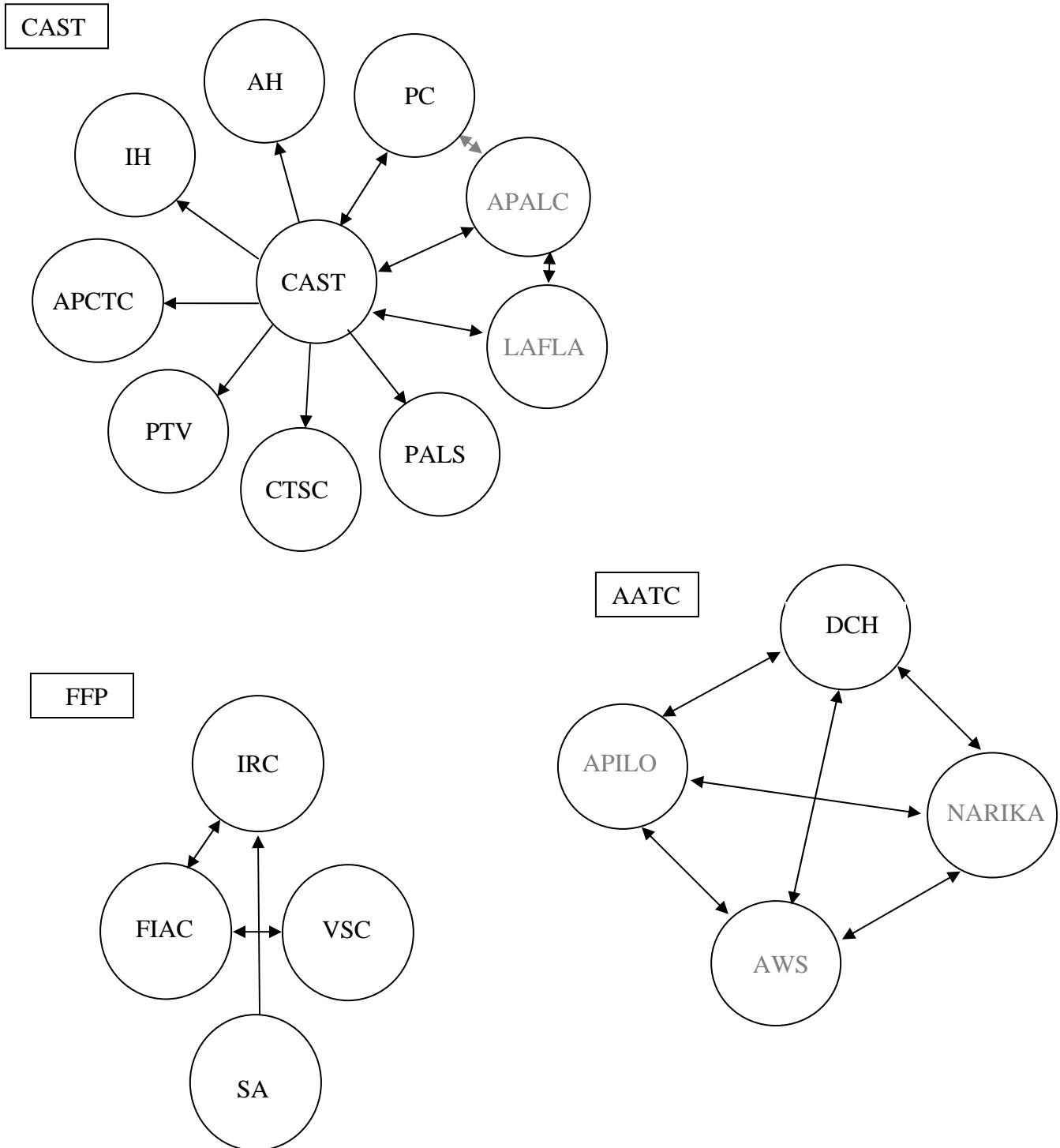
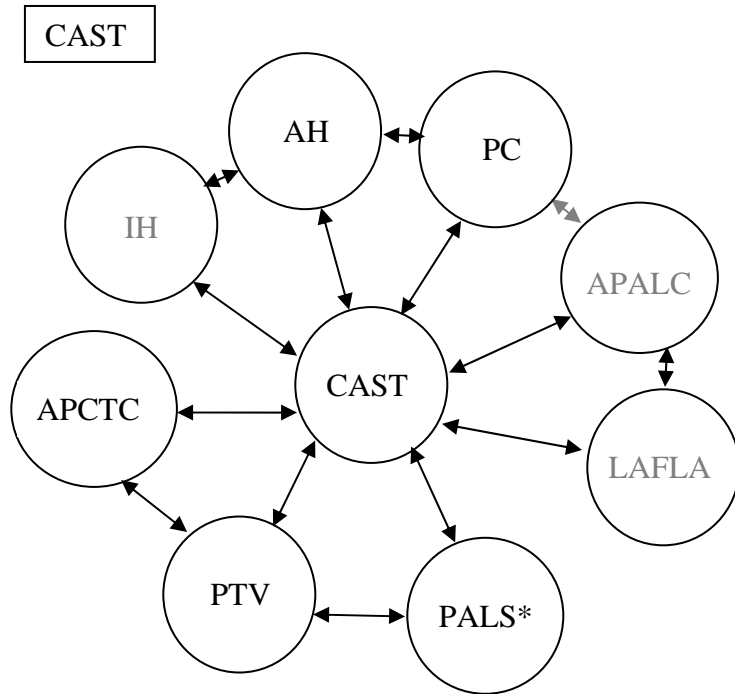
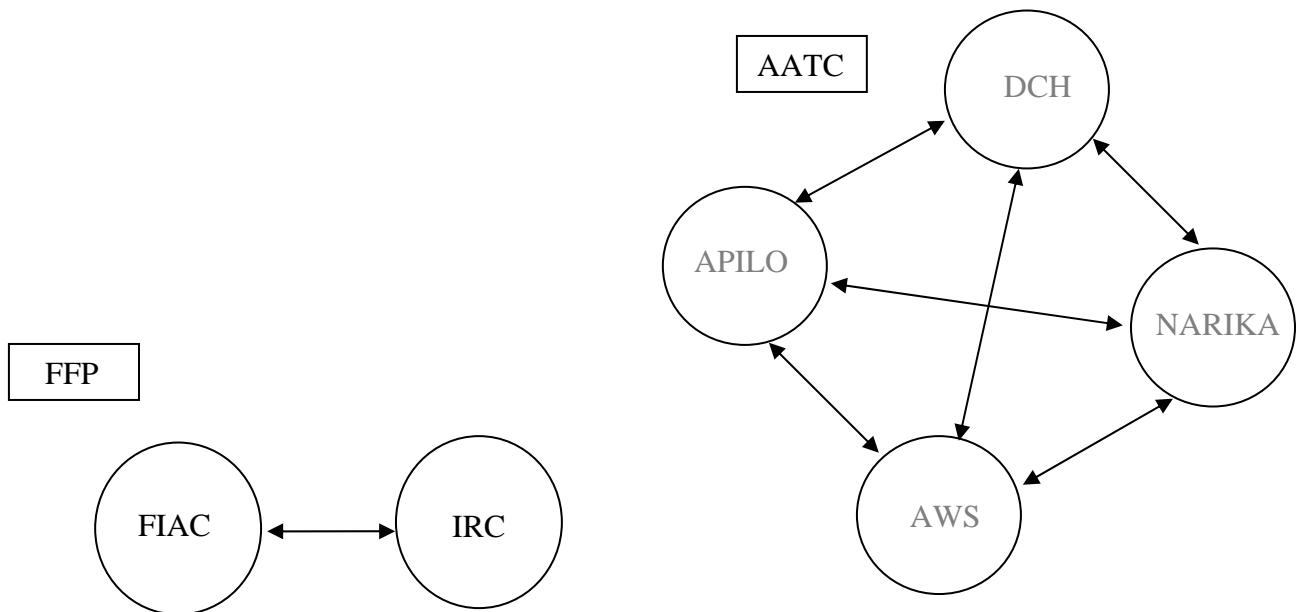


EXHIBIT 10: MAP OF COLLABORATION DURING THE SUSTAINABILITY PHASE



*While PALS was aware of the other partners in the initiative, it did not interact with legal service providers because it was primarily a translation service for health care.



Frequency of Communication

During the planning phase, the average frequency of communication among formal partners was 2.5 for AATC, 2.3 for FFP, and 1.86 for CAST, indicating that organizations were communicating at least monthly across the initiatives. By the end of the initiatives, these numbers had increased. Frequency of communication among formal partners was 2.7 for AATC, 2.4 for FFP, and 2.1 for CAST, indicating monthly to almost weekly communications for some agencies. The increase in frequency of communication is not surprising given the increase in caseloads during the course of the evaluation.

Importance of Relationships

From the start of the initiatives, across sites, respondents rated the relationships with all partners to be very important. The average response was 3.8 for AATC, 3.6 for FFP, and 3.6 for CAST on a scale from 0 to 4. These ratings remained consistent at the end of the initiatives (4.0 for AATC, 3.4 for FFP, and 3.7 for CAST).

In general, respondents valued the relationships with partners, citing:

- Ability to provide comprehensive services to clients.
- Ability to share resources and information.
- History of working together.

Across all three initiatives, interactions, communication, and importance of the relationships to the initiative improved over the course of the evaluation.

4.2 Community Changes

Another important outcome of each initiative was to increase support from the community, including current partners, potential future partners (e.g., businesses, other organizations), and community members, as well as from political representatives to help ensure sustainability. As shown in Exhibit 11, the results in this area were mixed. While staff perceived an improvement over time in the support available to victims from partnering agencies, the actual commitment of resources and staff time varied. Additionally, support from local businesses, political leaders, and the community remained fairly stable after the first year. In general, the availability of resources to support the initiatives declined over the course of the grant and presented a challenge to sustaining the initiatives beyond the OVC grant.

Another desired goal or outcome across the initiatives was increasing awareness of the needs of trafficking victims and the availability of information on the issue within the community. Key findings are shown in Exhibit 12. During the first year of the evaluation, a lot of time was spent on the development and dissemination of informational materials designed to increase awareness of human trafficking within the communities. Several staff noted in particular increased awareness of trafficking legislation and service needs of victims among domestic violence and sexual assault victim service providers.

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EXHIBIT 11: CHANGES IN SUPPORT FOR THE INITIATIVE

	% Ratings of Somewhat/Significant Improvement		
	Year 1 (N=31)	Year 2 (N=28)	Year 3 (N=27)
Support for trafficking victims across the various participating organizations.	86.7%	85.7%	100%*
Commitment of resources and staff time for the initiative from the leaders of various participating organizations.	93.4%	57.2%*	77.7%*
Local business support for the initiative.	6.7%	42.9%*	33.3%*
Political support for the initiative.	46.6%	42.9%	44.4%
Community support for the initiative.	66.7%	42.9%*	44.4%
Available resources for the initiative.	73.4%	71.4%	55.6%*

*Differences of proportions were calculated between Year 1 and Year 2 and Year 2 and Year 3 and changes determined to be statistically significant at $p < .01$.

EXHIBIT 12: AWARENESS AND INFORMATION ON HUMAN TRAFFICKING

	% Ratings of Somewhat/Significant Improvement		
	Year 1 (N=31)	Year 2 (N=28)	Year 3 (N=27)
Awareness of trafficking victims' needs among service providers.	93.3%	71.5%*	88.9%*
Awareness of trafficking victims needs' among the community.	60%	56.2%	66.7%*
Availability of information on resources and services for trafficking victims.	93.3%	57.2%*	77.7%*
Availability of training for service providers that focuses on human trafficking.	100%	71.4%*	77.7%
Availability of local/State data on trafficking victims' needs.	26.7%	0%*	11.1%*
Sharing of information on trafficking across service providers and advocates in general.	93.3%	57.2%*	66.6%

*Differences of proportions were calculated between Year 1 and Year 2 and Year 2 and Year 3 and changes determined to be statistically significant at $p < .01$.

While these awareness efforts continued throughout the initiative, the greatest increase in awareness was reported in the initial year. Subsequent years were spent serving victims and mobilizing community members. The availability of training also spiked in the first year then remained fairly constant throughout the evaluation.

Similar findings were reflected in the partner interviews. By the second year of the evaluation, more than half (54%) of the key partners interviewed across the initiatives reported greater community understanding of the issue of human trafficking and more engagement by the community in the issue. Specifically, by the third year of the evaluation, 95 percent of the key partners reported increased calls for information about human trafficking and requests for training among members of the community, greater attendance at training events, increased referrals for potential trafficking cases from community-based organizations and Good Samaritans to the various hotlines and key partner agencies, and an increased recognition of the problem on local radio, television, and in newspapers. The presence of anti-trafficking task forces in all three communities also was cited as an example of increased community engagement and attention to the issue.

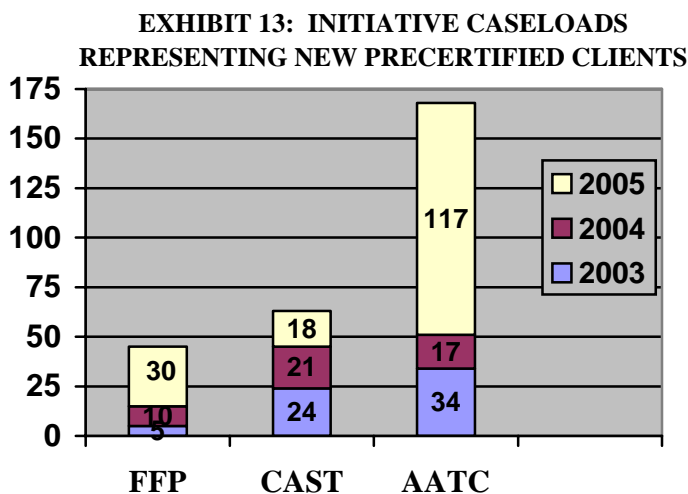
“We conducted education and outreach in the community and as a result we are getting more referrals and seeing more victims. While this is good, I am concerned about our ability to continue serving victims with limited resources.”

4.3 Client Changes

While most of the information related to client change is presented in Chapter VI, some proxy measures of client change were captured in Phase II and are presented here. These measures relate to clients served, service availability, and accessibility of services for victims.

Number of Clients Served

A common goal of the initiatives was to increase the number of victims served over the 3-year period. The results from the core measures are presented in Exhibit 13. Prior to the initiatives, the total number of precertified clients served across the initiatives was 111 (66 by CAST, 15 by FFP, and 30 by AATC). During the course of the evaluation, the total number of clients served across the initiatives was 276 (63 by CAST, 45 by FFP, and 168 by AATC). The spike in clients served by AATC during the last year of the initiative was the result of multi-jurisdictional raids that involved more than 200 law enforcement officers along the West Coast. As a result of their collaboration with law enforcement, involvement in the local task force, and general awareness among law enforcement of the role AATC plays in the fight against human trafficking, AATC was contacted by law enforcement to assist the victims in this case. Initial assistance included



legal representation at interviews, interpretation services, advocacy, and housing. Not all the victims initially served by AATC decided to cooperate with law enforcement. In some cases, victims chose to return to their home countries.⁷

Availability and Accessibility of Services

Increasing services for precertified victims of human trafficking and ensuring accessibility of these services were shared goals of the initiatives. As shown in Exhibit 14, the greatest spike in the availability of services was reported in the first year and leveled off in subsequent years. Many providers reported being able to offer services for the first time as a result of the Comprehensive Services grant. For others who had managed to pull together resources prior to the funding to support victims during precertification, the OVC grant allowed them to expand their service provision.

EXHIBIT 14: PERCENTAGE OF KEY PARTNERS AGREEING/STRONGLY AGREEING WITH IMPACT OF INITIATIVE ON SERVICE PROVISION FOR VICTIMS

Statement	Year 1 (N=30)	Year 2 (N=28)	Year 3 (N=27)
New services have been established to address the needs of trafficking victims in our community.	86.6%	57.2%*	55.6%
Planning has led to better targeting of services and programs for trafficking victims.	86.7%	42.9%*	55.5%
Trafficking victim services and programs have been improved in general.	86.7%	73.4%*	88.9%*
Accessibility to services and programs for trafficking victims has improved.	80%	85.7%	66.7%*
Under-served groups are more aware of services and programs available to victims of human trafficking.	6.7%	42.9%*	66.7%*
Trafficking victims are more willing to access services.	6.7%	28.6%*	33.3%

*Differences of proportions were calculated between Year 1 and Year 2 and Year 2 and Year 3 and changes determined to be statistically significant at $p < .01$.

Similar patterns were found regarding the availability of appropriate services to victims of human trafficking. The greatest increase was observed in the first and second years with steady improvement in the third year. While services were perceived to be more accessible, the willingness of victims to access these services remained only moderately improved. Minimal impact in this area was attributed to the many challenges and barriers experienced by victims trying to access services, with the greatest barrier being the trafficking situation. Other common barriers included lack of awareness of services; fear of retaliation from the trafficker against self or family if the victim tried to leave the trafficking situation and access services; fear and mistrust of law enforcement, providers, and others offering to help the victim (remembering the

⁷ The exact number of clients choosing to return home in comparison to those who decided to stay and those who were determined not to be a victim of human trafficking was not available for the evaluation.

Evaluation of Comprehensive Services for Victims of Human Trafficking

trafficker once might have offered to help the victim); shame; and for many victims, not identifying themselves as victims. Among the greatest identified barriers to providing continued services once victims were referred to the initiatives were difficulty having law enforcement identify someone as a victim of human trafficking and delays or unwillingness among law enforcement to grant continued presence and provide a letter of endorsement needed for certification. Additionally, victims may not want to cooperate with law enforcement. While this is a requirement to receiving services under TVPA, many key partners stressed that deciding not to cooperate with law enforcement did not make the victim any less a victim. In these cases, providers reported working to find alternative services.

As a result of being able to access more services, it is believed clients will demonstrate positive changes in their ability to cope with the trafficking experience (e.g., reduction in trauma), well-being, and self-sufficiency. In relation to these changes, another goal of the initiatives was to empower clients. One way this is happening is through CAST's Client Advisory Caucus, where survivors give input for program planning and learn how to advocate for themselves and other victims. Survivors also participate in workshops to learn how to interact with the media and tell their stories. In 2004, the first meeting of the Client Advisory Caucus was held with nine survivors and, in 2005, five survivors participated. Additionally, CAST engages survivors (when ready and graduated from the social services program) as peer mentors for other clients, including those living in the CAST shelter. Other indications of client empowerment are highlighted in Chapter V.

Other outcomes identified by key partners toward the end of the initiatives included:

- Increase in outreach to under-served communities (immigrant, refugee, second generation, ethnic).
- Increase in volunteers as a result of the greater attention to and awareness of the issue.
- Less stigmatization of victims of human trafficking by ethnic media and the community.
- More effective case management as a result of increased case experience and feedback from clients and other providers.
- Strong, trusting relationships between case managers and clients.

5. SUSTAINABILITY

This section provides evaluation results related to the sustainability of the initiatives, including specific plans and activities, challenges and barriers to success, and strengths of the initiatives.

5.1 What Plans Are in Place for Sustaining the Initiatives Beyond the OVC Grant?

Because sustainability is a challenge for all programs, it was important to assess from the beginning what plans were in place to

“While this may seem obvious, it is critical that funding be secured before funding ends to ensure smooth transition when grants/funding sources dry up.”

continue each initiative beyond OVC funding. Perhaps not surprising, although of concern, was that none of the key partners was able to identify plans for sustainability at the end of year one. Not until the second year did plans for sustainability begin to emerge. All sites recognized they could not depend on Federal funding to sustain their initiatives and were exploring alternative sources of funding such as foundations, private donors, and local/State funding, which appeared less promising than Federal funding.

Some initiatives sponsored fundraising events whereas others, such as FFP, worked with local businesses and other organizations to gain identification as the “Charity of the Month,” which generated donations of clothing, food, and cash and provided increased visibility for the initiative and the needs of victims. CAST’s shelter engaged survivors in creating products that were sold in the community to generate revenue whereas others reached out to celebrities and their foundations to obtain donations. All the programs continued to submit proposals for the limited Federal funding available.

When asked whether they would continue doing this work after the OVC funding ran out, key partners offered mixed responses. For some, continued involvement depended on the availability of funding. Others were committed to the cause prior to OVC funding and indicated they would continue their involvement in the initiative because it was part of their organization’s mission. However, this response was less frequent among key partners whose agencies were deeply concerned about future funding. Lack of resources represented the greatest challenge and strong commitment the greatest strength these initiatives faced in sustaining their work.

On sustainability... “As far as the work is concerned, we’ve been doing this. Our collaborative will outlast the grant. Our connections with other partners have always been there and will continue to be there. We’re committed to the issue.”

Despite the commitment of partners, it was clear across all initiatives, that without increased or at least continued funding, it would be difficult, if not impossible, to maintain the same level of service for precertified clients. In particular, many of the intensive case management and advocacy

services would likely be reduced. Additionally, many reported they likely would lose shelter space without funding to pay for the beds and one key partner anticipated longer delays and waiting times for clients to receive services, especially at medical and mental health clinics, if funding was not secured.

Additionally, enhancing the service capacity of the initiatives was seen as critical. Given the greater public awareness, more attention to the problem by law enforcement (especially after the Bureau of Justice Assistance funding of 32 task forces), and increased training of providers, partners expected client referrals to increase over time. Expanding the number of formal and informal partners (and ultimately widening the service network for victims) was seen as a priority, particularly partners that could meet the service needs of victims such as more legal providers, case managers, medical and dental providers, mental health providers, translators, and housing and shelter options, especially those that addressed the challenges of housing men, boys, and families. Other partners identified for future expansion and improvement of the initiatives included law enforcement and faith organizations. Several of the partners also identified

involvement by community and political leaders as important for the sustainability of the initiative.

5.2 What Were Challenges/Barriers to Success?

Throughout the evaluation, key partners were asked to identify the challenges and barriers that hindered the initiatives in achieving their goals. The most common barriers included:

- Insufficient capacity and resources among the partner agencies (e.g., many providers were already strapped for resources and were having to expand services to a “new” population).
- Funding constraints prevented some providers from serving victims (e.g., domestic violence shelters, in particular, faced funding barriers that prevented them from providing housing to victims of human trafficking who could not also be identified as victims of domestic violence).
- Service needs extending beyond the expertise of the provider (e.g., providers often had to help clients in areas they were not comfortable with or did not have expertise in, such as assisting with transportation, providing emotional support, or providing financial assistance).
- Difficulty identifying victims (e.g., law enforcement was not adequately trained on who is a victim of human trafficking and was not making referrals; victims of human trafficking are a hidden population).
- Clients not wanting to work with law enforcement (e.g., clients did not want to cooperate with law enforcement and, therefore, no longer were eligible for services. Providers had to seek alternative remedies, including civil remedies, U-visas, Violence Against Women Act (VAWA) self-petitioning for immigration status, or asylum relief. Seeking alternative remedies also was needed sometimes for victims whose legal cases were not progressing with law enforcement (e.g., could not obtain continued presence, letter of endorsement).
- Confidentiality concerns (e.g., documentation and sharing sensitive client information across agencies created disagreements among partners; concerns about the legal ramifications of documenting and sharing information, particularly what could be subpoenaed).
- Difficulty working with law enforcement (e.g., delay in interviewing clients, especially those initially referred by someone other than law enforcement; delay in gaining continued presence and/or letters of endorsements for clients).

“Trafficking is a touchy issue. Community isn’t aware of it. Victims don’t know they are victims. In the Asian culture, it’s okay to work 12 hours a day, under minimum wage, because that’s what they’re used to. It wouldn’t occur to them that it might be exploitation or even trafficking. Identifying victims is a barrier. Community norms are a barrier.”

While some of these barriers were unchangeable, others were gradually overcome or improved over the course of the initiative. Limited capacity and resources of some agencies were addressed by expanding the network of service providers through education and outreach. In

particular, this involved expanding the informal partners within each initiative to increase access to services for victims. This expansion also helped eliminate the need for providers to work outside their areas of expertise and allowed them to focus on providing the services that they were qualified to provide. Additionally, continued education and training increased providers' understanding of the issue and ability to work effectively with clients. In particular, training on cultural awareness and competency and trauma reduction were important for anyone working with victims.

Challenges identifying victims were slowly overcome, again through ongoing education and outreach. This was evident by a reported increase in non-law enforcement referrals. It was also the case that as law enforcement became more familiar and trusting of providers (and visa versa), referrals from both sides increased. Through open and frequent communication, relationships between law enforcement and providers began to improve. Unfortunately, relationships were established most often between individuals and not agencies or systems. Therefore, turnover in staff and positions created set backs for the initiatives.

Finally, challenges sharing information across agencies, both within and outside the initiative, while difficult were respected by most parties. That is, staff understood the need to protect confidentiality and to ensure the safety of the clients (and staff). However, the need to "work off the same page" to help the victims required the ability to talk openly about cases. Through clear Memoranda of Understanding and Information/Data Sharing Agreements, limitations were clear and sharing of information became less of an obstacle to serving clients.

5.3 What Factors Contributed to the Success of the Initiatives?

In addition to the ability to overcome barriers and challenges, there were several other important factors that key partners attributed to the success of the initiatives. First and foremost was the commitment of the key partners themselves. Recognizing the challenges and barriers to serving precertified victims of human trafficking, partners acknowledged that the work accomplished over the course of three years would not have been possible without the dedication of all the key partners. Additionally, embracing a shared vision for the initiative, working from a mutual definition of who is a victim of trafficking, and working together to accomplish identified goals were critical to each initiative's success. The wealth of experience staff had in working with victims of human trafficking, the recognition and attention to the cultural needs of victims, the compassion and support provided by case managers and other staff, and a strong presence in the community also were identified as contributing to each initiative's success. By the end of the initiative, several partners identified improved relationships with Federal and local law enforcement as not only important to their current success but also critical to future impact. These factors made it possible for sites to plan and implement their service models and allowed coordinated, comprehensive services to be delivered for each victim from identification to reintegration.

V. SURVIVOR CASE STUDIES

To learn more about the services provided under the Comprehensive Services initiatives, Urban Institute researchers conducted face-to-face interviews with survivors and with case managers and other key service providers in the three evaluation sites. The in-depth interviews documented survivors' experiences with services and their perceptions of the Comprehensive Services network of providers. They also provide a unique opportunity to hear directly from the victims for whom these services were designed, and to consider their input in replications and refinements.

1. INTERVIEW METHODS

The Urban Institute research team conducted a series of in-person, one-on-one interviews (with interpreters as needed) with 34 clients receiving services from the three Comprehensive Services initiatives. These interviews were held approximately semi-annually over the course of about 2 years, from late 2003 to fall 2005. Case managers and other service providers in the network at each site identified clients who were appropriate for interviews and assisted the research team in making logistical arrangements. Interviews were held at service providers' offices, in public locations such as libraries, or in clients' homes, at times convenient to the participants' schedules. The interviews lasted about an hour and a half, and participants were given a \$50 cash gift of appreciation, along with reimbursement for any transportation costs. While participants were told during interview recruitment they would be given a gift of appreciation, the exact nature of the gift was not disclosed to ensure participation was voluntary and not unduly influenced by the monetary incentive. Prior to beginning the interview, interviewers read an informed consent script that emphasized the voluntary, confidential, and anonymous nature of participation. The interpreter, the client's case manager, or the interviewer signed the consent form and the payment receipt as a witness to the victim's marking, avoiding an unnecessary record of the victim's name. Research staff and interpreters also signed confidentiality pledges.

Although a possible limitation of this interview approach is that an interpreter may alter the questioning, the use of interpreters in these situations is accepted practice, and most of these interviews could not have been completed otherwise.⁸ To minimize the effects of using interpreters, the research team forwarded interview questions to site staff and interpreters prior to conducting interviews. Interviews were recorded, when allowed by the victim. Researchers also took handwritten notes that were later automated. Victim case study notes and tapes were saved in password-protected files, which were stored in locked filing cabinets according to confidentiality requirements.

Research and service provider staff were concerned that discussing the trafficking experience with clients would be unnecessarily invasive and painful, since the research objective focused on the service experience, not the trafficking experience. In addition, some service provider staff, particularly at FFP, were concerned that discussions of legal or immigration issues might affect

⁸ While some of the interpreters worked for the OVC grantees, great care was taken to ensure the interpreter was *not* involved in the particular client's case. All interpreters signed statements of confidentiality in front of the clients before the interviews began.

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client cases if notes ever were subpoenaed. The research staff agreed to reformat the open-ended interview protocol used for CAST and AATC into a more structured, closed-ended format for use with FFP clients, as this approach would less likely give rise to discussions of sensitive topics. Thus, two forms of the interview protocol were used: one for CAST and AATC clients and one for FFP clients.

Both versions of the interview protocols covered the same topics:

- Service needs as a result of the trafficking experience.
- Ways clients entered the service network and which service provider was contacted first.
- The nature, length, and helpfulness of the service relationship with each provider.
- Met needs, unmet needs, and the reasons for unmet needs.
- Clients' sense of safety and control when dealing with social service and other community-based service providers.
- Service providers that the client chose not to seek services from, and why.
- Perceived collaboration among service providers.
- Differences in the service experience before and after certification.
- Recommendations to improve services.
- Advice to other survivors of trafficking.

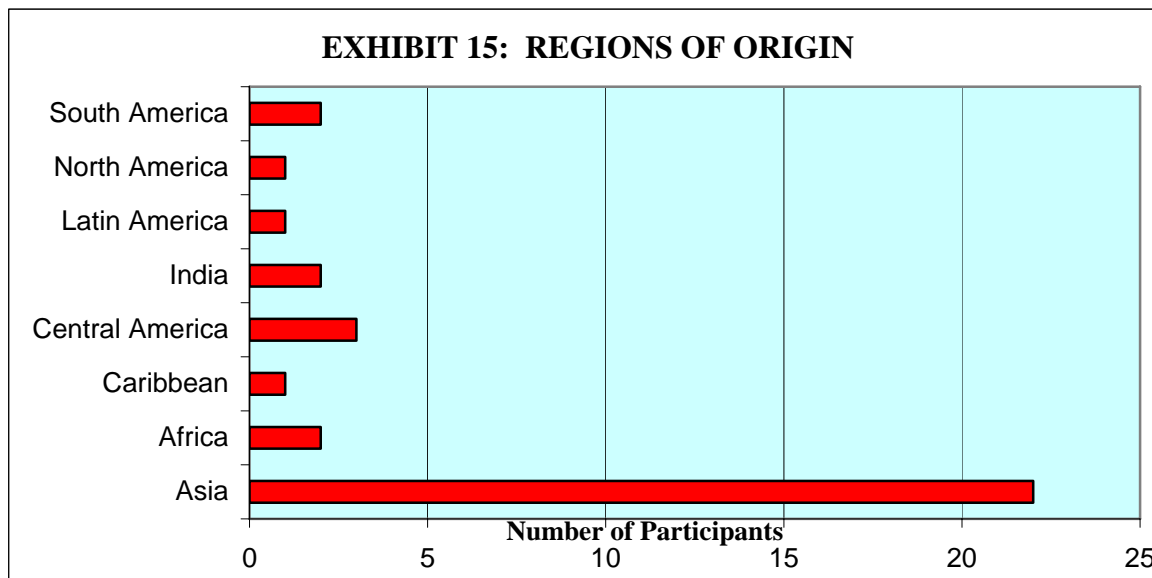
All research forms and procedures were reviewed and approved by the Caliber and Urban Institute Institutional Review Boards prior to use. Minor changes to interview protocols (e.g., question wording, additional probes) were made as a result of early interviewing experiences, and these also were reviewed and approved.

In addition to client interviews, the evaluation team met with each site's case managers over the period of the study. These interviews provided a wealth of information that was useful in understanding the topics addressed in the client interviews and was incorporated as appropriate in discussions of the findings that follow. Findings from case manager interviews are indicated as such; all other findings reported are from client interviews. Where possible, excerpts from client interviews also are included to illustrate particular findings. These excerpts may represent an exact quote from the few clients interviewed in English, a quote from interpreters, or a paraphrase of a particular point provided by an interviewee or interpreter. In all cases, the excerpts accurately reflect the spirit of the information provided by Comprehensive Services site clients.

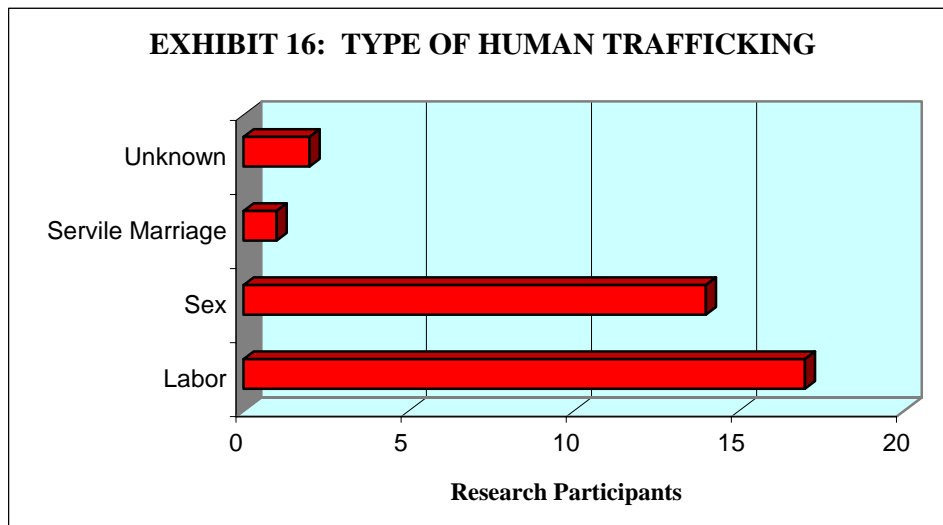
2. INTERVIEW PARTICIPANTS

Thirty-four trafficking survivors who were or had been clients of agencies in the Comprehensive Services sites were interviewed: 13 CAST clients, 14 AATC clients, and only 7 FFP clients due to low FFP caseloads during most of the study period. The 32 women and 2 men ranged in age from 19 to the mid-fifties, with most being in their twenties or thirties. Just under half (16) had children, not all lived with them in the United States.

All clients interviewed had been trafficked internationally; that is, none were American victims of domestic trafficking. The most common country of origin was Korea with 10 participants, which was more than twice as many as the next most common country of origin (four Vietnamese). The most common region of origin was Asia and the East Indies, with 24 clients from this region, including China, India, Indonesia, Japan, Korea, the Philippines, Sri Lanka, Thailand, and Vietnam. (See Exhibit 15.) Seven clients were from Latin America, including Mexico and several Central and South American countries. Two were from African nations, and one was from a Caribbean island.



The type of trafficking experienced by the case study participants was almost evenly split between the two major types of trafficking, as shown in Exhibit 16: 17 had been subjected to labor trafficking (including domestic servitude), 14 to sex trafficking, one to a servile marriage, and for two, the type of trafficking was not known to the interviewer. Fifteen clients had received certification as trafficking victims prior to the interview, and 19 had not yet been certified. All but four interview participants had received precertification services from the Comprehensive Services site as part of the OVC grant.



3. NEEDS OF HUMAN TRAFFICKING SURVIVORS

Like victims of other crimes, such as domestic violence or sexual assault, survivors of human trafficking have multiple and wide-ranging service needs as a result of the victimization. However, trafficking victims also have some unique needs arising from the experience of being transported into a foreign country – legally or illegally, willingly or unwillingly – and held against their will in an environment in which they were forced to work for little or no pay and were not free to leave. Since most international trafficking victims do not speak English or understand American culture or legal systems, their sense of being isolated and trapped is amplified.

Discussions with trafficking survivors revealed that many service needs were common to nearly all survivors but service needs also varied with the method of liberation from the trafficking situation and over time. While survivors were not asked how they escaped from the trafficking situation, this information was volunteered by 18 of the interviewees or by their case managers, who provided background information prior to the interview. Half of these survivors had left the trafficking situation as a result of a law enforcement raid, and half had left with the assistance of a friend, by reaching out to police or service providers, or on their own.

3.1 Method of Liberation

Some victims escaped trafficking through a law enforcement raid, which can be a very traumatic experience, both because of the sudden and dramatic nature of such an action and because of the immediate consequences. Law enforcement raids may be sparked by evidence that prostitution or other illegal activities are happening at a certain location; until further information is obtained, law enforcement may treat everyone at that location as criminal suspects and hold them in detention facilities.⁹

⁹ Trafficking victims who are detained typically come from a raid on large group trafficking situations such as massage parlors, brothels, or sweatshops. Individuals in domestic servitude or servile marriages generally are not detained (with a large number of other victims) for any significant period of time.

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When trafficking victims are held in detention facilities after a raid, their lack of knowledge about the American justice system, combined with negative perceptions about law enforcement based on experiences in their home countries, and what the trafficker or others may have told them about American agencies to keep them isolated, can produce overwhelming fear and anxiety. Will they be prosecuted as criminals? Will they be deported? Who can they trust? Is anyone on their side? Does anyone understand their true role in the illegal activity? What will happen to them in the next 24 or 48 hours? While as a rule service providers want case referrals as quickly as possible, some noted they would prefer not to contact victims while they are still in detention because the victim may confuse them with law enforcement personnel, which can hinder the development of trust and the realization that service providers are there to help victims. Also, many traffickers initially present themselves as “helpers” to victims, so victims may be concerned that other helpers also will turn out to be exploiters.

Several case managers felt that the certification requirement that victims cooperate with law enforcement and prosecution can be emotionally traumatic, because they often have to relive their experiences during case preparation (for example, during stressful interviews, in which they are interrogated as if they were hostile witnesses) and testifying. They also may be in great fear for their safety or their family’s safety, since traffickers are often compatriots who have a great deal of power, money, and influence in their home country or village, or in the city’s ethnic community in this country. One case manager cited an example in which the trafficker found out where the victim was staying and had his associates pose as city police officers and attempt to abduct the victim.

[In reference to family in home country]
I have really, really big concerns about that and before I agreed to speak with the government that is the most thing I worry about cause my trafficker knows my family. So, I get worried about if I speak to the government that he going to retaliate against my family.

The traffickers, who are now back in [home country], pressure my sister to tell them where I am. I’d be afraid to go back there, because of them.

Aside from the emotional pain and fear, the requirement that victims must cooperate is disempowering and counterproductive to the service providers’ goals of fostering empowerment and independence in trafficking survivors, to help them rebuild autonomous lives. These issues present significant challenges to victims and service providers.

Other victims leave the trafficking situation without a law enforcement raid. Some move out of the place they are being held with the assistance of a friend, service providers, or local law enforcement agencies they have learned about and contacted while still in the trafficking situation. Some wish to bring criminal charges against the trafficker (such as one who tried, unsuccessfully, to convince local law enforcement to make an arrest), while others prefer to stay out of the criminal justice system.

I wanted to find out a way how I could actually, in a way, punish my traffickers because once I started realizing what they had been doing, I felt that I couldn’t be able to get out of this experience unless I see some punishment done to them.

Whether or not there is a case in the criminal justice system, victims need help navigating the immigration system. Many have entered this country illegally and need legal status to continue

their residence here. Others entered legally but their continued legal presence is dependent on the trafficker; for example, when the trafficker seizes the victim's passport or visa to keep the victim in bondage. The American immigration system can appear as confusing and adversarial as the American justice system, and it is difficult for unacculturated, uninformed victims to understand what is going on and whom they can trust. Assistance with immigration issues is a major focus of service providers' work with victims and a major interest and goal of victims themselves.

3.2 Changing Needs over Time

Immediately after escape from the trafficking situation, many survivors have acute, short-term survival needs. They may have left the situation in which they were being held in bondage with little or no advance notice, having no choice but to leave whatever belongings they had behind. They need a safe place to stay (either immediately or post-detention); food, clothing, and other personal necessities; medical or dental care for acute problems; safety from the traffickers and others in the community who are sympathetic to the trafficker; and, as already noted, information and advocacy with criminal and immigration cases.

Many of the victims interviewed had left the trafficking situation with acute medical or dental care needs, due to neglected health conditions that may or may not have resulted from the trafficking experience. Sex trafficking victims needed gynecological care and often treatment. Some victims preferred non-western forms of treatment that were more culturally appropriate for them, such as acupuncture.

As basic survival needs are being met, the focus shifts toward recovering from the trafficking experience and beginning to rebuild an autonomous life. Medical or dental care needs may be ongoing and may take some time to address. Mental health counseling needs tend to become prominent once the immediate crisis is over, although western "talk therapy" is not always culturally appropriate or even understandable to some victims.

Transitional or permanent housing becomes a priority, as is obtaining education or job training and work permits so victims can seek employment legally. The victims' illegal or exploitative employment while in trafficking may have been used to help support family members in the home country, and many survivors are anxious to continue contributing to their families as much as possible.

In the long term, all the victims interviewed wanted to build skills and resources to normalize their lives here; none expressed a desire to return to their home countries. The victims originally

Honestly, in a situation like that, you need everything.

[Agency] gave me everything including soap, clothes, shoes, a bag and bought me schoolbooks, and things like a watch.

Everything. They [the agency] took me to the doctor because I was really sick to my stomach. For my teeth, removed teeth. Eye doctor. Counselor. My clothes, my food, a bed for me to sleep in.

First, of course, I need to have someone to talk to. I need to have someone to trust. In my situation I did not know who to trust. Whatever I say – what is deep, what I feel – I keep to myself because I don't want it to turn around and hurt me later. Not sure what kind of influence the person has.

came here to work and lead a “normal” life. Almost universally, clients wanted assistance with steps to realize this goal and finding employment was a central issue. Since clients were unable to pursue employment legally until they were certified, they needed immigration issues to be resolved so they could obtain permanent resident status or citizenship. Along with long-term, legal employment, they also wanted independent, permanent housing; competency in English; and for some, assistance in helping family members, such as children, immigrate and join them in the United States (others sent money to family members in the home country). Services also may be needed to enhance basic life skills, such as using public transportation or managing finances (banking and budgeting).

Some victims may still have safety concerns about their former traffickers; for example, some reported they stayed away from the ethnic community in their city because of the trafficker’s influence there.

The trafficker is very popular and had influence in the [ethnic group] community. Even though the trafficker is still in jail, the trafficker’s friends when met [me] on street they say bad things to [me] – so unsafe in the community.

While some survivors remained dependent on service providers even years after their trafficking experience ended, others wanted to stop being treated as victims and put the experience behind them. The need to participate in drawn-out or repeated criminal cases (e.g., appeals) was counterproductive to their desire to do this.

A few service needs, including drug and alcohol treatment and spiritual counseling, were explicitly asked about but were rarely, if ever, reported. It is possible clients did not report drug or alcohol problems or the victims interviewed did not have those needs.

The service needs reported by trafficking survivors were often similar across the three Comprehensive Services sites. Survivors reported similar needs regardless of the types of trafficking they experienced, whether they were victims of labor or sex trafficking or domestic servitude, and regardless of their age, how they came into the service network, or their country of origin.

4. SURVIVOR EXPERIENCES WITH SERVICES AND OUTCOMES

4.1 Accessing the Service System

Clients learn about and access services in a variety of ways. Those who leave the trafficking situation through a raid or detention (by the FBI or Immigration and Customs Enforcement [ICE]) usually learn about services while they are detained. Others learn about services from friends or acquaintances in the community, other legal or social service providers, or in some instances through service providers’ outreach efforts such as a brochure given to them by a doctor or a bus stop advertisement. Clients who do not go through detention are generally at a much different point in the escape and recovery process, and there is often much less trauma and confusion surrounding their entry into the service system.

Learning about supports and services while in detention is a complicated process. This is usually a very traumatic and confusing time for victims, and service providers themselves report how

difficult it is to communicate with victims (because of language, culture, and the trauma of the raid), gain their understanding and trust, and work with them productively. Victims may not be able to distinguish between legal and social service providers and those detaining them, and this confusion is exacerbated by the fact that they are not in detention voluntarily, with some of them having just been “snatched out of their lives” with no advance warning and having had their few possessions taken away. As one client noted, *“All the money that I earned, they took it and my personal items, they took that... left with nothing... took me to shelter, still had nothing; gave me clothes, not fitting in size and quality; even the food doesn’t fit to my taste; in general, without money, quite difficult.”*

Many victims do not go through the detention experience. In some cases, victims research and identify a social service or legal agency that can help them, either before or after escaping the trafficking situation. The agency may even be in another city or state. One client reported calling “someone in Washington, DC” when first getting services. Another client said she knew to call a local agency because she saw an advertisement at a bus stop, and several other clients connected to services with the help of caring people they met while still in or after fleeing the trafficking situation.

But learning about services can be a difficult process. The isolation and intimidation frequently imposed by traffickers can be a difficult barrier to overcome. For others, their own fear and shame worked to trap them in trafficking and prevented them from seeking help.

It was hard for me to learn about services while I was still there, because he kept me apart from other people, and he threatened to have me deported if I tried to leave.

Trafficking victims fear deportation most of all, so they’re very reluctant to come forward. My own brother still refuses to come to [case manager], even though I told him about them and said he should come.

I was ashamed to get help, because I thought I would be blamed as a bad person who deserved such bad treatment.

4.2 The Service Experience and Client Outcomes

At the time of the interviews, the survivors had left the trafficking situation anywhere from a number of months to quite a few years earlier. Some had ongoing legal, certification, or immigration cases, while others’ cases had already been resolved. Some were still actively involved in the Comprehensive Services site, perhaps even living in a shelter, while others were in a less active, long-term follow-up status. Therefore, the outcomes or current functioning of the clients interviewed did not represent a consistent time frame or benchmark in regard to post-trafficking adjustment, but rather a variety of situations and experiences.

Outcomes were conceptualized in terms of services received, safety, physical, and mental health, and day-to-day functioning and ability to lead self-sufficient lives. On the whole, clients’ outcomes are generally more positive when their service needs were met (whether through the assistance of the Comprehensive Services site or whether clients pursued needed services on their own). Certification improved outcomes for some clients but was not a panacea. Some outcomes were influenced by factors beyond the social service providers’ or the clients’ control.

Services Received and Client Satisfaction

Most of the trafficking survivors interviewed had very positive feedback on their experiences with the Comprehensive Services site, and their positive experiences enhanced their outcomes. Most clients reported getting their most basic needs for food, clothing, and shelter met by the providers. Clients generally reported that initial contact with service providers was helpful and that key services were available and accessible, with at least one person able to help them in their native language. Some victims had only positive comments about the services they had received, noting that all their needs had been met (and more, beyond their expectations), and they had been met with respect and sensitivity to their culture and emotional trauma. Some clients felt respected and honored by the service providers, which boosted their self-worth enormously. One even remarked that staff had treated her better than her family members had. Yet another had learned about new things like yoga and foods from other countries on weekly international potluck night and through other informational channels. These clients were very thankful for the agencies that were helping them, for the U.S. government, and the United States generally. They described the United States as a place of great generosity, freedom, and strength.

Everything that I have now is because they [the agency] have given to me. I've done everything on my own but a lot of the decision that I've done has been helped through them.

Really, really more helpful than I ever imagined. I have hope in life again before I didn't have hope. Really, really tremendously helping me a lot.

Because when I came here I didn't [trust the agency]. And I would think, Why did you help me so much? What did you want in return with the help that [the agency was] giving me? I would ask [the agency] "why you guys help me," and they would answer me they want to help people who were mistreated like I am. And they would tell me that they want me to feel good about myself, feel secure in my own self so that I could become somebody else in life. There were times I couldn't sleep at night and [the agency staff] would come over and they wouldn't leave until I would go asleep. At times I was afraid. Up to now [the agency staff] help me a lot. Thanks to [the agency] and thanks to God.

I feel very fortunate – I feel like I not alone in this world – these three organizations are well connected. Three organizations are part of my family – I feel safe and secure and feel confident and as a person one more time after case is done and is somebody again. Three organizations made America a second home for me.

Helped me greatly and in a way which I feel comfortable staying in America.

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I feel like I'm getting great support by the staff because I don't know anything, I don't know how things are going on, I feel supported and I am grateful for anything they do for me.

And up to this point I had no hope, I didn't know why I was living. From this point on, they [the agency] give me some hope, I develop some hopes for living.

I want you to know... I do not think I would have survived without these services. Someday I pledge when I make it, I want to be of help to other survivors... that is my dream.

I don't think there's anything to teach this organization...I know America is trying, this organization is trying ...Bless them (America) that so concerned about other people, even people who are not from here.

Compared to the [native country] system, the U.S. is much better...And I am truly thankful. All I can feel is thankfulness for the services I got.

Working with service providers also helped survivors understand the American legal system and clear up any misconceptions purposely planted by traffickers to discourage victims from seeking help. As explained by one survivor, “...I starting to know a little bit about the legal thing. So, I feel I am not that scared anymore, usually they [the trafficker] always tell me that the police is really, really bad – that they going to get you. Used to be scared of police and government people but now I find out that it's not true at all.”

Safety Outcomes

Most of the clients who were interviewed felt they were safe from their traffickers. However, some paid a price for the precautions they felt were necessary to keep them safe. While some survivors felt free to move about as they pleased, others were very careful about where they went and when. Some avoided certain areas where they might be seen by the traffickers or their associates, a few even staying inside their homes or the shelter most of the time to remain safe. For one survivor, this made it difficult to obtain necessary legal documents: “*One of the places that I didn't want help from is the [country] consulate. The [country] consulate is most unsafe place for me because trafficker had well connection with consulate – for my case, the consulate is the most dangerous place for me but I still need to go there for my valid passport – my legal document – don't trust those people and don't feel safe.*”

Some respondents were isolated from many of their compatriots, feeling uncomfortable entering their ethnic community in their city in the United States. Their discomfort had a variety of explanations: concerns about personal safety, fear of traffickers, embarrassment about the trafficking situation, or reminders of the trafficking experience. One client noted that visiting others in her ethnic community in this country meant perhaps encountering former “acquaintances” that she knew during her forced sex trafficking situation. Despite the reason for wanting to be distant from their community, this limited victims’ access to culturally appropriate food, medical and other services, newspapers and other written materials in their native language, and companions who share the same culture and language.

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Since safety is such a major concern for survivors, social service providers often make this a major focus of their work. Many survivors reported being comfortable with service providers and feeling safe when working with them.

Health Outcomes

One area with few satisfactory reports related to medical and dental care. Quite a few clients interviewed, even those who had been liberated years earlier and had a long history with the Comprehensive Services site, were still attempting to get medical and dental needs resolved. These services were inaccessible to many clients because of high costs and extremely long waiting lists for clients with limited ability to pay. Even those who had received some care may not have gotten all the care they needed. Ongoing health problems had a negative impact on outcomes in that victims had sustained anxiety and discomfort, medical conditions may have been exacerbated, and their ability to work or take care of themselves or their family may have been limited by health conditions. Both client and case manager interviews confirmed the limited availability of medical and dental care.

Mental Health Outcomes

Some clients also reported long-term mental health needs that they had not received treatment for or for which they were just beginning to get treatment. Some did not prioritize mental health care until their early focus on survival needs subsided and their emotional and stress reactions began to surface. Some felt that counseling would be beneficial but had higher priorities, such as working long hours to be able to support themselves and their family back home, which precluded seeing a counselor regularly. In other cases, clients did not receive any services at all.

Among other clients who needed and received mental health services, some received services and felt they had been helpful. They reported many positive outcomes, including a stronger sense of self and a feeling that they had grown stronger from having survived the trafficking experience and coped with its aftermath.

At the beginning I thought since I got away from trafficking violators, I thought I could survive, I could do anything by myself. But others, like legal aid, saw I had problems, introduced me to counseling. I am still receiving [counseling] services and it's helped me a lot.

The counseling helps me great because I don't have anyone else to talk about my problems. Once I leave this room I wouldn't be talking about my situation with anyone. And so, the counseling really gives me an outlet to talk about the things and about myself, and the person listens to me and advises me sometimes ...and so the counseling is a great thing for me.

The counseling was really helpful. I learned to be more mature and secure, to face my problems, and to trust and protect myself. I never would have left my son behind in [home country] if I'd had these strengths before I came here.

The counseling really helped me to work through my fear and anxiety. I got what I needed out of it.

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Other clients did not find the mental health services helpful or had some concerns about the services. One client received mental health services from a fellow national but expressed concern about this because of the shame she felt about her trafficking experience. Another client expressed feeling more depressed after talking about her trafficking experience repeatedly and decided to end her therapy.

For some, western-style talk therapy did not make sense within their cultural background and outlook. Questions about mental health needs (even when supplemented with other phrases such as “emotional support,” or “help with stress,” or “talking to someone”) simply did not resonate with some survivors. This may be due to an absence of mental health services in many countries, and the importance of cultural context in defining such services and supports. Some clients identified a need for services other than therapy to address their emotional needs, such as acupuncture.

Autonomous Lifestyles

Interview participants represented a broad spectrum of progress toward the long-term outcome of an independent, self-sufficient lifestyle. Some clients were self-sufficient, with jobs and their own permanent housing. Even so, many clients had ongoing financial problems because of medical or dental bills or other debt, the need to send money to family members in their home country, and the low wages earned from the types of jobs they had the training and skill to obtain. Others were still awaiting legal authorization to work and were living in shelters or other transitional housing. Many of the clients had very limited English skills and independent living skills (e.g., ability to arrange their own transportation, financial management skills). Some outcomes were hindered by service inaccessibility, such as ESL classes that were too hard to get to because of location or timing. Sometimes, clients had tried service options but found them inappropriate to their needs, such as ESL classes that were too advanced or job training classes that focused more on job search skills rather than training for a particular type of job.

Client Dissatisfaction and Unmet Needs

Although many clients were satisfied with services, satisfaction was not universal. The consistency and quality of the services and care they received was often mixed. For many victims of human trafficking, identified and unidentified needs went unmet. Needs went unmet for several reasons, some indicative of the services and others indicative of the survivors themselves.

Unmet Needs Because Clients Did Not Ask for Help

I don't have any problems with services and I am pretty much satisfied with what they could offer me. Um ... but sometimes I do see that squeaky wheel gets the grease. The ones who conference more get more services or rights to go anywhere else. Ones that know how to deal with it have to deal on my own, which is no problem with me. Sometimes it kind of looks kind of, I don't know how to say it. I do more on my own.

I actually needed everything – for example, I needed pots and pans to cook, so I didn't ask them because I was embarrassed to ask. I needed everything. I eventually got it myself buying one thing at a time. It's just it was hard to ask anybody because I thought people around here in the city were too busy with their own life and they don't seem like they want to be bothered with other people's problems. So, I didn't ask.

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Some clients felt they were a burden on overstressed staff, which decreased the likelihood of their asking for services that may have improved their outcomes. For some clients, experiences varied with the individual case manager they were working with, reporting very warm relations and good progress with some individuals but not others. As one client noted, “[Case manager] denied my problems or made light of them. She was rude and made unhelpful suggestions. She was very slow in getting anything done, she didn’t show up for appointments, and she lost my paperwork. She didn’t care about me. She wouldn’t come to my home, she told me to take the bus for 2 hours to get to her office.”

A number of clients noted that after hoping for and not getting needed services—counseling, medical care, job training, English classes—they simply “gave up” on the service providers and decided to try to secure the services on their own or with the help of friends. Other clients were reluctant to ask for help because of their perceptions that they should not ask for help.

Unmet Medical Needs

Many, but not all, clients reported receiving very basic medical check-ups but still had unmet medical needs, including gynecological exams, dental care, vision care, acupuncture, and in-depth diagnostics involving blood or urine tests. Dental care, when it was received, was very basic (cleanings and check-ups) rather than more extensive work like crowns, root canals, and cavity filling. Some clients had their medical and dental needs met but had to wait many weeks or months for an appointment, or had to wait in long lines or for many hours after their appointment time. Although these challenges are not unique to trafficking victims, they are indicative of the scarce resources available to low-income populations.

Sometimes, there was a mismatch between what clients wanted or expected and what was provided to them. One client noted that she had been very ill and expected to be taken to the doctor or a hospital, but was simply given pain medications instead (in detention and in a shelter). She was eventually taken to a hospital, diagnosed with an ulcer, and given appropriate treatment.

Unmet Needs Related to Culturally Appropriate Food

Needing and wanting food native to their home countries was a theme raised by some clients. In some cases, efforts to meet their dietary needs had gone wrong; for example, Korean victims were given Chinese rice, perhaps under the assumption that both of these Asian countries use the same kind of rice.

Unmet Needs Due to a Mismatch Between Service Planning and Survivor Needs

Some service providers noted the mismatch between service planning and needs assessment protocols and victims’ actual needs while in detention. For example, service providers using one interview protocol asked victims about their “housing goals;” a traumatized person in detention just wants to know what is going to happen to them in the next 24 hours or next week.

4.3 Coordination Among Service Providers

A major goal of the Comprehensive Services sites' approach is including multiple agencies in the service network to address the myriad needs of survivors. The sites embodied different models of collaboration; one site had a multi-agency collaborative, another had a central service provider that linked to satellite providers as needed, and another started with four major partner agencies but ended with two central providers. The collaborative model often determined how new cases were assigned to case managers and referred to partner agencies.

For clients in communities with a multi-agency collaborative (as opposed to a community with a central service provider that links to satellite providers as needed), the case manager is usually someone attached to the first agency to identify and work with the client. This can be an attorney if the first agency to work with the client is a legal service agency, but many attorneys and social service providers reported that it is better to have a social service provider as the client's main case manager. Having a single case manager is also less confusing and preferable for the client.

In some instances, community-based agencies receive calls requesting help for a domestic violence victim, but later realize the individual is, in fact, a victim of human trafficking. At least one site reported that they decide which agency in the collaborative to call first based on the client's language or shelter needs.

Clients were asked about their perceptions of these collaborative service networks. Clients' reports were mixed about the extent to which people or agencies helping them seemed to be working together (with a few reporting they did not know), but the majority reported that agencies *did* seem to be working together. They often gave examples, such as a new service provider knowing about their needs, or providers coordinating well to schedule appointments and relay messages. Almost all clients thought such coordination was helpful or would be helpful (if they did not think it was happening in their case).

Clients served by a multi-agency collaborative were often unaware of which agency individual service providers were affiliated with, or how others helping them were connected to the first person who helped them. Such seamlessness is often an explicit goal of a well-functioning collaborative.

I am not sure how much they [the agencies helping me] are working together but I do feel like they are connected to each other, they talk to each other, they know each other.

My impression is that they [the agencies helping me] collectively have one understanding toward me. I believe they are cooperative. I cannot differentiate them. I am satisfied that they are cooperating.

Yes, they work together closely. [Legal service provider] gives [case manager] information on the status of my legal papers, and [case manager] tells me. This helps because then I don't have to spend so much time on services.

One told me about the other. They share information and pass information and messages through each other to me. This helps make the services better because everyone knows what's going on.

Yes, people from one agency will tell me to talk to another if they can't help me with what I need. They get information from each other when I ask a question of someone who can't answer it. This is helpful.

Some clients did not think agencies were working together to assist them. A few felt their providers did not work together and did not seem to know what the other partners were doing with their case. Unfilled service gaps and conflicting messages from providers did not further clients' progress toward desired goals.

4.4 Challenges and Barriers to Receiving Effective Services

The service providers of the Comprehensive Services initiatives faced many challenges and barriers to providing effective and appropriate services to clients. Both case managers and clients raised a number of these concerns during our interviews.

Using Non-trafficking-specific Services

Finding shelter or other temporary housing appropriate for trafficking survivors is not an easy task. Only one of the three Comprehensive Services sites in the study had a shelter devoted specifically to trafficking victims, although not all clients served lived in that shelter. In the other communities and for those clients who were not housed in the trafficking-specific shelter, housing often was secured through the emergency shelter (homeless) or domestic violence service system, but neither solution was perfect, based on what was learned in these sites. Homeless shelters may not offer the type of programming and advocacy these victims need, and their approach of encouraging residents to go into the community during the day may be counterproductive to victims' safety needs, especially if the shelter is located in the ethnic community where the trafficker lives and where the victim may have been held. Domestic violence shelters appear to be a closer fit, since they are oriented toward a victim clientele, but our research participants still commented on the mismatch between their needs and this type of shelter environment.

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In some cases, the mismatch stemmed from the general inhospitality of shelter environments for women from other countries (problems with language, culture, and food), and in other cases the mismatch stemmed from not being able to identify with the problems or needs of trafficking victims, as distinct from domestic violence victims. For example, few trafficking victims need working life skills (e.g., how to set professional goals, communicate, and dress for work) because many have been working since they were very young. Noting what a significant issue housing is for trafficking victims, one case manager commented on the 30-day maximum stay in most domestic violence shelters, and further commented that trafficking victims may be reluctant to step out or escape their trafficking situation after reading about this time limit in a brochure, for example.

Material-wise, I am getting benefits; but benefits entail conditions like I have to go to school... dragging me, not that comfortable in a way because of these conditions.

At this shelter there are combination of people, mothers with young children, this shelter tends more to families with children, and even if I have issues at the meeting, it ends up focusing on children's issues and not me. They have young children running around late at night and it is difficult for me. I feel I am a victim like the children but they seem to focus on the children and families.

The staffs are supportive but emotionally and mentally I don't think anyone understands me and what I've gone through after all that happened.

In addition, some victims reported that they could not identify with the domestic violence victims they lived with and did not feel that they could share their own concerns and feelings about their trafficking experiences with fellow residents. Others commented on the problems associated with communal living: overly restrictive security measures, such as curfews;¹⁰ the many rules and chores; the need for exercising great self-control; and the lack of privacy or a place to store their few possessions securely (one client had even been robbed repeatedly at the shelter and her belongings were never recovered). Another client reported feeling compelled (not her word) to participate in various classes and shelter-based activities.

Similar problems were encountered with other social service agencies. When agencies outside the collaborative or those not specially trained in trafficking became a key service provider for a trafficking victim, appropriate services were not always provided. Many problems arose, including clients being given confusing or misleading information, leaving fundamental service needs unmet (e.g., gynecological exams for victims of sex trafficking), and ongoing lack of trust among service providers and between providers and clients.

Another challenge associated with relying on domestic violence system resources to help trafficking victims is that the domestic violence system is not equipped to handle the patterns of case flow associated with trafficking victims. Domestic violence victims typically enter local service systems (needing protection, shelter, and support) one victim (with her children) at a time. Often they have been isolated by their batterers, and joining a group shelter with other victims gives them the opportunity to work on domestic violence issues with others who have had similar experiences. With trafficking victims, however, the service system must be able to

¹⁰ It should be noted that many clients understood the reasons for shelter security measures and some even appreciated the added sense of safety and protection they felt as a result.

absorb large numbers of victims at a time (in the case of raids on large brothels or sweatshops), and in some cases groups of victims may prefer to remain together through the post-trafficking period. Since domestic violence shelters typically have few beds available and shelters may be scattered geographically across communities or regions, victims from a large raid may have to be dispersed across different shelters, isolating them from natural support networks they may have with fellow victims.¹¹

The Quality of Interpretation Services

The quality of foreign language interpretation services is critical to effective service delivery for victims of human trafficking. High-quality interpretation requires fluency in both languages, as well as skills and training in how to interpret conversations effectively and professionally. For example, one client noted that a male interpreter she encountered during detention asked her inappropriate follow-up questions after the interviewer had stepped out of the room and looked at her in a manner that made her very uncomfortable.

Some agencies have difficulty knowing if they have hired an effective interpreter, but some clients can tell whether what they are saying in their native tongue is being communicated well. Finding high-quality interpretation for Spanish-speaking victims is not as challenging as it is for some other languages, since Spanish is more commonly spoken in the United States and by service provider staff. One case manager commented on a trafficking victim (not part of this study) who had been detained in an airport and who spoke a dialect that no one was able to identify, let alone identify an interpreter who could help. A fair amount of variation in the quality of interpretation was reported by clients interviewed for this study.

Working on Legal Issues

Dealing with the numerous legal issues trafficking victims face can be very challenging. Trafficking victims often fear deportation and may not want to cooperate with law enforcement to make a case against the trafficker. One case manager noted that well-meaning social workers, paralegals, and others not experienced in working with human trafficking victims may call the U.S. Department of Justice hotline and inadvertently expose undocumented clients to ICE and possible removal. As one client noted, *“Main thing was to stay here... worst thing was to be deported back to [home country], so staying here, we can deal with anything.”*

A few case managers, not clients, noted that small, inexperienced social service agencies may become awed by the FBI or Department of Justice and over-identify with the goals of these large Federal agencies rather than those of their clients, and cautioned providers in communities just beginning to work with trafficking victims about this risk. A few clients noted that they felt like criminals after coming out of the trafficking situation, based on how they had been treated by law enforcement while in detention and by untrained social service providers who repeatedly questioned them and treated them with suspicion.

¹¹ The group nature of some trafficking cases (when a medium to large group is “freed” together) also means there is the potential for misinformation and rumors among victims, especially if they are receiving different messages or answers from investigative authorities and social service providers.

Additionally, some law enforcement practices may be antithetical to victim recovery. As one case manager explained, “Just as we start to work on victim empowerment and self-sufficiency, law enforcement enters the picture, says ‘jump,’ and we are supposed to say ‘how high’?” In these instances, there are strong parallels with domestic violence cases; while battered women do not face deportation if they fail to cooperate, they may not receive much help with subsequent assaults and may face the removal of their children if they fail to cooperate (Aron and Olson, 1997).

Inappropriate treatment can come from untrained law enforcement officers or officers who are not sensitive to the dynamics of trafficking. For example, some case managers reported law enforcement officers had called women by their “working” names (in the case of sex trafficking victims) or treated younger or prettier victims more favorably than others. These experiences may make victims less inclined to work with law enforcement and investigators on prosecuting traffickers.

In other cases, victims may be interested in working with law enforcement and helping them prosecute the trafficker, but the process is slow or a decision is made, for any of a variety of reasons, not to pursue the case and the victim is left without recourse.

Certification versus Precertification Services

About half the survivors interviewed were certified as trafficking victims, and some of them reported greater access to services, such as Social Security, Food Stamps, and cash assistance, after certification. One noted, “*Before certification, really challenging; just breathing; staying at shelter doing nothing; no basis for ID; didn’t have ID; didn’t have anything with me.*” Some understood that after receiving certification, they could apply for jobs and certain types of benefits, but as one case worker commented and others confirmed, “*Certification gives them access to what’s out there, but what’s out there is not that much.*” They also noted some practical barriers to securing various benefits. Once certified, victims of human trafficking are eligible for a Social Security number, but some had encountered staff at the local Social Security Administration office who were unfamiliar with a letter of certification and refused to issue Social Security numbers. While this problem improved over time, it remained an issue for many clients.

Others found waiting for certification to be a very lengthy process. For victims, long, drawn-out cases were exasperating, delaying psychological closure as well as the legal status needed to access jobs and benefits available to legal immigrants and certified trafficking victims. Several clients reported extreme frustration at having to wait months for their certification letter and described this unproductive time as “such a waste.”

While waiting for certification, clients often were interested in developing their English language and work skills, and even volunteering.

[Legal service provider] has been helpful but the length of time to get a T-visa is very frustrating.

They [the agency] explained about the procedures of getting legal help through them, such as in order to get help from In general, the number and quality of services were more likely to vary in a community with a multi-agency collaborative than in communities with a single central agency While multi-

Some service providers attempted to find constructive activities for clients to participate in, although this happened with varying success.

Some were still awaiting legal access to employment and independent housing even months or years after liberation from trafficking. Some were engaged in lengthy and difficult processes to help family members emigrate here, and the delays or legal obstacles were frustrating. Interviews with case managers revealed that some clients who were interviewed were never going to be certified because of government stipulations related to this process. However, it was not clear individual clients were aware that their case was not likely to be certified or that they understood what that would mean for their long-term residence in the United States.

Identifying and Meeting Needs

Conversations with survivors and case managers illuminated important points about meeting the needs of trafficking survivors. Cultural competence and qualified interpretation services are central in services designed to meet all types of needs. Those who work with victims should be sensitive to some victims' concerns that their family members do not learn about their trafficking experience, particularly if it involved the stigma and shame associated with forced prostitution. Service providers and others who work with victims should approach their work in a nonjudgmental way and remember that trafficking victims must be allowed to be human and make mistakes, before, during, and even after the trafficking experience.

Identifying what needs the victim wishes to receive assistance with, and what needs he or she expects to resolve independently, can be difficult since personal and cultural factors can influence how victims conceptualize needs and whether they believe they have the right to ask for help or should work through certain problems on their own. As one client indicated, *"The reason I didn't ask, even though I want to ask, is because I know I am not the only case and they have other people they have to help. I am not the type to ask for help all the time."*

Working with Limited Resources

Case managers commented on how limited services and benefits for trafficking victims were. While helpful, the actual support is not nearly enough to help trafficking victims stabilize. Many of them have serious financial and economic burdens (including possible credit card debt and families back home they need to support) and the support they receive is very small. One case manager explained, "We give them \$300 a month for 8 months and then expect them to be very grateful, and [we] ask, 'What are you doing to better your life?'"

Just as client benefits are limited, the service systems supporting them are often under-resourced. Some clients thought they were not receiving needed services because the shelters were understaffed and under-funded so they felt uncomfortable asking for help. One group of victims (all of whom had stayed at a shelter outside the formal collaborative) repeatedly commented on how they were told they would get help but never did. In addition to not having the needed service, they felt hurt and disillusioned by broken promises and attributed the situation to being foreign or a trafficking victim. Similarly, some victims did not feel they *could* ask for help

because they perceived the agency staff to be overwhelmed. There was a perception of a finite amount of assistance and some felt they would not qualify as the priority person to receive help.

Whenever I try to reach the attorney person here [at the agency], it takes a long time to get a response back because he is really busy and he is really busy with conferences and everything. I do aware that it's just being busy is the reason that I didn't get the response, but also I think things need to be done quicker than now, because it's been already 4 months.

The services, they definitely need more stuff – like case managers. I think each case manager has many clients and I already seen every case manager is working so hard to get things done so it has to come to the balance where she has to decide which one has to go first and I come out to the last all the time because I am able to do some things on my own. Sometimes I really do think I wish there were more people to actually handle or hear the problems. More staff attorneys, too. More legal staff who know about the issues and who is able to provide advice on time. I see other people getting help quickly but not me so it is really sad for me to see that. It's frustrating.

The Size of the Service Area

When the Comprehensive Services site covers a very large geographic area, service providers must be able to visit victims in their homes because the victims' ability to travel is often limited. Clients in one of the communities in this study reported that all the service providers, except one case manager, were very good about visiting them. This was possible because this community had a relatively small number of trafficking victims during most of the study period but, as caseloads starting rising over time, staff were less able to drive up to 2 hours to see clients in the outlying parts of their service area. In the other two communities, service providers typically covered the costs of clients' transportation. In some cases, clients lived in towns more than an hour away but were able to travel into the main city to meet with their lawyers or conduct other business.

Working with Different Types of Trafficking Victims

Several sub-groups of human trafficking victims present unique challenges to service delivery. Domestic workers as a group are often overlooked, according to case managers. One case manager commented that the Department of Justice claims these situations are a case of 'he says-she says,' and the U.S. Department of Labor directs providers to focus on cases involving multiple victims, which typically excludes domestic servitude cases. Some victims indicated they could tell which trafficking cases agencies were focusing on more directly, either based on the severity of the case or the type of trafficking.

And the law doesn't define as severe as it should be about like a situation like mine and I am hoping that there some way to get a change to that in the future because it is still violating human rights. My case is especially very different, and I come out to be the last person to be taken care of, because the other, like sex trafficking, they know how to deal with it right away. My case is really different. My status is just waiting for me to get an interview with the government – even to talk to local police it hasn't happened yet.

Younger clients also can be difficult to serve, according to case managers. One caseworker spoke of a victim who was underage, very traumatized, and had lost her sister (their parents were in their home country). The caseworker commented on how hard it was to build trust with the victim, how she had many emotional needs primarily because she was young, and how she made demands typical of an adolescent (wanting make-up and designer clothes) and had “tantrums” if she did not receive them.

Client Confidentiality

Additional challenges for service providers concerned data and record keeping. Well-trained social service providers are very careful about what they ask clients and what they record in their files. If they suspect trafficking, they call an attorney right away. Unlike other conversations they may have, clients’ discussions with lawyers are protected by attorney-client privilege so courts cannot subpoena their records as evidence in legal proceedings. Unless other service providers, such as health care professionals, have a need to know a person is a trafficking victim, case managers may not share that information with them.

Confidentiality is an important feature when working with victims of human trafficking. Although some interview participants expressed less concern than others with this issue, service providers and others who assist victims should make confidentiality a central issue in their approach to service.

5. SUMMARY

Research participants were very willing to share their experiences and perspectives on Comprehensive Services initiatives for this evaluation. They highlighted not only their positive experiences, but also identified ways that treatment and services for trafficking clients may be improved.

Many research participants had favorable comments about their experiences with at least some services provided by the Comprehensive Services initiatives. Many clients were able to connect with a service provider, many had some needs met, and many increased their understanding of the American legal system. However, participants also expressed areas of concern about their safety, health, mental health, and ability to move to positions of independence. These lessons learned from victims themselves can be used constructively to inform modifications to training, policies, and practices for those working in the human trafficking field and involved in comprehensive networks.

These in-depth case studies can guide practitioners in the field as they work to provide quality services. Some of the findings are indicative of the challenges services providers face in general when working in environments with limited resources and service availability. The findings that reflect the specific needs and issues of trafficking survivors point to their similarities with the needs and issues of other types of victims and low-income populations generally.

VI. KEY FINDINGS AND LESSONS LEARNED

This chapter highlights some of the key findings from Phase II and III of the evaluation, identifies promising or best practices for consideration by other communities, and presents important lessons learned across the sites to assist other communities in planning, implementing, and sustaining similar initiatives.

1. SUMMARY OF KEY FINDINGS

1.1 Planning Comprehensive Services Initiatives

Several important findings related to the planning phase of the initiatives, including:

- Identify partners who have a history of working together, are committed to the issue, and have experience working with victims of human trafficking or similar populations (e.g., battered immigrant women, torture victims, refugees).
- Involving key partners in the planning process results in a shared vision, clear understanding of roles and responsibilities, and greater commitment to the initiative from the outset.
- Early and ongoing assessment of needs (community, provider, and client) is important for ensuring the right partners are involved, appropriate services are available and accessible to clients, and resources are allocated appropriately.
- Common goals across the initiatives included developing a sustainable network of providers for trafficking victims; increasing capacity to serve victims; improving availability and accessibility of appropriate services for precertified victims; improving referral systems; removing barriers to services; improving awareness of trafficking and availability of services among victims, the community, and other providers; increasing the number of victims served; and ultimately improving the well-being of trafficking victims.
- Anticipated barriers to goal attainment included difficulty collaborating; identifying victims to serve; limited resources; lack of knowledge and training among law enforcement, providers, and the community; and access and availability to the volume and type of services needed.

1.2 Implementing Comprehensive Services Initiatives

Key findings related to the implementation of the Comprehensive Services initiatives included:

- While client referrals tended to come primarily from law enforcement, an increase in referrals from community-based organizations, other providers, and Good Samaritans was reported over time and attributed to the increase in training, education, and outreach in the communities.

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- Standard protocols for intake and assessment, safety planning, and service plan development were identified as essential to ensuring appropriate services were available to clients and ensuring consistency in service planning and delivery across agencies.
- The two primary types of outreach were to potential first responders (e.g., law enforcement, community-based organizations, faith-based organizations, health care professions) and victims themselves. Partners reported the most success with the former type of outreach, resulting in increased referrals from these agencies. While some cases were, clients overall were not self-referring for services.
- The most used or provided services included intensive case management, legal services, interpretation services, education or job training, mental health services, and medical services. In particular, intensive case management was identified as a critical service for victims of human trafficking.
- Non-western mental health counseling or therapy (e.g., acupuncture, massage) and trauma-reduction therapy were reported to have the greatest impact on client well-being and were reported to be more culturally appropriate for clients than western therapies (e.g., “talk therapy”).
- Services provided by partners within the initiative tended to result in better outcomes for victims than services offered by providers outside the network. This was attributed to a lack of knowledge, training, and experience among those outside the network.
- The most challenging client needs throughout the course of the evaluation included housing, specialized medical treatment, dental care, and finding culturally appropriate mental health treatment. This was reflected in interviews with survivors as well as providers. Some needs went unmet because clients did not express their needs for fear of overwhelming providers.
- Some initiatives experienced the need to offer mobile or satellite services in order reach clients in remote locations. It was not always possible or safe for clients to travel to providers for services.

1.3 Outcomes of Comprehensive Services Initiatives

Findings related to the outcomes and overall effectiveness of the initiative in meeting their goals were informative and promising and included:

- In general, collaboration among agencies, including exchanging information, communication, and coordination of services and resources, tended to improve over time as more clients were served and partners became more familiar with each other.
- While coordination and collaboration with law enforcement improved across the initiatives, they remained a challenge and, in some cases, a significant barrier to clients receiving services.

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- Awareness of human trafficking and the availability of information within the community and among service providers significantly increased during the first year and remained favorable over time.
- The total number of precertified clients served by the initiatives increased over time from the caseloads at the start of the initiatives.
- The greatest increase in service availability was seen during the first year of the evaluation and remained favorable over time. Access to services showed the greatest increase in the second year and remained favorable.
- Barriers to accessing services included lack of awareness of services among the victim population due to difficulty reaching them (e.g., hidden population); fear of retaliation from traffickers; fear and mistrust of law enforcement, providers, and others offering to help; shame; and for some victims, not understanding why services were offered because they may not self-identify as a victim of human trafficking.
- Most survivors reported having their basic needs met by providers, finding services available and accessible, and in most cases, having access to an interpreter who spoke their native language.
- Most survivors were satisfied with the services they received through the initiatives and reported feeling safe working with the providers.
- Most survivors indicated that service providers were working together to meet their needs—an indication of effective collaboration and coordination of services.
- Survivors reported wanting to build skills and resources to normalize their lives in the United States. For some, this included being treated like a person and not a victim. Survivors were eager to put the trafficking experience behind them.

1.4 Sustaining Comprehensive Services Initiatives

Several important findings related to the sustainability of the Comprehensive Services initiatives, including:

- Plans for sustaining the initiative began emerging during the second year of the evaluation and focused on securing non-federal funding and engaging more partners and extending the service provider network to meet the anticipated demand for service as caseloads increased. In addition to having resources to support the initiative, ensuring a solid infrastructure to support expansion of the service model was also critical.
- Partners who considered working with victims of human trafficking to be consistent with the overall missions of their agencies were more likely to commit to the initiative, regardless of funding.

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- Without increased funding, services available across the initiatives would need to decrease, including direct services to clients as well as training, education, and outreach.
- Barriers to success experienced during the course of the evaluation were consistent with many of the anticipated barriers identified in year one. These included insufficient resources, difficulty identifying victims, difficulty working with law enforcement, and challenges among partners related to confidentiality concerns (e.g., what information to document, what information to share).

- Partners identified several key factors associated with their success: engaged partners with a history of working with victims of human trafficking or populations with similar needs; engaged partners with a history of collaborating; established formal MOUs with clear roles and responsibilities for all parties; continually assessed partner roles and responsibilities (Do agencies have the capacity to meet client needs? Are additional partners needed? Are partners being

Characteristics of Effective Initiatives
<ul style="list-style-type: none">▪ Passion▪ Dedication▪ Experience▪ Diversity▪ Flexibility▪ Institutionalized commitment (beyond individuals)▪ Client-centered approach▪ Cultural sensitivity▪ Comprehensiveness (can handle a case from start to finish)▪ Mutual understanding and respect▪ Shared vision▪ One voice

stretched beyond their expertise? Is more training, including cross training, needed?); engaged in ongoing education and training of partners; practiced open and ongoing communication among partners; incorporated into the initiative community resources wherever possible and appropriate; in collaboration with all key partners, including law enforcement, established policies, procedures, and protocols for appropriately sharing client information; interacted honestly with clients, making no false promises or over promising); implemented preventative measures to avoid case manager burnout and turnover (e.g., limiting case loads, setting boundaries with clients and other providers); developed and institutionalized clear policies, procedures, and protocols for referrals, assessments, planning, and service delivery; ensured flexibility in service models to accommodate changing needs of clients; and involved survivors, when appropriate and when they were ready, into program planning and service delivery.

1.5 Promising Practices

Throughout the evaluation, several promising and innovative practices emerged and contributed to many of the successful outcomes of the initiatives:

- Offering centralizing core services (case management, legal, counseling, housing) within the key partners or lead agency can ensure basic client needs are met, allow for more effective coordination of services and sharing of information, and help avoid clients not having their basic needs met.
- Local working groups and community forums are effective strategies for building community commitment and capacity to respond to human trafficking.
- Partnering with organizations such as Crime Stoppers can be an effective approach to increasing community identification and referrals. Offering a reward for leads that result in the identification of a trafficking situation or victims is a powerful incentive for community members. In general, the number and quality of services were more likely to vary in a community with a multi-agency collaborative than in communities with a single central agency. While multi-agency collaboratives can apply more resources and personnel to delivering trafficking services and can diversify and build a system of providers experienced with trafficking-related needs and services; the effectiveness of these systems requires coordination and at a minimum centralized case management. .
- Just as providers are turning to pro bono attorneys (with significant training and oversight by a lead attorney) for help in meeting the legal needs of trafficking victims,, recruiting pro bono doctors also is a cost-effective and efficient way to provide client medical care.
- Given the challenges some communities identified for locating appropriate translation services, creating a database of qualified and screened translators accessible by all partners can save time and resources.
- Part of the recovery process for a client involves rebuilding self-confidence and self-esteem. Engaging hairdressers to provide client makeovers is an innovative and promising option.
- Target outreach and training to those most likely to come into contact with victims (e.g., law enforcement, emergency room staff, health clinics, other social service providers, faith/religious leaders).
- Assign a primary and secondary point of contact for each partner agency to ensure timely response and follow-through and to prevent clients from having to wait for information, particularly details regarding their legal case.

Establish co-located offices to increase communication among partners and offer easier access to services for clients. For example, provide office space in a social service agency for attorneys or in shelters for attorneys or case managers.

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- Explore opportunities to supplement existing services, such as those established by the domestic violence field, while recognizing differences in victim populations.
- Provide clients with non-western mental health services (massage therapy, acupuncture, meditation, breathing exercises), which tend to be more effective, appealing to, and culturally appropriate for some clients.

2. LESSONS LEARNED AND RECOMMENDATIONS FOR THE FIELD

One goal of the evaluation was to offer lessons learned by the initiatives during the evaluation period to other communities as they plan and implement ways to effectively respond to the needs of precertified clients. In addition to the key findings outlined above, the following lessons learned provide useful information for communities nationwide.

2.1 Collaboration

The following lessons learned related to collaboration:

- Acknowledge limitations and find complementary strengths elsewhere; highlight the work of partners.
- Allocate sufficient time, attention, and nurturing for developing effective collaboration; capitalize on the unique expertise and contributions of everyone involved.
- Demonstrate organization, reliability, and trustworthiness to law enforcement while advocating relentlessly for clients.
- Create a stake in the issue among agencies for whom human trafficking work is a natural fit with their mission and philosophy and, therefore, who are more likely to remain committed even after funding ends.

2.2 Comprehensive Services

Several lessons learned from the evaluation related to service provision, as well as conducting education, outreach, and training:

- Build the service infrastructure before expanding education and outreach.
- Reaching victims through ethnic radio, television, and newspapers, ethnic supermarkets, beauty parlors, Laundromats, ethnic restaurants, night clubs, truck stops, and other places victims may be allowed to visit or be present.
- Keep caseloads manageable; in general, case managers suggested 10–15 precertified clients per case manager.

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- Set confidentiality as a top priority and discuss with partners what information can and should be recorded; providers should be aware that depending on State law In general, the number and quality of services were more likely to vary in a community with a multi-agency collaborative than in communities with a single central agency. While multi-agency collaboratives can apply more resources and personnel to delivering trafficking services and can diversify and build a system of providers experienced with trafficking-related needs and services; the effectiveness of these systems requires coordination and at a minimum centralized case management., their records may be subpoenaed and they may be required to testify in court.
- Recognize that some shelters may only be able to serve victims who fit their funding criteria (e.g., only serve domestic violence victims or sexual assault victims), while others may only serve victims who fit their mission or service model.
- Gain a greater understanding of the needs of male victims of human trafficking, how they differ from those of female victims, and effective services for meeting those needs.
- Be familiar with alternative legal remedies that may be available for victims of human trafficking who do not want to cooperate with law enforcement or who may be experiencing significant delays in the progress of their case; consider civil remedies, U-visas, relief under VAWA (self-petitioning for immigration status), asylum relief, labor certification, and family petitions.
- Make providers aware they may need to expand their services for victims of human trafficking, which demands time, patience, commitment, and flexibility. For example, in addition to case managers, others often have to provide emotional support, crisis intervention, transportation services, assistance with completing applications, managing finances, and additional services for clients; centralized intensive case management within an initiative or partner agencies can be helpful. In other cases, a legal provider may have to spend more time than expected sitting in on interviews, preparing victims for interviews, or debriefing victims after interviews.
- Consider assigning pro bono attorneys to assist with legal cases but only if you have the time or staff to provide in-depth training and oversight.
- Understand that a client’s timeline for legal services may not be the same as the timeline for social services as legal needs often extend beyond the need for social services; exceptions include mental health needs (often victims are not able or willing to address their trauma until months or years after they have been removed from the trafficking experience) and medical needs (some victims, particularly victims of labor trafficking,

“If the government and law enforcement need the cooperation of the victims in prosecuting the traffickers, they need the victim to be well...The victim will need adequate emotional/psychological assistance to deal with their fears and to deal with being a good witness in a deposition or trial. This takes time. It takes a lot to get them emotionally ready to be able to handle this and cooperate in an effective manner. You cannot rush trauma recovery.”

have long-term medical needs as a result of injuries sustained during their trafficking experience).

- Target education and training to health and human services staff, Social Security Administration staff, Department of Motor Vehicles personnel, and other administrative professionals to help ensure that clients who become certified do not experience delays in their receiving important documents.
- Train law enforcement on Federal and State legislation, continued presence, interviewing victims, and available resources for victims of human trafficking; engage law enforcement as the training lead or co-lead.
- Anticipate possible lack of coordination or increased competition related to case jurisdiction among local/State and Federal law enforcement when State anti-trafficking legislation exists; uncertainty about jurisdiction can create delays in having the victim interviewed, having continued presence issued, or having the client certified. Recognize that law enforcement is not always focused on the victim.

3. ADVICE FROM SURVIVORS

During the case study interviews, survivors were asked what advice they would offer to service providers and to other trafficking victims after considering the services they received and their experiences with them. They shared a variety of thoughts that reflected their priorities and experiences as survivors and as clients.

3.1 Advice for Agencies Assisting Trafficking Survivors

Several clients offered advice to service providers for overcoming the obstacles to reaching victims in trafficking situations:

- *They should put pocket-sized cards in places where people go, like the Dollar Store. No point in putting them in places people can't afford to go to.*
- *Maybe to give out flyers in the laundry mat, close by to the restaurants, in downtown where there is a lot of people there, close to the fields where the people are working in the fields.*
- *I wish that this kind of information should be printed out in each language because most victims don't speak or read English, so if written in their language and sent out it would reach them faster. Even if someone could send it out on the streets so someone can see it and read about that there is help and they are encouraged to reach out.*
- *[One way to get the word out would be through] their own language newspapers – not in English. Most of us do not read English. We would be reading our own newspapers.*
- *If they can advertise [agency] with phone numbers and descriptions of their help... and advertise at churches, because most survivors and victims go to churches looking for help.*

Evaluation of Comprehensive Services for Victims of Human Trafficking

Usually people who need help go to church. I have done that; because in the church people have a tendency to reach out to help.

- *From my opinion about if it possible to for the improvement – if [agency] could be more visible to the community. For example, when I come in but nobody would know the agency is here – so secret – would be nice if [agency] could be in public, so people can walk in to get help or file a complaint.*

Some clients made suggestions for how victim services could be improved:

- *There are many services already but if I can think of one thing...I wish [agencies] could provide some kind of vocational school so we can learn something to get a job, so we can eventually become independent. I like everything in this country except without any special talent or vocation it's almost impossible to get any job.*
- *Realize difficult to provide 100% services but should keep their promises, make it their mission; keep something that you said ...[keep your word].*
- *Being able to have somebody understand us culturally, familiarity with our customs/culture, would have been very helpful. Because culturally, language, unfamiliarity with the process, especially in a case like ours as a woman are already living with many risks, and freedom has been taken away.*
- *All I heard during those months was “wait and wait and wait”... none of us came here to be rich and do nothing. Differences between how you say “wait” lovingly, [with] warmth, hopefulness, versus dismissive, not caring.*
- *They should be careful to hire dedicated, caring people to work there, especially people who are themselves survivors.*
- *I think it would be better if they knew each other better – did more research because it didn't seem like they really knew the trafficking situation. For example, when went to apply for medical, they didn't understand my situation, so the cycle repeated itself [didn't understand client's situation].*

Clients also offered recommendations for how justice, immigration, medical, and school services could be more attuned to the needs of victims:

- *Everything from my opinion is good, but...everything excellent, the only thing that we could have is medical benefit from government because during time confined with trafficker we never receive proper medical attention.*
- *One thing I would like to add which is very important – everything takes so slow, could expedite the papers so I can get things done.*

- *Need to educate the police and trafficking and victim services so they can know what it's about and how to treat victims. Also educate school staff so they can recognize and help students who are victims.*

3.2 Advice for Other Trafficking Survivors

The survivors who were interviewed also offered advice and encouragement to other victims of trafficking. Several addressed how to avoid or escape the trafficking situation and the trafficker's control:

- *Before leaving [your home country] if it would be possible, anything you want to do. Ask all questions, before you come here; try to make sure you know why they're bringing you... get name, phone number... make a contract between two families... a signed agreement; we want to hear her voice every week, give her money, teach her to use a pay phone; this arrangement would put fear in the heart of traffickers. Plan for the future too... go to school. Let everything be signed: hours per day, days per week.*
- *I would like to tell the victims that it is going to be very difficult – the culture, the law, the system - but don't ever lose own beliefs but follow and trust instinct no matter what trafficker says to you. They may be saying they are going to help but trust instinct and go get help other places. And another thing I would like to tell [victims] – that if [victims] want to get out of [the trafficker's] control. Cut the ties completely with this trafficker. If you have one relation with one person who knows the trafficker, it won't work.*
- *If there's a fire station, you can sneak in, say "please, I need your help," then see what they say. Try to find someone connected to government, neighbors, elderly people...*
- *Don't be ashamed or think you're being hurt because you're a bad person – call the police and get out of the situation before they hurt you any more.*
- *I would tell them to stand up – there is a way to survive out of this. There is help. You do not have to go back to [country] – there is a way to stay in America. And also report on those criminals, traffickers.*

Some survivors acknowledged the emotional pain and fear associated with the trafficking experience and provided encouraging and supportive advice:

- *I would tell them that everything happens in life and continue moving on. Try to erase all those fingerprints that make you have a hard time and continue on and try to fight for what you want.*
- *In future, we can live a very good life because of our bad experiences in the past. Hope not to give up but let's live life to the fullest.*
- *If talk to a similar person, without ID, without anything, just yourself on your own: try to do something, anything on your own. Be strong; hold your strong self in you.*

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- *Don't give up on life; always have hope. Always helping hands around; anytime, anywhere.*
- *They tend to feel ashamed and bad about themselves because of what happened to them. They should know that it's the trafficker who did wrong, not them. They should believe in themselves and keep going to pull themselves through. Focus on the future.*
- *I would tell them how I felt when I was in their shoes, the experiences I've had with services to help, and how strong I feel now. I would try to give them the strength to face their problems and deal with them. I'd let them know that the laws here really work to protect women and children, and they shouldn't be scared of reaching out for help.*
- *Nobody can help unless that person will help herself. I think that comes first. Even with all the services that [agency] can provide, if person is not ready to help herself, then it's not going to work. And it's really hard to find the limit where these people can really help the person or not. All the survivors have all this potential to learn how to live here in the United States, how to survive and get through the difficult period – together – but I think they need to help themselves. That's what I am trying, talking to myself to – feeling negative is not doing much to me and it's just giving worse feelings about like what's going to happen in the future and I have no future and it's really frustrating – but once I know I want to help myself I was able to think clearly that I want to get out of the situation.*
- *I want to tell to not give up and find your skills, talents and learn and train yourself. You're not alone. There's help and look for it, and don't give up until you get it. It's a difficult place to adjust your life in a foreign country but there are places to get help and you don't have to do it alone.*

Additionally, survivors discussed the reluctance of victims to become involved with service providers or the U.S. government and encouraged victims to place their trust in these systems:

- *I would tell them, don't be scared, trust the people who are here to give you services because they will help you.*
- *There are people out there to help you, you should try to reach out to them and not mistrust them because they're Americans or because they're white.*
- *I would say go to agencies that assist because there you won't be alone, not to be afraid because there is help out there.*
- *I would tell them to be patient and hold things in and trust them [the government]. When I was in [agency], I didn't feel like I could trust either the social service or the government. Feel like I was some alien dropped from the sky and I would look up at the sky but in the end it did happen and so it was a matter of being able to trust that it will happen.*
- *The people here do help and provide good services, you need to move forward and use their help to get out of it.*

Evaluation of Comprehensive Services for Victims of Human Trafficking

The evaluation findings provide evidence that the three Comprehensive Services initiatives had made significant progress in achieving their shared overarching goals of improving service provision for victims as evidenced by: the increased availability of services that adequately met most clients' needs as reported by service providers and victims themselves; improved client well-being as reported by most victims during the client interviews; and increased awareness of human trafficking within the communities as evidenced by increased attendance of community representatives and organizations at training events, increased volunteers, and increased referrals for possible trafficking situations and victims. Additionally, promising practices, lessons learned, and especially, the recommendations of providers and survivors provide valuable information to guide other communities in planning, implementing, and continuing similar comprehensive service models to meet the diverse and complex needs of victims of human trafficking.

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APPENDIX A:
EVALUABILITY ASSESSMENT PROTOCOLS

*An Evaluation of Services for Trafficking Victims
Discretionary Grant Program: Comprehensive Services Sites
Grant Review Guide*

- A. General Program Information
 - 1. Name and contact information for site.
 - 2. How many months/years of funding was site awarded?
 - 3. Have we interviewed site for Needs Assessment project?

- B. Need for Program
 - 1. What need/problem is this site addressing?
 - 2. Are the target population and its needs clearly defined?

- C. Comprehensive Services
 - 1. How does the site define and/or demonstrate that it provides comprehensive services?
 - 2. Do they provide names/contact information for the other providers in their network? If so, what are they?
 - 3. Can you give a general description of how the network operates from the information provided so far? Are programs and services clearly defined?

- D. Program is Ready for an Evaluation
 - 1. Are the goals and objectives of the Comprehensive Services well specified?
 - 2. Are the goals and objectives measurable?
 - 3. Is there a logical link between program activities, outcomes, and impacts?
 - 4. Do the expected outcomes address the target population needs?
 - 5. Does the site indicate whether the data necessary to evaluate the program are available or can be collected over the course of the 3-year evaluation period with or without assistance?

*OVC Trafficking Grantee Evaluation-Phase I
Evaluability Assessments-Phone Interview Protocols*

**OVC 2003-2005 Trafficking Grantees-Comprehensive Services
Phone Interview Protocol**

Grantee: [please place the grantee name here]
Grant Manager: [please place the grant manager's name here]
Project Director: [please place the project director's name here]
Contact Info: [please include phone number and email]
Interviewee: [please include name and title of person interviewed]
Date/Time/Dur.: [please type the date, time, and duration of the interview]

Review:

1. Goals of the National Evaluation:
 - To *determine* the effectiveness of the demonstration sites in helping trafficking victims receive appropriate and adequate services
 - To *document* the development and implementation of coordinated service delivery networks so others can learn from their experiences and implement similar successful programs in other communities.
2. Purpose of Phase I of the Evaluation Approach-Evaluability Assessments:
 - To narrow down the list of evaluation candidates. The assessment seeks to determine whether an in depth evaluation of your project is feasible, whether an evaluation would generate conclusions related to measurable outcomes, and whether you and your project staff are interested in participating in the national evaluation.
3. Evaluability assessment activities to date:
 - Review of grant application materials and screening activities
 - Current project director interview to select a sample of projects for site visits.
 - If your project is selected for a site visit, we would like to come out and speak with you and with other key stakeholders in the program. Would it be possible to schedule a site visit in the near future?
4. Overview of the topics for discussion during the interview
 - Background
 - Program goals
 - Planned program activities
 - Implementation level
 - Data systems
 - Outcomes
5. General confidentiality guidelines and voluntary nature of participation. Ask if they have any questions before you begin.

*OVC Trafficking Grantee Evaluation-Phase I
Evaluability Assessments-Phone Interview Protocols*

Interview Protocol:

Background:

1. Please briefly describe your current position and how long you have held it?
2. Are you currently receiving any other funding for this project?

Planning:

3. What is the identified need for your comprehensive services project?
4. Describe any needs assessment process that was conducted to determine the need for this comprehensive services project (formal, informal, anecdotal) (*see page 8 of the solicitation*). Does your site have any data to document the identified local needs? Are the target population(s) and its needs clearly identified?
5. When did your agency start serving trafficking victims? To date, how many trafficking victims would you estimate that your agency has served?
6. Who was involved in the initial planning of this comprehensive services model? Are these same individuals still involved in the project?

Goals:

7. What is the overall purpose of the project? What are you trying to achieve?
8. Who will be impacted by this comprehensive services project? Who is targeted for change (i.e., agencies, individuals, community, etc.) for this project? How will they be impacted?
9. How do you plan to measure success at each level? How will you know if you have achieved your goals?

Activities/Collaborative:

10. Please describe the comprehensive services plan for this project (*see page 9 of the solicitation*). What are you doing and how will you do it? What are the activities that will help you achieve your outcomes? Who are the key partners and what are their roles? (*see page 8 of the solicitation*) What activities have you planned for each year of the grant?
11. Do the collaborating agencies have a history of working together to serve trafficking victims in the past? Do you foresee any challenges working with these partners?

*OVC Trafficking Grantee Evaluation-Phase I
Evaluability Assessments-Phone Interview Protocols*

12. Are there other agencies that you would like to be involved that are not involved in your project? If not involved, why not?
13. What outreach efforts are currently planned for your project to identify and serve more trafficking victims? (*see page 8 of the solicitation*) How many trafficking victims do you expect to serve throughout the course of this project?

Evaluation Design:

14. What is your local plan for evaluation? (*see pages 12 – 13 of the solicitation*) What questions are you addressing? What type of evaluation is it? Who is responsible for collecting these data? How will it be collected?
15. What additional assistance/resources do you anticipate needing for your local evaluation?
16. What data systems are currently in place to help capture the outcomes for each targeted level that you have identified in question number 8 of this interview? (*see pages 12 – 13 of the solicitation for probes*) Do you have plans for other data collection?
17. What specific client-level data do you currently collect? What information is available in case management records?
18. To what extent will these data be made available to us? Do you foresee any problems with Caliber accessing these data?

General Description of Caliber’s Approach:

For the independent evaluation of OVC’s Comprehensive Trafficking Sites, Caliber Associates will work with two sites over the course of three years. Caliber Associates will develop data collection protocols and in some cases collect data required for the independent evaluation. Data will be collected through the use of vignettes, stakeholder surveys, document review of program records, and case studies with eight to ten trafficking victims per site. The two selected sites will assist Caliber with the scheduling of interviews, help Caliber gain access to needed data, and submit relevant data for the evaluation.

19. What experiences do you, or someone in the collaboration, have with evaluation?

*OVC Trafficking Grantee Evaluation-Phase I
Evaluability Assessments-Phone Interview Protocols*

20. If you were to participate in the independent evaluation, what challenges can you anticipate? (*probe: general access to agency records (which agencies?); general access to victims; confidentiality issues; too burdensome, partner buy-in*)

21. What assistance/resources do you anticipate needing if you were to participate in this independent evaluation?

22. What would you want to learn from the evaluation? What information would be most helpful for your site?

23. Based on this interview, how willing are you to participate in this independent evaluation? (*on a scale from 1 – 5, with 1=not at all and 5=very willing*)

Frequently Asked Questions and Answers

Q: How much time will I have to spend on this independent evaluation?

A: Caliber will conduct 2 site visits, each lasting 3-4 days per site (each year). The site will assist Caliber with site visit logistics (i.e., planning for the site visits, time spent in an individual interview, help gaining access to people and information). Each site will also be required to submit data to Caliber on a quarterly basis. Caliber will try to reduce the burden by working with OVC to make sure the selected sites are not duplicating their evaluation efforts. (for more info, see pg. 13 of RFP)

Q: What do I gain from participating in this independent evaluation?

A: A selected site will be highlighted as a demonstration site as well as a pioneer in developing “lessons learned” for the field. A selected site will receive ongoing technical assistance in the area of evaluation (which they can use to tweek, refine, and revise their program as they progress forward) (and they can also use to assist them in their own grant-reporting requirements to OVC), and the site will receive feedback on whether or not their comprehensive services model is achieving its goals and has impact. Such feedback will help the site with project modification in a timely manner. Caliber will develop processes to help the selected sites measure their activities. The two selected sites will be contributing to the greater knowledge of the victims' services community and helping pave the way for other service providers who will attempt similar comprehensive endeavors for trafficking victims in the future.

Q: If I participate in this independent evaluation will I still have to evaluate my program because I am an OVC funded site?

A: At this time, the Caliber research does not know the answer to this question. However, the project manager is working with OVC and NIJ on this issue. It is the project manager’s belief that the selected 2 sites should not be required to also conduct their own separate evaluation as required by OVC RFP (this does not relieve the OVC funded site of their responsibility to do performance measurement and semi-annual reporting). The Caliber project manager will make a case that the selected sites not be made to conduct a separate evaluation.

Q: Would clients be involved in making the decision to allow access to their records? For example, victim's consent to release information? Would a client's consent be included or necessary before records can be released?

A: I told them that I'd ask Heather and get back to them.

Q: Will Caliber be providing evaluation materials, or will we just use the documents that each agency has already collected? In other words, will there be any additional paperwork that this evaluation will create for the 2 sites?

A: I said yes, that Caliber would require quarterly reports and would develop evaluation protocols. So, in this sense, it is additional paperwork. But, if the decision is made that the 2 chosen sites do not have to conduct their own local evaluation, then the 2 comprehensive evaluations actually have less paperwork. So, how does it balance out? More or less paperwork? I don't know.

Q: Is Caliber also providing TA to all the different programs? What's going to happen to the other 6 sites who aren't chosen for the national evaluation? Do they get any evaluation help? Can the protocols that Caliber develops for the national eval be made available to help the other 6 sites as well?

A: Caliber will provide some TA to the two sites it is evaluating. It is not currently within Caliber's scope of work to provide TA to the other 6 sites. Safe Horizon is funded to provide 1 yr. Of programmatic TA to the sites. Caliber Associates might be able to transfer some of its evaluation protocols to the other 6 sites, but not all evaluation protocols will be easily transferable (some will be specifically tailored by site). Caliber Associates is meeting with OVC next week to discuss the sites' T&TA needs, and that meeting should shed some light on how TA will be handled for this project.

COMPREHENSIVE SERVICES SITES EVALUABILITY ASSESSMENT STAKEHOLDER INTERVIEW/FOCUS GROUP GUIDE

Interview Date: _____

Interviewee Name: _____

Agency or Organization Representing: _____

Contact Information: (e-mail): _____

Site: _____

Background (general)

1. Historically, what type of victims has your agency worked with/served?
2. What type of services do you provide to your clients?

Background (trafficking)

3. How did you first learn about trafficking?
4. How long have you been working with trafficking victims? What proportion of your clients are victims of trafficking?

Involvement with Initiative

5. How did you get involved with the Comprehensive Services Initiative funded by the Office for Victims of Crime?
6. What role will your agency play in the initiative?
7. What has your involvement been to date?
8. What do you see as possible barriers/challenges to success?
9. Is there an agency or type of agency that you think is missing from the initiative partners?
10. What do you see as the key strengths that this partnership brings to the initiative?

APPENDIX B:
**PLANNING, IMPLEMENTATION, AND OUTCOME
EVALUATION PROTOCOLS**

TRAFFICKING EVALUATION KEY PARTNER - INFORMED CONSENT

Caliber Associates, along with the Office for Victims of Crime and the National Institute of Justice is conducting an evaluation of the comprehensive services sites to address the issue of trafficking in persons (the “Comprehensive Services Initiative”). The evaluation of the Comprehensive Services Initiative is funded by the Office for Victims of Crime and the National Institute of Justice.

The purposes of the evaluation are to develop information about several major issues:

- What factors and activities lead to effective collaborations to address trafficking in persons?
- What is the impact of the Comprehensive Services Initiative on how organizations and systems respond to trafficked persons?
- What is the impact of the Comprehensive Services Initiative on how organizations and systems respond to one another?

You have been selected to participate in a survey because you regularly work with persons who have been trafficked, and because your agency is an official partner of the [insert site name] Comprehensive Services Initiative evaluation. The Comprehensive Services Initiative in your community is implementing several activities that seek to improve the way agencies work with trafficked human beings and each other. The attached survey will assess the current practices and policies in your agency or place of work. The survey items ask general questions about the activities that you undertake during the course of your regular work. Later, we will use the responses you give now to determine whether these policies and practices have changed over time as a result of the Comprehensive Services Initiative.

The survey should take approximately 20 minutes to complete. We understand your concern about the confidentiality of your responses, and so the survey includes a stamped envelope addressed to Caliber Associates for returning the survey to the National Trafficking Evaluation Team -- your supervisor and your agency will not see your responses. The survey does not ask for any identifying information, but does include a code number so that we can track which surveys have been returned and which are still outstanding. Only the National Trafficking Evaluation Team will utilize this code number, however. No one in your community will have access to your individual responses from this survey. In addition, because the study is being conducted for the Office of Victims of Crime and the National Institute of Justice, the data are protected against any disclosure by statute. This Federal statute requires that, without exception, the confidentiality of identifiable information will be maintained.

Your participation in this survey is completely voluntary, but we encourage you to respond. Your community has invested a lot of time and resources in working with victims of human trafficking, and your responses to this survey will significantly help in that effort. If you have any questions, please contact Heather Clawson at 703-219-4427 (from the National Trafficking Evaluation Team).

Thank you for your cooperation. Your input will provide valuable information that can assist your agency in serving individuals who are victims of trafficking in persons.

OVC Comprehensive Services Initiative Key Partner Survey

Please answer each of the following questions based on your experience/involvement with the OVC Comprehensive Services Initiative. If you are not comfortable answering a question or if a question does not apply to your situation, please mark an X over the question number/letter and proceed to the next question in the survey.

Thank you in advance for your participation in this survey.

BACKGROUND

1. When did you first begin to actively participate in the Initiative?

____(Mo.) ____ (Yr.)

Looking ahead to the coming year, do you still plan to be involved in the Initiative?

____ Yes ____ No

If no, briefly explain why not:

2. Which sector of the community do you represent? Please check only one.

____ a) Civic/Business Community

____ b) Dental

____ c) Education

____ d) Faith-based

____ e) Housing/Shelter

____ f) Immigrant Advocacy

____ g) Law Enforcement

Investigative

____ h) Legal

____ i) Medical/Public Health

____ j) Mental Health

____ k) Professional Associations

____ l) Prosecutorial

____ m) State VOCA Victim

Compensation

____ n) Substance Abuse Treatment

____ o) Victim Assistance from DV,
SA, Child Abuse

____ p) Other (specify)

3. Approximately how many employees are in your organization?

____ a) 1-5

____ b) 6- 10

____ c) 11- 20

____ d) 21- 50

____ e) 51- 100

____ f) More than 100

____ g) Not Applicable

7. Now, please rate the following statements referring to collaborations between service providers (government and non-government) and victim advocates as of _____.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Service providers and advocates interact for the purpose of exchanging information and communication about human trafficking.	1	2	3	4	5
Service providers and advocates are involved in joint planning and activities for victims of human trafficking.	1	2	3	4	5
Service providers and advocates work together on goals that are complementary for the benefit of victims of human trafficking.	1	2	3	4	5
There is coordination and some sharing of resources across service providers and advocates to serve the needs of trafficking victims.	1	2	3	4	5
Trafficking service providers/advocates share a common vision that links diverse interests.	1	2	3	4	5

8. The accomplishments of an initiative are often dependent upon how well the network functions. Please rate how effective the OVC Comprehensive Services Initiative has been in each of the areas listed.

	Not Effective	Moderately Effective	Effective	Very Effective	Don't Know
Identifying and using the skills/experience of members	1	2	3	4	9
Communicating with external agencies (outside of the OVC Comprehensive Initiative collaborative group)	1	2	3	4	9
Networking with agencies, organizations and groups represented by the OVC Comprehensive Initiative	1	2	3	4	9
Bringing together members with an interest in human trafficking and trafficking victims' needs	1	2	3	4	9

9. To what extent have each of the following improved or gotten better as a result of the OVC Comprehensive Services Initiative?

	No Improvement	Little Improvement	Some Noticeable Improvement	Significant Improvement	Don't Know
Support for trafficking victims across the various participating organizations	1	2	3	4	9
Commitment of resources and staff time for the OVC Comprehensive Initiative from the leaders of various participating organizations	1	2	3	4	9
Support from local business and/or industry with such things as time, money, and/or space	1	2	3	4	9

	No Improvement	Little Improvement	Some Noticeable Improvement	Significant Improvement	Don't Know
Political support for the OVC Comprehensive Initiative	1	2	3	4	9
Community support for the OVC Comprehensive Initiative	1	2	3	4	9
Available resources for the OVC Comprehensive Initiative	1	2	3	4	9
Awareness of trafficking victims needs among <i>service providers</i>	1	2	3	4	9
Awareness of trafficking victims needs among <i>victims</i>	1	2	3	4	9
Awareness of trafficking victims needs among the <i>community</i>	1	2	3	4	9
Availability of information on resources and services for trafficking victims of crime	1	2	3	4	9
Availability of training for service providers that focuses on human trafficking	1	2	3	4	9
Use of trafficking survivors/victims in program/service planning, policy-making, etc.	1	2	3	4	9
Availability of local/State data on trafficking victims' needs	1	2	3	4	9
Sharing of information on trafficking across service providers and advocates (e.g., shared case management systems, newsletters, referrals, etc.)	1	2	3	4	9

10. Below are possible impacts of the OVC Comprehensive Services Initiative on your community so far. Please indicate the extent to which you agree with each statement as of _____.

As a result of the Initiative.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
We are able to influence budget/funding decisions about trafficking victims of crime.	1	2	3	4	5
Trafficking policies, rules, or laws have been changed or implemented.	1	2	3	4	5
There is a better understanding of policies, rules or laws that deal with human trafficking.	1	2	3	4	5
New/improved networks and relationships have been built among organizations, agencies, and groups to work with trafficking victims.	1	2	3	4	5
Organizations, agencies, and groups are working together more effectively on trafficking victims' issues.	1	2	3	4	5
There is better coordination between law enforcement organizations and victim service providers when dealing with victims of human trafficking.	1	2	3	4	5
The referral process for trafficking issues between agencies and organizations is more streamlined.	1	2	3	4	5

As a result of the Initiative.....	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
New services have been established to address the needs of trafficking victims in our community.	1	2	3	4	5
There is an increased understanding of the needs of trafficking victims in our community.	1	2	3	4	5
There is shared language about trafficking among victim service providers, advocates, and trafficking victims themselves.	1	2	3	4	5
Planning has led to better targeting of services and programs for trafficking victims.	1	2	3	4	5
Trafficking victim services and programs have been improved.	1	2	3	4	5
Trafficking victim services and programs are more available.	1	2	3	4	5
Accessibility to trafficking victim services and programs has improved.	1	2	3	4	5
Under-served groups are more aware of trafficking services and programs available to victims of human trafficking.	1	2	3	4	5
Trafficking victims are more willing to access services.	1	2	3	4	5
There is less duplication of services for trafficking victims.	1	2	3	4	5

11. What have been some other impacts of the OVC Comprehensive Services Initiative on your community?

12. What agency/organization/group/individual, if any, was missing from the table? What impact did this have on the OVC Comprehensive Services Initiative?

OVC COMPREHENSIVE SERVICES FOR TRAFFICKING VICTIMS PROGRAM COORDINATOR BASELINE INTERVIEW GUIDE

Interview Date: _____

Interviewee Name: _____

Agency or Organization Representing: _____

Site: _____

Introduction:

Caliber Associates is collecting data for an evaluation of OVC Comprehensive Initiative sites. The purpose of the evaluation is to determine the effectiveness of the Initiative in helping trafficking victims receive appropriate and adequate services and to document the development and implementation of these coordinated service delivery networks so that others can learn from their experiences and implement similar successful programs in their communities.

The confidentiality of the information you provide is guaranteed. Only members of the trafficking evaluation research team will have access to information that could identify individuals. OVC and NIJ will never have access to what you as an individual say during this interview. Your responses to these questions will be reported only in aggregate and will never identify you as an individual.

Your participation in this evaluation is completely voluntary. You may decline to participate in the study or withdraw your participation from the study at any time without consequences or penalties. The interview will last approximately 60 minutes.

Do you have any questions before we begin?

I'm going to start by asking you a few questions about your involvement with the Initiative.

1. How would you describe your role as the Program Coordinator/Director for the OVC Comprehensive Initiative (Initiative)? How did you become involved with the Initiative?
2. How was the advisory committee formed? Does it have broad representation of those who come in contact with trafficking victims in your locale? Were any key stakeholders missing from the committee?
3. What is the role of the advisory committee? Has the advisory committee faced any barriers or challenges in getting formed or accomplishing its tasks? How did you overcome these barriers?
4. What do you hope to achieve with the Initiative? What are the goals of the Initiative? If you were to classify your Initiative as *successful*, how are you defining success for your Initiative?

5. Does the Initiative have a special focus, or concentration?

Now, I want to ask you a few questions about the key factors to successful planning of your Initiative.

5. What has your Initiative accomplished during the planning year?
6. What factors contributed to the success of the Initiative during the planning phase?
7. What barriers or challenges did you experience in planning the Initiative? How did you overcome them?
8. At this stage in your Initiative, what advice would you give to other providers planning a comprehensive services model for trafficking victims?

Now, I want to ask you a few questions about the key factors to successful implementation of your Initiative.

9. How would you describe your Comprehensive Initiative service provision model? What does it look like?
10. What is the status of your Initiative model? Have you begun implementing your Initiative model? (IF NOT IMPLEMENTED, SKIP TO QUESTION 13)
11. How would you describe the transition from the planning phase to the implementation phase? (Probe: Did it go smoothly? Were there problems?)
12. What have been some of the successes of implementing the model?
13. What have been some of the barriers or challenges in implementing the model? How have you handled them?

Now, I want to ask you a few questions about victim service provision.

14. What kinds of victims are you/will you be working with?
15. How have/will policies/procedures/protocols changed to better identify and serve victims of trafficking?
16. For those victims you are currently serving under this Initiative, how were the victims/clients identified as victims of trafficking? What outreach was done or will be done to access trafficking victims?

17. What services are you/will you be providing (Probe: Is there a difference in service provision based on the type of trafficking victim)? What needs are you/will you meet?
18. What services are you not able to provide? What needs are you unable to meet?
19. What impact are these services having or expected to have on trafficking victims?
20. What additional or enhanced services have been created or made accessible through the collaborative efforts of the Initiative?
21. How have the nature and types of services that are being offered to trafficking victims changes as a result of the Initiative?
22. Do you think the Initiative contributes to streamlining services and providing adequate services to trafficking victims? If yes, to what extent?
23. What is the most valuable aspect of the Initiative for victims?

Finally, I want to ask you a few questions about your plans for sustaining the Initiative.

24. What plans are in place for sustaining the Initiative? What type of support is needed to sustain this type of Initiative?
25. What factors will contribute to the sustainability of the Initiative?
26. Are there any key partners or collaborations that are needed to ensure sustainability that are not currently part of the Initiative? (Probe: Other key Federal or State agencies, Local colleges/universities Local or national victim service agencies)
27. What do you anticipate as some of the barriers or challenges to sustaining the network? How will you overcome them?
28. As you look ahead, what additional assistance do you anticipate needing from OVC or others in order to move forward with your initiative?

Thank you for taking the time to share your thoughts with us!

OVC COMPREHENSIVE SERVICES FOR TRAFFICKING VICTIMS CASE MANAGER BASELINE INTERVIEW GUIDE

Interview Date: _____

Interviewee Name: _____

Agency or Organization Representing: _____

Site: _____

Introduction:

Caliber Associates is collecting data for an evaluation of OVC Comprehensive Services sites that work with trafficking victims and were funded by OVC in 2003. The purpose of the evaluation is to determine the effectiveness of the Comprehensive Services demonstration sites in helping trafficking victims receive appropriate and adequate services and to document the development and implementation of these coordinated service delivery networks so others can learn from their experiences and implement similar successful programs in their communities.

The confidentiality of the information you provide is guaranteed. Only members of the Caliber Associates team will have access to information that could identify individuals. OVC and NIJ will never have access to what you as an individual say during this interview. Your responses to these questions will be reported only in aggregate and will never identify you as an individual.

Your participation in this evaluation is completely voluntary. You may decline to participate in the study or withdraw your participation from the study at any time without consequences or penalties. The interview will last approximately 60 minutes.

Do you have any questions before we begin?

I'm going to start by asking you a few questions about your involvement with the OVC Initiative.

1. How long have you been working with victims of trafficking?
2. How long have you been in your position as a case manager/advocate?
3. What are your roles and responsibilities as a case manager/advocate for this Initiative?
4. What do you hope to achieve with this Initiative? What are the goals of the Initiative? How do you define success for this Initiative?
5. Does the Initiative have a special focus, or concentration?

Now, I want to ask you a few questions about the work you have done with victims of trafficking and the impact of those services on victims and the victim service community.

6. What kinds of victims have you worked with as part of the OVC Initiative (pre-certification)?
7. How were the victims/clients identified as victims of trafficking?
8. What policies/procedures/protocols have been developed or revised to assist you in serving victims of trafficking? In identifying the needs of trafficking victims?
9. What are the benefits to the changed/new procedures/protocols (e.g., have previously unserved victims received services? are more victims being identified? certified?, etc.)
10. How did the victims/clients come to access your services? What outreach is being done to access trafficking victims?
11. What needs have the Initiative been able to meet for victims? What services are you able to provide?
12. What needs have the Initiative been unable to meet?
13. What additional or enhanced services have been created or made accessible through the collaborative efforts of the Initiative?
14. How have the nature and types of services that are being offered to trafficking victims changes as a result of the Initiative? Do you think the Initiative contributes to streamlining services to trafficking victims? To providing adequate services to trafficking victims? If yes, to what extent?
15. What do you see as the most valuable aspect of the Initiative for victims? For the community?
16. What follow-up is being conducted after services are delivered?
17. Do you receive feedback from victims/clients about the services you provide? What type of feedback are you receiving (positive, negative, etc.)?

Thank you for taking the time to share your thoughts with us!

OVC COMPREHENSIVE SERVICES FOR TRAFFICKING VICTIMS KEY PARTNER BASELINE INTERVIEW GUIDE

Interview Date: _____

Interviewee Name: _____

Agency or Organization Representing: _____

Site: _____

Introduction:

Caliber Associates is collecting data for an evaluation of OVC Comprehensive Initiative sites. The purpose of the evaluation is to determine the effectiveness of the Initiative in helping trafficking victims receive appropriate and adequate services and to document the development and implementation of these coordinated service delivery networks so that others can learn from their experiences and implement similar successful programs in their communities.

The confidentiality of the information you provide is guaranteed. Only members of the trafficking evaluation research team will have access to information that could identify individuals. OVC and NIJ will never have access to what you as an individual say during this interview. Your responses to these questions will be reported only in aggregate and will never identify you as an individual.

Your participation in this evaluation is completely voluntary. You may decline to participate in the study or withdraw your participation from the study at any time without consequences or penalties. The interview will last approximately 60 minutes.

Do you have any questions before we begin?

I'm going to start by asking you a few questions about your involvement with the Initiative.

1. What is your role with the OVC Comprehensive Initiative (Initiative)? How did you become involved with the Initiative?
2. What do you hope to achieve with the Initiative? What are the goals of the Initiative? If you were to classify your Initiative as *successful*, how are you defining success for your Initiative?
3. Does the Initiative have a special focus, or concentration?

Now, I want to ask you a few questions about the key factors to successful planning of your Initiative.

5. What has your Initiative accomplished during the planning year?
6. What factors contributed to the success of the Initiative during the planning phase?
7. What barriers or challenges did you experience in planning the Initiative? How did you overcome them?
8. At this stage in your Initiative, what advice would you give to other providers planning a comprehensive services model for trafficking victims?

Now, I want to ask you a few questions about the key factors to successful implementation of your Initiative.

9. How would you describe your Comprehensive Initiative service provision model? What does it look like?
10. What is the status of your Initiative model? Have you begun implementing your Initiative model? (IF NOT IMPLEMENTED, SKIP TO QUESTION 13)
11. How would you describe the transition from the planning phase to the implementation phase? (Probe: Did it go smoothly? Were there problems?)
12. What have been some of the successes of implementing the model?
13. What have been some of the barriers or challenges in implementing the model? How have you handled them?

Now, I want to ask you a few questions about victim service provision.

14. What kinds of victims are you/will you be working with?
15. How have/will policies/procedures/protocols changed to better identify and serve victims of trafficking?
16. For those victims you are currently serving under this Initiative, how were the victims/clients identified as victims of trafficking? What outreach was done or will be done to access trafficking victims?
17. What services are you/will you be providing (Probe: Is there a difference in service provision based on the type of trafficking victim)? What needs are you/will you meet?
18. What services are you not able to provide? What needs are you unable to meet?

19. What impact are these services having or expected to have on trafficking victims?
20. What additional or enhanced services have been created or made accessible through the collaborative efforts of the Initiative?
21. How have the nature and types of services that are being offered to trafficking victims changes as a result of the Initiative?
22. Do you think the Initiative contributes to streamlining services and providing adequate services to trafficking victims? If yes, to what extent?
23. What is the most valuable aspect of the Initiative for victims?

Finally, I want to ask you a few questions about your plans for sustaining the Initiative.

24. What plans are in place for sustaining the Initiative? What type of support is needed to sustain this type of Initiative?
25. What factors will contribute to the sustainability of the Initiative?
26. Are there any key partners or collaborations that are needed to ensure sustainability that are not currently part of the Initiative? (Probe: Other key Federal or State agencies, Local colleges/universities Local or national victim service agencies)
27. What do you anticipate as some of the barriers or challenges to sustaining the network? How will you overcome them?
28. As you look ahead, what additional assistance do you anticipate needing in order to move forward with your initiative?

Thank you for taking the time to share your thoughts with us!

OVC COMPREHENSIVE SERVICES FOR TRAFFICKING VICTIMS PROGRAM COORDINATOR FOLLOW-ON INTERVIEW GUIDE

Date:

Name:

Organization:

Site:

Introduction:

Caliber Associates is collecting data for an evaluation of OVC Comprehensive Initiative sites. The purpose of the evaluation is to determine the effectiveness of the Initiative in helping trafficking victims receive appropriate and adequate services and to document the development and implementation of these coordinated service delivery networks so that others can learn from their experiences and implement similar successful programs in their communities.

The confidentiality of the information you provide is guaranteed. Only members of the trafficking evaluation research team will have access to information that could identify individuals. OVC and NIJ will never have access to what you as an individual say during this interview. Your responses to these questions will be reported only in aggregate and will never identify you as an individual.

Your participation in this evaluation is completely voluntary. You may decline to participate in the study or withdraw your participation from the study at any time without consequences or penalties. The interview will last approximately 60 minutes.

Do you have any questions before we begin?

I'm going to start by asking you a few questions about your involvement with the Initiative.

1. Has your role as the Program Coordinator/Director for the OVC Comprehensive Initiative (Initiative) changed?
2. Have the goals of the Initiative changed? What successes has the Initiative had to date?

Now, I want to ask you a few questions about the key factors to successful implementation of your Initiative.

3. Has the service provision model of your Comprehensive Initiative changed? What does it look like (include both formal and informal partnerships)?
4. What have been some of the successes of implementing your model?
5. What have been some of the barriers/challenges in implementing your model? How have you handled these barriers/challenges?
6. Do the partners meet regularly?
7. Do you attend training together on the topics of trafficking? Does the Initiative or its partners offer training to each other?

Now, I want to ask you a few questions about victim service provision.

8. Are you working with any new clients since our last visit?
9. Have protocols changed in the past 6 months to help you better identify and serve victims of trafficking? Are there protocols that need to be developed?
10. What new services are you providing to your pre-certified clients? What needs are you meeting?
11. What services are you not able to provide to your pre-certified trafficking clients? What needs are you unable to meet? How do you address these unmet needs?
12. What impact are the services provided by this Initiative having on trafficking victims?
13. Do you feel the Initiative is providing streamline (unduplicated, timely, responsive) comprehensive services? Why or why not?
14. What is the most valuable aspect of the Initiative for victims? How will you measure success at the end of the grant?

Now, I want to ask you a few questions about training.

15. What training has been provided to staff working with pre-certified victims? Key partners? Community/other agencies?
16. What training is still needed?

Finally, I want to ask you a few questions about your plans for sustaining the Initiative.

17. What plans are in place for sustaining the Initiative? What steps have been taken? What type of support is needed to sustain this type of Initiative? (Probe: fundraising efforts)
18. What factors will contribute to the sustainability of the Initiative?
19. Are any key partners or collaborations needed to ensure sustainability that currently are not part of the Initiative? (Probe: Other key Federal or State agencies, Local colleges/universities Local or national victim service agencies) How are you addressing this gap?
20. What do you anticipate as some of the barriers/challenges to sustaining the network? How will you overcome them?
21. As you look ahead, what additional assistance do you anticipate needing from OVC or others in order to move forward with your Initiative?

Thank you for taking the time to share your thoughts with us!

OVC COMPREHENSIVE SERVICES FOR TRAFFICKING VICTIMS CASE MANAGER FOLLOW-ON INTERVIEW GUIDE

Date:

Name:

Organization:

Evaluation Site:

Introduction:

Caliber Associates is collecting data for an evaluation of OVC Comprehensive Services sites that work with trafficking victims and were funded by OVC in 2003. The purpose of the evaluation is to determine the effectiveness of the Comprehensive Services demonstration sites in helping trafficking victims receive appropriate and adequate services and to document the development and implementation of these coordinated service delivery networks so others can learn from their experiences and implement similar successful programs in their communities.

The confidentiality of the information you provide is guaranteed. Only members of the Caliber Associates team will have access to information that could identify individuals. OVC and NIJ will never have access to what you as an individual say during this interview. Your responses to these questions will be reported only in aggregate and will never identify you as an individual.

Your participation in this evaluation is completely voluntary. You may decline to participate in the study or withdraw your participation from the study at any time without consequences or penalties. The interview will last approximately 60 minutes.

Do you have any questions before we begin?

I'm going to start by asking you a few questions about your involvement with the OVC Initiative.

(Ask these questions if interviewing a new person:)

1. How long have you been working with victims of trafficking?
2. How long have you been in your position as a case manager/advocate?
3. What are your roles and responsibilities for this Initiative?
4. What do you hope to achieve with this Initiative? How do you define success for this Initiative?
5. Does the Initiative have a special focus, or concentration?

(Ask others the following questions:)

6. Has your role in the Initiative changed? If so, how has it changed?
7. Have your goals/expectations for the Initiative changed?
8. To date, what do you see as measures of success for your Initiative?

Now, I want to ask you a few questions about the work you have done with victims of trafficking and the impact of those services on victims and the victim service community.

9. Have you served any new pre-certified clients in the past 6 months?
10. What new protocols are you using to assist you in serving victims of trafficking? In identifying the needs of trafficking victims? How are they working?
11. Are there any new services you have provided since our last visit?
12. What needs have the Initiative been unable to meet?
13. Do you feel the Initiative is providing streamlined (unduplicated, timely, responsive) comprehensive services? Why or why not?
14. What do you see as the most valuable aspect of the Initiative for victims? For the community?
15. Are you doing any follow up with clients after service provision?
16. Do you receive feedback from clients about the services you provide? What type of feedback are you receiving (positive, negative, etc.)?
17. Describe the existing barriers/challenges to providing service to pre-certified trafficking clients.
18. Is there any training or TA you still need to help you better serve clients?
19. In this last year of the Initiative, what do you hope to accomplish?

Thank you for taking the time to share your thoughts with us!

OVC COMPREHENSIVE SERVICES FOR TRAFFICKING VICTIMS KEY PARTNER FOLLOW-ON INTERVIEW GUIDE

Date:

Name:

Organization:

Site:

Introduction:

Caliber Associates is collecting data for an evaluation of OVC Comprehensive Initiative sites. The purpose of the evaluation is to determine the effectiveness of the Initiative in helping trafficking victims receive appropriate and adequate services and to document the development and implementation of these coordinated service delivery networks so that others can learn from their experiences and implement similar successful programs in their communities.

The confidentiality of the information you provide is guaranteed. Only members of the trafficking evaluation research team will have access to information that could identify individuals. OVC and NIJ will never have access to what you as an individual say during this interview. Your responses to these questions will be reported only in aggregate and will never identify you as an individual.

Your participation in this evaluation is completely voluntary. You may decline to participate in the study or withdraw your participation from the study at any time without consequences or penalties. The interview will last approximately 60 minutes.

Do you have any questions before we begin?

I'm going to start by asking you a few questions about your involvement with the Initiative.

1. Has your role with the OVC Comprehensive Initiative (Initiative) changed?
2. Have the goals for your Initiative changed? What progress have you made toward achieving the Initiative's goals? How are you measuring success?

Now, I want to ask you a few questions about the key factors to successful implementation of your Initiative.

3. Do you feel that your Comprehensive Initiative service provision model is fully implemented? Why or why not?
4. What have been some of the successes of implementing the model?
5. What have been some of the barriers/challenges of implementing the model? How have you handled them?
6. Do the partners meet regularly?
7. Do you attend training together on the topics of trafficking? Does the Initiative or its partners offer training to each other?

Now, I want to ask you a few questions about victim service provision.

8. Have protocols changed in the past 6 months to help you better identify and serve victims of human trafficking?
9. What training have you received in the past 6 months to help you assist pre-certified trafficking victims?
10. What new services are you providing? What needs are you meeting?
11. What services are you not able to provide? What needs are you unable to meet?
12. **[Legal only]** What legal remedies are being sought for your pre-certified trafficking clients? What factors help you make the determination regarding remedies to seek?
13. What impact are these services having or expected to have on trafficking victims?
14. What is the most valuable aspect of the Initiative for victims? How will you measure success at the end of the grant?

Finally, I want to ask you a few questions about your plans for sustaining the Initiative.

15. What plans are in place for sustaining the Initiative? What type of support is needed to sustain this type of Initiative? (Probe: fundraising efforts)
16. What factors will contribute to the sustainability of the Initiative?
17. Are any key partners or collaborations needed to ensure sustainability that currently are not part of the Initiative? (Probe: Other key Federal or State agencies, Local colleges/universities Local or national victim service agencies) What efforts are being made to identify these partners?
18. What are your plans for staying involved with the Initiative? What are your plans for continuing work in the area of human trafficking?
19. What do you anticipate as some of the barriers or challenges to sustaining the network? How will you overcome them?
20. As you look ahead, what additional assistance do you anticipate needing from OVC or others in order to move forward with your Initiative?

Thank you for taking the time to share your thoughts with us!

Network Analysis Survey for the National Evaluation of OVC Comprehensive Trafficking Grantees

Name:
 Organization:
 Contact Information:
 Date:

Term	Definition
Challenges/barriers	Philosophies, policies, protocols or personalities that make working with this organization difficult.
Contact	Interaction with people from this organization at meetings, trainings, or via e-mail and telephone.
Frequency of contact	1 = Not once have I been in contact with this organization. 2 = I have been in contact with this organization 1 or 2 times during the time period. 3 = I am in contact with this organization about once a month. 4 = I am in contact with this organization on a weekly basis. 5 = I am in contact with this organization on a daily basis.
Level of Importance	1 = For me to do my job, my relationship with this organization is not important at all. 2 = For me to do my job, my relationship with this organization is not very important. 3 = For me to do my job, my relationship with this organization is somewhat important. 4 = For me to do my job, my relationship with this organization is very important. 5 = For me to do my job, my relationship with this organization is extremely important.
Purpose of contact	A = Information exchange B = Resource exchange (e.g., data, staff, space) C = Client referrals D = Technical assistance (e.g., training, support) E = Use of other organization's programs/services F = Other (specify)

Next Steps

Thank you for completing this survey! We truly appreciate your support. Please return this survey to Ksmall@caliber.com, or you can mail the survey to:

Kevonne Small
Caliber Associates, Inc.
10530 Rosehaven Street
Suite 400
Fairfax, VA 22030

A Caliber research team member will contact you in a few days to follow-up with you about your survey responses and to ask you more detailed questions about your interaction with the trafficking Initiative.

OVC Comprehensive Services Initiative - Core Measures

This data collection form is intended to capture data from _____.
 Only record data for this time period on this form. You will be given a new form to report data for subsequent time periods. If you do not have data to report for this time period, please indicate after the question that data are not available.

The following are definitions for terms used in this form:

- Initiative – refers to the OVC comprehensive trafficking services collaborative
- Key partner – throughout this document ‘key partner’ refers to organizations that are a formal partner of your OVC grant (e.g., formal agreements, MOUs, etc.). Unless clearly specified, we are asking for the number of partnering organizations.
- Labor trafficking - includes domestic worker, restaurant/bar worker, sweatshop, agricultural labor, bonded labor, field labor, food industry and forced begging
- OVC client – a human trafficking victim who is not certified
- Sex trafficking - includes forced prostitution, servile marriage, sex tourism/entertainment and pornography

Thank you in advance for your cooperation.

Trafficking Population

1. How many trafficking clients did your Initiative serve from _____?

Total number of OVC clients who:	Type of Trafficking Client:			
	Sex only	Labor only	Both sex and labor	Other
<i>Were pre-certified</i> during this time period.				
<i>Became certified</i> during this time period.				
Total number of non-OVC clients who:				
<i>Already were certified</i> during this time period (i.e., either certified prior to time period, or came to your Initiative certified during the time period).				

Please describe the other type of trafficking client(s) you have served:

2. How many of your OVC clients identified in question #1 above were adult males, or adult females?

Type of Trafficking Client	Number of Males	Number of Females
Sex only		
Labor only		
Both Sex and Labor		
Other (specify)		

3. How many of your OVC clients identified in question #1 above were children?

Type of Trafficking Client	Number of Children Represented in this Category
Sex only	
Labor only	
Both Sex and Labor	
Other (specify)	

4. How were your OVC clients referred to your Initiative from **July 1, 2005 to December 31, 2005**?

Source	Type and Number of OVC Client(s) from that Source
Local law enforcement	<input type="checkbox"/> Sex only _____ <input type="checkbox"/> Labor only _____ <input type="checkbox"/> Both Sex and Labor _____ <input type="checkbox"/> Other (specify) _____
Federal law enforcement	<input type="checkbox"/> Sex only _____ <input type="checkbox"/> Labor only _____ <input type="checkbox"/> Both Sex and Labor _____ <input type="checkbox"/> Other (specify) _____
Community based providers	<input type="checkbox"/> Sex only _____ <input type="checkbox"/> Labor only _____ <input type="checkbox"/> Both Sex and Labor _____ <input type="checkbox"/> Other (specify) _____

Source	Type and Number of OVC Client(s) from that Source
Good Samaritans	<input type="checkbox"/> Sex only _____ <input type="checkbox"/> Labor only _____ <input type="checkbox"/> Both Sex and Labor _____ <input type="checkbox"/> Other (specify) _____
Federal agency hotlines	<input type="checkbox"/> Sex only _____ <input type="checkbox"/> Labor only _____ <input type="checkbox"/> Both Sex and Labor _____ <input type="checkbox"/> Other (specify) _____
Other (specify)	<input type="checkbox"/> Sex only _____ <input type="checkbox"/> Labor only _____ <input type="checkbox"/> Both Sex and Labor _____ <input type="checkbox"/> Other (specify) _____

Service Provision

5. Please provide information on the total number of staff working with your OVC clients from _____.

	Total Number of Staff
Staff (total number across all key partner organizations) working with OVC clients.	

6. Please provide information for the type of key partners in your Initiative from _____. Also, indicate the number of key partners for that type (e.g., housing – 3, dental - 1), the affiliation of the key partners, and whether the key partners are a government agency or a non-governmental organization (NGO).

Type of Key Partner	Number of Key Partners	Key Partner Affiliation	Government/NGO
Civic/Business Community		<input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> International	<input type="checkbox"/> Government <input type="checkbox"/> NGO
Dental		<input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> International	<input type="checkbox"/> Government <input type="checkbox"/> NGO
Housing/Shelter		<input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> International	<input type="checkbox"/> Government <input type="checkbox"/> NGO

Type of Key Partner	Number of Key Partners	Key Partner Affiliation	Government/NGO
Law Enforcement, Investigative, Victim Assistance, Prosecutorial agencies		<input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> International	<input type="checkbox"/> Government <input type="checkbox"/> NGO
Legal		<input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> International	<input type="checkbox"/> Government <input type="checkbox"/> NGO
Medical and Public Health Agencies		<input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> International	<input type="checkbox"/> Government <input type="checkbox"/> NGO
Mental Health		<input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> International	<input type="checkbox"/> Government <input type="checkbox"/> NGO
Substance Abuse Treatment		<input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> International	<input type="checkbox"/> Government <input type="checkbox"/> NGO
Victim Assistance from DV, SA, Child Abuse		<input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> International	<input type="checkbox"/> Government <input type="checkbox"/> NGO
Immigrant Advocacy		<input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> International	<input type="checkbox"/> Government <input type="checkbox"/> NGO
Faith-based		<input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> International	<input type="checkbox"/> Government <input type="checkbox"/> NGO
Institutions of Professional Education		<input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> International	<input type="checkbox"/> Government <input type="checkbox"/> NGO

Type of Key Partner	Number of Key Partners	Key Partner Affiliation	Government/NGO
Professional affiliation associations		<input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> International	<input type="checkbox"/> Government <input type="checkbox"/> NGO
State VOCA Victim Compensation and Assistance Administrators		<input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> International	<input type="checkbox"/> Government <input type="checkbox"/> NGO
Other (specify)			
Other (specify)			

If there has been a change in a key partner(s) please explain why:

7. Indicate the services your Initiative provided for OVC clients from _____. Also, indicate the time spent (in hours) providing this service during this same time period. Time spent means providing service to OVC clients, as well as, additional time you may have spent finding things such as clothing or locating a referral.

General Service	Was service provided?	Time Spent (Hours)	Brief Description of Service	Was new service provided as a result of OVC award?
Child Care	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Criminal justice system-based victim advocacy	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Crisis Intervention or 24 Hour Hotline	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Dental (emergency and long term)	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Literacy Education and/or Job Training	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Employment Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Emotional/Moral Support	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Explanation of Legal Rights and Protections	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No

General Service	Was service provided?	Time Spent (Hours)	Brief Description of Service	Was new service provided as a result of OVC award?
Interpreter/Translator	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Locating/Providing Information and/or Referrals	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Legal Services, including Immigration Advocacy	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical (emergency and long term)	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health (emergency and long term)	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Outreach Services Directed Toward Immigrant Populations	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Protection/Safety	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Shelter/housing (emergency and long term)	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No

General Service	Was service provided?	Time Spent (Hours)	Brief Description of Service	Was new service provided as a result of OVC award?
Special Services for Child/Juvenile Victims	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Service Advocacy and Explanation of Benefit Entitlements/Availability	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Substance Abuse Treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Clothing/Food	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Transportation	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify)				
Other (specify)				
Other (specify)				

8. Please estimate the total costs (e.g., Federal funds, match, in-kind, and other dollars) in dollars for providing services to your OVC clients from _____ . Also, please describe whether any of the costs were unanticipated.

Funding Source	Estimate of Total Costs (Dollars)	Where any of the costs unanticipated?	If costs were unanticipated, please explain why
OVC grant		<input type="checkbox"/> Yes <input type="checkbox"/> No	
In-kind (match) resources/services		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (specify)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (specify)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (specify)		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. How many OVC clients have you referred to organizations outside of your Initiative (these are referrals made to organizations that are *not key partners* of your Initiative) from _____ ?

	Type of Trafficking Client:			
	Sex only	Labor only	Both sex and labor	Other
Total number of referrals made during the time period.				
Name(s) and type(s) of organization(s) that you referred the client(s) to for service.				
Reason for/type of referral(s).				

Please describe the other type of trafficking clients you have referred to organizations outside of your Initiative:

Client Status

10. Upon entering the United States, what was the immigration status of the OVC client(s) you began working with from _____?

Type of Trafficking Client	Immigration Status Upon Entering United States
Sex only	<input type="checkbox"/> K visa (marriage visa) <input type="checkbox"/> Student visa <input type="checkbox"/> Temporary work visa <input type="checkbox"/> No documentation <input type="checkbox"/> Other (specify)
Labor only	<input type="checkbox"/> K visa (marriage visa) <input type="checkbox"/> Student visa <input type="checkbox"/> Temporary work visa <input type="checkbox"/> No documentation <input type="checkbox"/> Other (specify)
Both Sex and Labor	<input type="checkbox"/> K visa (marriage visa) <input type="checkbox"/> Student visa <input type="checkbox"/> Temporary work visa <input type="checkbox"/> No documentation <input type="checkbox"/> Other (specify)
Other (specify)	<input type="checkbox"/> K visa (marriage visa) <input type="checkbox"/> Student visa <input type="checkbox"/> Temporary work visa <input type="checkbox"/> No documentation <input type="checkbox"/> Other (specify)

11. What action (e.g., T-visa application, law enforcement endorsement, and continued presence) was taken on behalf of your OVC client(s) from _____?

Action Taken:	Type of Trafficking Client:			
	Sex only	Labor only	Both Sex and Labor	Other
Total number of T-visa applications filed for OVC clients.				
Total number of OVC clients who received a law enforcement endorsement.				
Total number of OVC clients granted continued presence.				

Please describe the other type of trafficking clients for whom action was taken:

12. What was the average length of the pre-certification period for your OVC clients from _____?

- Less than 1 week
- One week to one month
- More than 1 month up to 3 months
- More than 3 months up to 6 months
- More than 6 months up to 12 months
- More than 12 months
- Don't know

For those OVC clients that were in their pre-certification phase for more than 12 months please explain why: (For example: difficulty obtaining necessary documents; difficulty working with law enforcement; difficulty with the legal process, etc.)

Training

13. For each human trafficking-related training event held from _____, please identify the date the training event was held, the training objective/topic(s) covered at the training event, the target audience(s) for the training event, the number of people who attended the training event, the duration of the training event (in hours), and whether or not the training event was evaluated. (Insert additional rows if necessary).

Date of Training Event #1:				
Training Objective/Topic(s) Covered	Target Audience(s) for Training Event	Number of People Who Attended Training Event (N=)	Duration of Training Event (Hours)	Did you evaluate the training event?
<input type="checkbox"/> Global dimensions of human trafficking <input type="checkbox"/> Definition of human trafficking <input type="checkbox"/> Screening/interviewing techniques for human trafficking victims <input type="checkbox"/> Identification of human trafficking victims <input type="checkbox"/> Procedures for reporting human trafficking situations <input type="checkbox"/> Immigration rights and services under the TVPA <input type="checkbox"/> Social service needs for human trafficking victims <input type="checkbox"/> Culturally and linguistically appropriate services for human trafficking victims <input type="checkbox"/> Local service resources for human trafficking victims <input type="checkbox"/> Legal assistance for human trafficking victims <input type="checkbox"/> Other (specify) <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Victim service providers <input type="checkbox"/> Law enforcement <input type="checkbox"/> Prosecutors <input type="checkbox"/> NGOs <input type="checkbox"/> Federal agencies <input type="checkbox"/> State/local Agencies <input type="checkbox"/> Other: <input type="checkbox"/> Other:	VSP = _____ Law Enforcement = _____ Prosecutors = _____ NGOs = _____ Federal agencies = _____ State/local agencies = _____ Other = _____ Other = _____	<input type="checkbox"/> Less than 1 <input type="checkbox"/> 1-4 <input type="checkbox"/> 5-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> 13-16 <input type="checkbox"/> 17 or more	<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of Training Event #2:				
Training Objective/Topic(s) Covered	Target Audience(s) for Training Event	Number of People Who Attended Training Event (N=)	Duration of Training Event (Hours)	Did you evaluate the training event?
<input type="checkbox"/> Global dimensions of human trafficking <input type="checkbox"/> Definition of human trafficking <input type="checkbox"/> Screening/interviewing techniques for human trafficking victims <input type="checkbox"/> Identification of human trafficking victims <input type="checkbox"/> Procedures for reporting human trafficking situations <input type="checkbox"/> Immigration rights and services under the TVPA <input type="checkbox"/> Social service needs for human trafficking victims <input type="checkbox"/> Culturally and linguistically appropriate services for human trafficking victims <input type="checkbox"/> Local service resources for human trafficking victims <input type="checkbox"/> Legal assistance for human trafficking victims <input type="checkbox"/> Other (specify) <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Victim service providers <input type="checkbox"/> Law enforcement <input type="checkbox"/> Prosecutors <input type="checkbox"/> NGOs <input type="checkbox"/> Federal agencies <input type="checkbox"/> State/local Agencies <input type="checkbox"/> Other: <input type="checkbox"/> Other:	VSP = _____ Law Enforcement = _____ Prosecutors = _____ NGOs = _____ Federal agencies = _____ State/local agencies = _____ Other = _____ Other = _____	<input type="checkbox"/> Less than 1 <input type="checkbox"/> 1-4 <input type="checkbox"/> 5-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> 13-16 <input type="checkbox"/> 17 or more	<input type="checkbox"/> Yes <input type="checkbox"/> No

14. Please provide information on the total number of law enforcement officers trained by your Initiative from _____.

Law Enforcement Officers	Total Number Trained by Initiative
Federal law enforcement officers trained.	
State/local law enforcement officers trained.	

Community Outreach/Awareness

This question is about outreach and awareness activities your Initiative provided to the community from _____. Community is defined here as the general public in your service area.

15. For each type of outreach/awareness activity listed below that your Initiative employed, please describe the target audience for the activity (e.g., ethnic group, gender, etc.), and the location (e.g., laundry mat, grocery store, health fair, ethnic radio station, etc.). Also, provide either the duration of the activity (e.g., 15 minute interview, 30 second PSA, etc.), or the number of materials that were shared/disseminated (e.g., 5 newspaper articles, 50 flyers, etc.).

Outreach/Awareness Activity	Target Audience for Activity	Location	Duration of Activity or Total Number of Materials Shared
PSA			
Radio/TV Interview			

Education/Outreach Activity	Target Audience for Activity	Location	Duration of Activity or Total Number of Materials Shared
Newspaper Article			
Flyers/Brochures			
Other (specify)			
Other (specify)			

Technical Assistance

16. Please provide information on the technical assistance your Initiative provided from _____, by indicating the amount of time (in hours) that was spent providing each type of technical assistance.

Agency Requesting Technical Assistance:	Type of Technical Assistance Initiative Provided:				
	Case Consultation (Hours)	General Information (Hours)	Information on Services (Hours)	Referrals (Hours)	Other (specify)
Federal agencies (BICE, Border Patrol, prosecutors)					
Federal law enforcement (FBI, special units, task forces)					
Immigrant agencies (organizations specifically established to assist immigrants)					

Agency Requesting Technical Assistance:	Type of Technical Assistance Initiative Provided:				
	Case Consultation (Hours)	General Information (Hours)	Information on Services (Hours)	Referrals (Hours)	Other (specify)
Legal providers (legal advocates, pro bono attorneys)					
Local businesses (restaurants, retail stores)					
NGOs (advocates, lobbyists, schools)					
Social service providers					
State agencies (task forces, health departments, prosecutors)					
State/Local law enforcement (special units, task forces, victim witness advocates)					
Victim service providers (organizations specifically established to assist victims of crime)					
Other (specify)					
Other (specify)					
Other (specify)					

Legislation and Policy

17. Did the area where your Initiative is based have *existing* laws and/or formal policies in place for human trafficking from _____? If so, please describe.

18. Did lawmakers in the area where your Initiative is based enact *new* laws and/or formal policies for human trafficking from _____? If so, please describe.

APPENDIX C:
SURVIVOR CASE STUDY PROTOCOLS

Research ID #: _____

City: _____

INFORMED CONSENT FOR FACE-TO-FACE INTERVIEWS

INTRODUCTION

Our community is part of a national study to learn about how agencies help survivors of trafficking. The goal is to find out what services agencies provide, how agencies work together to help people, and if services meet the needs of the clients. It is not about the legal case that you may be involved in. The study is for the National Institute of Justice.

BENEFITS OF PARTICIPATING IN THE STUDY

We want to know from you and others like you, about your experiences before certification (before receiving your paper) with agencies such as (insert name of agency here). Being in the study is very important because you can give us information that may help improve services for trafficking survivors throughout the country. Without this information, no one can be sure if the services help people and how they can be changed for the better.

POSSIBLE RISKS OF PARTICIPATING IN THE STUDY

Being in the study involves a face-to-face interview with a researcher. At no time will you be asked about the trafficking experience itself or your legal case. However, talking about the ways you need help and the services you have received may remind you of negative feelings or may trouble you in other ways. If this happens, I (your case manager) or a mental health counselor will be available for you talk to.

WHO IS CONDUCTING THE STUDY?

Caliber Associates, Inc. and its partner the Urban Institute are doing the study and are non-governmental research organizations in the Washington, DC area. If you are interested in being in the study, a researcher from the Urban Institute will work with me to arrange a time to meet with you. The researcher is trained and will keep all your answers completely confidential. Federal law protects the confidentiality of information you share in this study.

WHAT WILL YOU BE ASKED ABOUT?

Should you agree, I will give the researcher background about your case from the records I keep before the interview. Then you will be asked about the time before receiving your papers and:

- The services in your community;
- How you became involved in services in the community;
- What types of services you wanted or needed;
- Your opinions about the services — whether they were helpful and satisfactory;
- How the services helped you; and
- Other services in the community you may know of, but have not used.

The researchers will not be asking you about your legal case at any point during the interview.

Research ID #: _____

City: _____

PROCEDURE

I will set up a time with you for the interview. The interview will be held at **(insert name of agency here)** in a private room. The interview will be audio taped and the researcher will take some hand written notes. If you do not want the interview audiotaped, a second researcher will be present to take notes. You may also have someone present to support you if you would like that (like a friend **or case manager**). The interview should take about 60 to 90 minutes to complete. You will receive a gift of appreciation for your time at the end of the interview. The evaluation staff can also help you with transportation to and from the interview if you need it. *For Miami site only: We can also help with childcare arrangements if you need them.*

VOLUNTARY PARTICIPATION

Being a part of this study is completely voluntary and will not affect the services you receive from agencies, your legal status, your T-visa status, or your eligibility for any type of assistance. What you say also will not affect the agency that is helping you or the money it receives to provide services. You may refuse to answer any question during the interview and can end the interview at any time.

CONFIDENTIALITY

The information you provide will be kept completely confidential. Your confidentiality is guaranteed except if you say you intend to commit a crime or harm yourself. Nothing you say will be attributed to you by name. Your name will not appear on the interview form or be recorded on tape and it will not be identified in any part of the study. Also, the audiotape will be destroyed after information from it can be summarized, if a tape is made.

QUESTIONS

If you have any questions about the study, please contact me and I will find out the answer from the researcher.

CONSENT

If you are interested in doing an interview, please mark an X in the box below. The mark also shows that you are willing to have me (your case manager) share information from your records with the researcher.

I, the undersigned, indicate by my signature that the study participant has placed a mark in the above box.

Name of Case Manager (please print)

Signature

Date

Please give completed form to UI researcher prior to interview.

STAFF CONFIDENTIALITY PLEDGE

Assurance of Confidentiality

The Urban Institute and the Caliber Associates, Inc. assure all respondents and participating organizations that the information they release to this study will be held in the strictest confidence by the contracting organizations and that no information obtained in the course of this study will be disclosed in such a way that individuals or organizations are identifiable. Access to the data in this study is by consent of the respondents who have been guaranteed confidentiality except when the intent to commit a crime or harm themselves is revealed to the researcher. Their right to privacy is protected under law.

I have carefully read and understand this assurance that pertains to the confidential nature of all information and records to be handled in this study. I have read a copy of the “Confidential Data at the Urban Institute — Guidelines for Data Security.” I understand that I must comply with all data security requirements adapted from those Guidelines for this project as approved by the Urban Institute Institutional Review Board. As an employee of The Urban Institute, I understand that I am prohibited by law from disclosing any such confidential information which has been obtained under the terms of this contract to anyone other than authorized contractor staff and agree to follow confidentiality procedures outlined to me during training. I understand that any willful and knowing disclosure of information released to this study may constitute a violation of law, may subject the violator to a fine, and may subject the violator to disciplinary action by The Urban Institute, up to and including termination of employment.

(Signature)

(Date)

(Witness signature)

(Date)

CONFIDENTIALITY STATEMENT FOR CONSULTANTS AND INTERPRETERS

Pursuant to Title 28 of the Code of Federal Regulations, Part 22, independent consultants have an obligation to those we interview to protect their identities and the information they provide to the Evaluation of Services for Trafficking Victims Discretionary Grant Program: Comprehensive Services Sites (the Evaluation). The identity of persons interviewed and the related data are to remain confidential. Removal of names or disclosure of identities and related information is strictly forbidden. Contents of interviews are not to be discussed with anyone except project staff, and only as it is necessary to complete the assigned work. Additionally, sensitive interview information should not be discussed anywhere it could be overheard by persons who are not authorized to know this information.

As an independent consultant of the Evaluation, I, _____, will protect the confidentiality of all information identifiable to a private person that is collected in the conduct of my work for the Evaluation.

I shall not discuss any identifiable information that I may learn of during the course of my involvement as an independent consultant with anyone other than project staff members who have a need to know this information.

I will follow the procedures established by the Evaluation to prevent unauthorized access to information identifiable to a private person.

I certify that I have been informed that, the Evaluation, which is being funded by the National Institute of Justice, is governed by the Department of Justice Regulations in 28 CFR Part 22 & Part 46, which governs the use and revelation of research and statistical information identifiable to a private person, and that I, as an independent consultant for the Evaluation, am governed by these regulations.

I certify that I have been given copies of the regulations at 28 CFR Part 22 and Part 46 and that I understand the obligations imposed by them.

I understand that my signing this agreement is a condition of my employment as part of the Evaluation project.

By signing this statement, I acknowledge that I understand the rules surrounding the protection of confidential information and, if I am found to be in violation of these provisions, I can be fined up to \$10,000 in addition to any other penalty imposed by law.

Full Legal Name (please print):

Signature

Date

FACE-TO-FACE CLIENT INTERVIEW PROTOCOL – LOS ANGELES AND SAN FRANCISCO

INTRODUCTION

Thank you for being willing to do an interview with us. I am from the Urban Institute, a non-governmental research organization in Washington DC. Your community is part of a national study being done by us, along with Caliber Associates, for the National Institute of Justice. The goal of the study is to learn about services for survivors of trafficking and how agencies help.

Being in the study is very important because you can give us information that may help improve services for trafficking survivors throughout the country. Without this information, no one can be sure if the services help people and how they can be changed for the better. Your input can help people develop and provide effective programs to meet the needs of trafficking survivors.

I am interested in talking with you about the services you received before certification, or when you received your paper. **(IF R. IS CERTIFIED, remind her/him the month s/he was certified to provide a time frame of reference OR IF R. IS NOT CERTIFIED SAY...The services you are receiving now, before you receive your paper.)** At no time will you be asked about the trafficking experience itself or your legal case. However, talking about the ways you need help and the services you get may remind you of negative feelings or may trouble you in other ways. If this happens, please let me know and your case manager or counselor will be available for you to talk to.

I want you to know that what you say to me today will be kept completely confidential and is protected by federal law. The interpreter and I have both signed a statement, guaranteeing that anything you say will be kept private. Your name will not be on the interview form or be recorded on the audiotape and the tape will be destroyed after information from it can be summarized. Also, we ask you to please not mention the names of other trafficking survivors that you know. **To a friend or other support person the victim may have brought:** We also ask you to respect your friend's privacy and not repeat anything you hear during this interview, unless he/she asks you to.

We will combine your information with that of other survivors for our reports. We are not here to share information or give our opinions. Instead, we want to hear about your experiences. There are no right or wrong answers to our questions. I would like you to feel comfortable saying what you really think and how you really feel.

Being a part of this study is completely voluntary and will not affect the services you receive from agencies, your legal status, any criminal case against the trafficker, your T-visa status, or your eligibility for any type of assistance. What you say also will not affect the agency that is helping you or the money it receives to provide services. You may refuse to answer any question during the interview and can end the interview at any time. I want to make sure you're here because you want to be and not because you feel pressured to be here, is that right? The interview should take about 60 to 90 minutes to complete. You will receive a gift of appreciation for your time at the end of the interview.

City & Research ID No.:

Do you have any questions for me about anything I just said? (**ANSWER R.'S QUESTIONS**). Let's get started.

DATE/TIME:

INTERVIEWER:

LOCATION/AGENCY:

INITIAL SERVICE NEEDS

1. When you first got out of the trafficking situation, what did you need help with?

List first needs mentioned here:

2. What else did you need help with? Anything you can think of is fine...

List any additional needs identified here:

3. What about the following? Did you need help with any of these? *Ask only about those not mentioned earlier.*

- Shelter/housing?
- Food/money?
- Healthcare from a doctor or hospital, including dental care?
- Language?
- Certification and Visa papers?
- School or job?
- Childcare?
- Spiritual matters?
- Emotional support/stress? (or help with things like feeling lonely, sad, scared, worried, fearful, hopeless, self-conscious, troubling dreams/memories, or difficulty sleeping, etc.?)
- Transportation/accompaniment?
- Information and referral?
- Life skills?
- Self-help group with other survivors?
- Help related to use of drugs or alcohol?
- Protection from the traffickers?
- Concerns about your family/friends in this country or back in your home country?

HELP FOR INITIAL SERVICE NEEDS

So your main needs for help were: REPEAT THREE TOP NEEDS BASED ON THE PRECEDING QUESTIONS.

4. Can you tell me more about how you managed these needs? *(See next page for table summarizing responses)*

Probes:

Did you get services or help for these needs?

Who helped you first? Do you know the name of the person or agency that first helped you?

Who else/what other agencies helped you? Please include family, friends, religious contacts, and other people from our country who may be here or still in your country.

Who initiated? How did R know about source of help, and/or how did source of help know about R?

How did you determine what services you needed and what services the agency could provide?

Do you prefer to decide for yourself when you want services and what services you want, or would you rather have the service agency make these arrangements?

Where did you receive the help (city, place, etc.)? Under what circumstances?

What services did you receive?

How helpful were the services you received?

How long did you get help from this person/agency?

Were they able to help you in your own language?

Did you understand what types of help they could give you... your choices?

Did anyone explain the American system to you?

Were you able to make your own decisions?

Did you feel safe with this person/agency? Were you supported and in control?

Were the services they offered accessible? Places and times were okay?

Any problems with the help/services offered? Suggested improvements?

IMPORTANT: *If more than one person/agency, find out who helped with what, in what order (multiple agencies at the same time or over time), and how/why they were referred or found each agency. Perhaps draw this out in a graphic.*

Summarize responses on the table on the following page. Important narrative (or graphic) here:

<i>Need – Fill in column headings with top 3 needs identified</i>			
<i>Was help received?</i>			
<i>Source of help?</i>			
<i>Who initiated?</i>			
<i>How determined needs?</i>			
<i>Prefer to decide on services yourself?</i>			
<i>Where receive help?</i>			
<i>What services did you receive?</i>			
<i>Services helpful?</i>			
<i>For how long?</i>			
<i>Communicate in own language?</i>			
<i>Understood your choices?</i>			
<i>Understood American system?</i>			
<i>Able to make own decisions?</i>			
<i>Felt safe/supported and in control?</i>			
<i>Services accessible?</i>			
<i>Anything unsatisfactory?</i>			

8. What about some of the other needs we mentioned earlier, things like ... (*review those not covered*)

- Shelter/housing?
- Food/money?
- Healthcare from a doctor or hospital, including dental care?
- Language?
- Certification and Visa papers?
- School or job?
- Childcare?
- Spiritual matters?
- Emotional support/stress? (or help with things like feeling lonely, sad, scared, worried, fearful, hopeless, self-conscious, troubling dreams/memories, or difficulty sleeping, etc.?)
- Transportation/accompaniment?
- Information and referral?
- Life skills?
- Self-help group with other survivors?
- Help related to use of drugs or alcohol?
- Protection from the traffickers?
- Concerns about your family/friends in this country or back in your home country?

8.1 What are your ideas about what would be helpful to deal with these things or to make them better?

9. For the needs you had but did not ask for help with, can you talk about why you did not ask for help?

PROBES:

- Scared
- Did not think the services would help
- Did not think they would help you with your types of problems
- Did not think these are the types of things agencies help people with
- Thought you ought to take care of these needs yourself
- Did not want to admit something happened to you
- Heard bad things about the services
- Worried about negative impact on legal status/deportation
- Worried about negative impact on others ... other victims, family back home, etc.
- Worried that you wouldn't fit in at the agency
- Discouraged from seeking services by someone in the community (another community member — within that ethnicity), friends, family, the trafficker

10. Was there a service agency that you knew about but chose not to go to? If so, why did you not seek help from that agency?

PROBES:

- Scared
- Did not think the services would help
- Did not think they would help you with your types of problems
- Did not want to admit something happened to you
- Thought you ought to take care of these needs yourself
- Heard bad things about the services
- Worried about negative impact on legal status/deportation
- Worried about negative impact on others ... other victims, family back home, etc.
- Worried that you wouldn't fit in at the agency
- Discouraged from seeking services by someone in the community (another community member — within that ethnicity), friends, family, the trafficker
- Tried to get help but put on a waiting list
- Tried to get help but turned away for another reason

SERVICE DELIVERY COLLABORATION AMONG AGENCIES (for those receiving services from more than one agency)

11. Did the people from different agencies appear to be working together to help you? *Who* seemed to be working together in a way that helped you? **(IF R. ANSWERS INDIVIDUAL NAMES, TRY TO IDENTIFY THE AGENCY THE PERSON IS AFFILIATED WITH).**

PROBES:

- shelter
- housing
- victim services
- nonprofit legal organization
- local law enforcement
- FBI
- prosecutor
- mental health agency
- health center/facility
- interpreter/translation services
- other

12. In what ways were the people/agencies working together?

PROBES: What did they do? How did they work together?

13. Were the services more helpful as a result?

CERTIFICATION

14. **IF R. IS CERTIFIED:** Was there a difference in the services you received before you were certified (got your paper) compared to after you were certified (got your paper)? **IF NEEDED, REMIND R. OF THE DATE S/HE WAS CERTIFIED...** If so, how were the services different? Were services better or worse? What kinds of services were available after you were certified that were not available before you were certified and/or vice versa?

RECOMMENDATIONS

15. Are there ways that you would suggest that agencies could get the word out better, so people like you can know what services are available?

16. In what ways can agencies improve services for trafficking survivors?

CONCLUDING QUESTIONS

17. If you had a chance to give advice to other trafficking survivors, what advice would you give them?

18. Are there people here who are from your home country and who are a source of support for you? A source of problems or concerns for you?

City & Research ID No.:

19. We want you to help us evaluate the services in your community and we value the input you have provided so far. Is there anything we have missed that would help communities improve services? Is there anything that you want to share with us that we did not ask about?

Those are all the questions I have for you. We appreciate your willingness to participate in this study and would like to remind you that all of your answers are confidential. Thank you very much for your time today. Your contributions to the project are very valuable. As a token of our appreciation for your time, we are paying each person who talks with us \$50 in cash.

(PROVIDE R. WITH THE INCENTIVE MONEY.)

Research ID #: _____

City: _____

FACE-TO-FACE CLIENT INTERVIEW PROTOCOL – MIAMI

DATE: _____

TIME: _____

LOCATION/AGENCY: _____

INTERVIEWER: _____

INTRODUCTION

Thank you for being willing to do an interview with me. I am from the Urban Institute, a non-governmental research organization in Washington, DC. Your community is part of a national study being done by us, along with Caliber Associates, for the National Institute of Justice. The goal of the study is to learn about services for survivors of trafficking and how agencies help.

Being in the study is very important because you can give us information that may help improve services for trafficking survivors throughout the country. Without this information, no one can be sure if the services help people and how they can be changed for the better. Your input can help people develop and provide effective programs to meet the needs of trafficking survivors.

I am interested in talking with you about the services you received before certification, when you received your paper. **(IF R. IS CERTIFIED, remind her/him the month s/he was certified to provide a time frame of reference OR IF R. IS NOT CERTIFIED SAY...The services you are receiving now, before you receive your paper.)** At no time will you be asked about the trafficking experience itself or your legal case. However, talking about the ways you need help and the services you get may remind you of negative feelings or may trouble you in other ways. If this happens, please let me know and your case manager or counselor will be available for you to talk to.

I want you to know that what you say to me today will be kept completely confidential and is protected by federal law. The interpreter and I have both signed a statement, guaranteeing that anything you say will be kept private. Your name will not be on the interview form or be recorded in notes from this interview. Also, we ask you to please not mention the names of other trafficking survivors that you know. *To a friend or other support person the victim may have brought:* We also ask you to respect your friend's privacy and not repeat anything you hear during this interview, unless he/she asks you to.

Research ID #: _____

City: _____

We will combine your information with that of other survivors for our reports. We are not here to share information or give our opinions. Instead, we want to hear about your experiences. There are no right or wrong answers to our questions. I would like you to feel comfortable saying what you really think and how you really feel.

Being a part of this study is completely voluntary and will not affect the services you receive from agencies, your legal status, any court case, your T-visa status, or your eligibility for any type of assistance. What you say also will not affect the agency that is helping you or the money it receives to provide services. You may refuse to answer any question during the interview and can end the interview at any time. I want to make sure you're here because you want to be and not because you feel pressured to be here, is that right? The interview should take about 60 to 90 minutes to complete. You will receive a gift of appreciation for your time at the end of the interview.

Do you have any questions for me about anything I just said? (**ANSWER R.'S QUESTIONS**).
Let's get started.

ENTRY INTO THE SERVICE DELIVERY SYSTEM

1. Trafficking survivors may have different types of needs because of the trafficking experience, and they may or may not get help with those needs. I'll read a list of needs, and I'd like you to tell me whether you needed help in each of these areas as a result of the trafficking experience. For those needs you **did or do** need help with, I'd like you to tell me whether you got the help you needed. Also, I'd like to know what you needed help with first.
Note: Interviewer will check rows in second to fourth columns to indicate respondent's answers.

<u>Service Needs</u>	<u>Needed Help?</u>	<u>Got Help?</u>	First Need?
A. Housing/shelter			
B. Medical/healthcare/dental care			
C. Transportation/accompaniment			
D. Food/money			
E. Protection from the traffickers			
F. Information and referral for services			
G. Emotional support/coping with stress/feelings of sadness/feelings of fear			
H. Help with spiritual matters			
I. Employment/job training			
J. Education/school			
K Life skills			
L. Interpretation/translation			
M. Child care			

Research ID #: _____

City: _____

N Self-help groups with other survivors			
O. Drug or alcohol treatment			
P. Concerns about your family/friends in this country or back in your home country			

2. How did you first get help?

- Can you name or describe the person or agency you first got help from?
- Who initiated the help – did you contact a person or agency, or did someone contact you?
 - i. You initiated contact _____
 - ii. Agency staff initiated contact _____
- Where did you first get the help?
 - i. At the agency _____
 - ii. At a different agency _____
 - iii. In the community _____
 - iv. Other (please specify: _____)
- How did you know to contact that person or agency for help – how did you learn about the person or agency originally?
 - i. Word of mouth from friends or family _____
 - ii. Saw a poster or flyer about the agency in the community or at another service provider _____
 - iii. Read about the agency in the newspaper _____
 - iv. Referred from another agency _____

EXPERIENCES WITH SERVICES

3. After the first contact, did you continue to receive services from this same person/agency?

- i. Yes _____
- ii. No _____
 - If yes,
 - How did you determine what services you needed and what services this agency could provide?
 - Do you prefer to decide for yourself when you want services and what services you want, or would you rather have the service agency make these arrangements?
 - What services were provided?
 - Were the services helpful? If yes, how so?

Research ID #: _____

City: _____

- When/for how long did you/have you received services from this agency?
- How did you communicate with the service provider — was someone on staff able to speak to you in your own language or was an interpreter available to assist you? How often?
- Did staff members provide you with enough information to make important decisions?
- Did you feel supported by the staff members? What types of things did they do to support you?
- Were the services difficult to access — problems with times, locations, language?
- Where any of the services unsatisfactory? Why, please explain.
- Would you seek these services again if you needed to? Why or why not?

4. FOR OTHER SERVICES THAT WERE PROVIDED AS PER QUESTION #1, ASK THE FOLLOWING QUESTIONS FOR EACH AGENCY PROVIDING SERVICES.

(NOTE THE TYPE OF AGENCY/NAME OF AGENCY)

- How did you determine what services you needed and what services this agency could provide?
- Do you prefer to decide for yourself when you want services and what services you want, or would you rather have the service agency make these arrangements?
- What services were provided?
- Were the services helpful? If yes, how so?
- When/for how long did you/have you received services from this agency?
- How did you communicate with the service provider — was someone on staff able to speak to you in your own language or was an interpreter available to assist you? How often?
- Did staff members provide you with enough information to make important decisions?
- Did you feel supported by the staff members? What types of things did they do to support you?
- Were the services difficult to access — problems with times, locations, language?
- Where any of the services unsatisfactory? Why, please explain.
- Would you seek these services again if you needed to? Why or why not?

5. Did you have needs that you didn't seek services for, or was there a service agency for trafficking survivors that you chose not to go to? If so, why did you not seek help, or decide not to go to that agency?

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City: _____

- Scared _____
- Did not think the services would help _____
- Did not think these are the types of things agencies help people with _____
- Did not want to admit something happened to you _____
- Thought you ought to take care of these needs yourself _____
- Heard bad things about the services _____
- Worried about possible negative impact on yourself or others _____
- Worried that you wouldn't fit in at the agency _____
- Discouraged from seeking services by someone in the community (another community member — within that ethnicity), friends, family _____
- Tried to get help but put on a waiting list _____
- Tried to get help but turned away for another reason _____

SERVICE DELIVERY COLLABORATION AMONG AGENCIES

6. Did the people from different agencies appear to be working together to help you? Who seemed to be working together in a way that helped you? **(IF R. ANSWERS INDIVIDUAL NAMES, TRY TO IDENTIFY THE AGENCY THE PERSON IS AFFILIATED WITH).**

PROBES:

- shelter
- housing
- victim services
- nonprofit legal organization
- mental health agency
- health center/facility
- interpreter/translation services
- other

11. In what ways were the people/agencies working together?

PROBES:

- What did they do that showed they were working together?
- In what ways did they work together?
- Were the services more helpful as a result?

12. IF R. IS CERTIFIED: Was there a difference in the services you received before you were certified compared to after you were certified? **IF YOU NEED TO, REMIND R. OF THE**

Research ID #: _____

City: _____

MONTH (AND YEAR) S/HE WAS CERTIFIED... If so, how were the services different? Were services better or worse? What kinds of services were available after you were certified that were not available before you were certified and/or vice versa?

RECOMMENDATIONS

13. Are there ways that you would suggest that agencies could get the word out better so people in a trafficking situation can know what services are available?
14. What are ways that agencies could improve services for trafficking survivors?

CONCLUDING QUESTIONS

15. If you had a chance to give advice to other trafficking survivors what advice would you give?
16. Are there people here who are from your home country and who are a source of support for you? A source of problems or concerns for you?
17. We really appreciate your insights and we value the input you have provided so far. Is there anything we have missed that would help communities improve services? Is there anything that you wanted to share with us that we did not ask about?

Those are all the questions I have for you. We appreciate your willingness to participate in this study and would like to remind you that all of your answers are confidential. Thank you very much for your time today. Your contributions to the project are very valuable. As a token of our appreciation for your time, we are paying each person who talks with us \$50 in cash. (**PROVIDE R. WITH THE PAYMENT.**)

INTERVIEW PROTOCOL FOR CASE MANAGERS

Date:

Name of Interviewer:

City/Location/Agency:

Case Managers(s)/Agency(ies):

Introduction/Purpose

Thank you for meeting with me today. My name is XXX and I work with a non-profit non-government research organization called **The Urban Institute** in Washington, DC. My organization and Caliber Associates have been funded by the **National Institute of Justice** to evaluate programs such as yours that are helping victims of trafficking. As you probably know, we are just learning about how to serve and support victims of trafficking and many communities across the country have no established or organized programs to provide this kind of help. So we are very interested in understanding **what you think are the key issues in helping victims of trafficking**. There are no “right” or “wrong” answers here, and everything you say will be **strictly confidential**. Nothing you say will be attributed to you by name, although it is possible that others within the trafficking victim service community may try to guess who said what. You may choose not to answer any questions you would prefer not to answer. You are in a key position to understand what is working and what is not working so well when it comes to helping victims of trafficking. We’re interested in learning about what the greatest challenges are as you try to help your clients, how you have overcome some of them, and what guidance you would give your counterparts in other communities who are just starting to develop similar supports and services.

As you know, we will also be meeting with several victims themselves, so we can hear directly from them what their social service experiences have been and what can be done to better support their recovery. At the end of this discussion, I’d like to ask you for any suggestions you might have for us in preparing for our meetings with victims.

1. I’d like to begin the discussion by asking about your background in social services and case management, and the types of clients/organizations you have worked with in the past (and for how long).
2. What types of victims and agencies do you work with now? How long have you worked at these agencies? What share of your agency’s clients are victims of trafficking? What

share of *your* clients are victims of trafficking? How long have you worked with trafficking victims? How many trafficking victims have you worked with?

3. How do the needs of trafficking victims compare to the needs of other victims you work (have worked) with? Other clients you work (have worked) with? Which needs are the same and which are different? Please explain...
4. Are you able to meet all the needs of trafficking victims or identify other people/agencies who can help meet these needs? What needs are among the most pressing, most common, the most unusual/unexpected, the most challenging? Are there any needs that are going completely unmet? Why? What is the impact of this?
5. Other than clients' specific needs, are there other aspects of what you do that are different for trafficking victims compared to other victims/clients? What are some of these differences? How do you handle them? Probes: caseload size, approach, ...
6. In retrospect, how prepared were you when you first starting helping victims of trafficking? What types of information, training, or other resources did you need? Were you able to get them? How and from whom?
7. Did you make any mistakes/missteps when you first started helping victims of trafficking? What were they? How did you know they were mistakes/missteps? How did you resolve them?
8. If victims are involved in receiving services from (or needing to interface with) multiple agencies in the community, how are interagency communications, coordination, or collaboration handled? Is there one primary case manager who oversees all of the services? How do trafficking victims "navigate" the system? As far as you now, is there anything that can or should be done to improve the system *from the victim's point of view*?
9. From the perspective of the "frontline" what are the greatest needs for improving services for trafficking victims? Please be as specific as possible. Probes: greater awareness/understanding generally; better policies/protocols for serving victims; better interagency coordination; more funding for direct services (which ones?).
10. What guidance would you give your counterparts in another community who are just getting started in serving victims of trafficking?

Thanks so much for sharing your insights and perspectives with me today. They are an important part of this study.

Preparing to Interview Individual Trafficking Victims: Meeting the Case Manager

Thank you for arranging the upcoming interview with your client.

Confirm:

- *Date, time, and place of meeting;*
- *Special arrangements for transportation and child care (if any); and*
- *Client's preferences regarding tape recording.*

As you know, all information will be kept strictly confidential. If your client consented to my having access to case file information, I'd like to get that now.

Get information on:

- *Demographic characteristics (age, race/ethnicity, marital status, children, etc);*
- *Types (labor or sex) trafficking and dates of trafficking (year);*
- *Types and dates of system intervention, if applicable, (such as FBI or INS raid and year escaped from trafficking);*
- *Date and source of referral to this agency (month and year became client to this agency);*
- *Services provided by this and other partner agencies;*
- *Certification status (if yes, month and year the client was certified); and*
- *Other relevant information.*

What else should I know before meeting this person? Are there any special cultural, victimization, individual factors I should be aware of? What are appropriate ways to interact with this person — things like handshaking, making eye contact, personal space, or offering simple refreshments?

APPENDIX D:

**KEY PARTNERS FOR THE COMPREHENSIVE
SERVICES INITIATIVES**

CAST KEY PARTNERS FOR THE COMPREHENSIVE SERVICES INITIATIVE

Coalition to Abolish Slavery and Trafficking (CAST). Established in 1998, CAST has been a pioneer in the anti-trafficking movement in the United States and works exclusively with trafficked persons. CAST is a multi-ethnic human rights organization whose mission is to assist persons trafficked for the purpose of forced labor and slavery-like practices and to work toward ending all instances of such human rights violations. CAST has provided training and technical assistance to thousands of NGO and government personnel and represented the United States at international events on human trafficking.

Alexandria House. Alexandria House opened in September 1996 as a transitional residence for women and children. At the facility, staff provide services such as childcare, job training, individual counseling, translation services, case management, moving services, furniture donations, access to Section 8 vouchers, and an after-school program for residents and youth in the community. Staff at Alexandria House first learned about trafficking when they were contacted to provide services to a sex worker victim who was part of the Thai CDC case. It was during their work on this case that Alexandria House began working with CAST. Because of this prior relationship, CAST asked Alexandria House to join the Initiative to provide shelter services.

Asian Pacific American Legal Center. The Asian Pacific American Legal Center (APALC) has been in existence for over 20 years and has a staff of 50 workers primarily serving Asian Pacific immigrant populations. APALC provides direct legal services, operates a legal aid clinic, and provides civil rights advocacy (e.g., voting rights, hate crimes, sweat shops, exploitation of workers) on behalf of immigrant groups. APALC has worked with human trafficking victims since 1986, and CAST since about 1996. Because of their prior working relationship and their partnering on other grants, APALC decided to join the Initiative. APALC has committed 5 attorneys and 2 paralegals to serve pre-certified clients.

Asian Pacific Counseling and Treatment Center. The Asian Pacific Counseling and Treatment Center (APCTC) became a private non-profit organization in 1990. APCTC works with severely emotionally disturbed adults and children of Asian descent. In 2002 CAST asked APCTC to partner with them for the OVC grant to provide counseling and treatment services. This is APCTC's first foray into working with human trafficking victims.

Center for the Pacific Asian Family. The Center for the Pacific Asian Family (CPAF) was founded in 1978 to address the identified cultural and language needs of women and their families. To meet these needs, CPAF provides sheltering services including medical support groups, recreational outings, celebrations, food/clothing/toiletries, English as a Second Language classes, and independent living skills classes. CPAF began working with human trafficking victims in the mid 1990s and worked with CAST on several cases. Because of their history with CAST they decided to join the Initiative to provide shelter services.

Chinatown Service Center. The Chinatown Service Center (CSC) has worked since 1971 to offer education, health, and human services to Asian, Chinese, and Cantonese immigrants to

enhance their ability to contribute to the social, economic and cultural fabric of the United States. CSC provides family planning, preventive health, counseling, and family intervention services. In 2002 CAST approached CSC about joining the Initiative. Because of their interest in human trafficking they joined the Initiative to provide medical services.

Interval House. Interval House works to ensure safe transitional homes for people who are battered, abused, or at risk for violence. They also create public awareness about the epidemic of violence and mobilize the community to prevent violence in their surroundings. Interval House joined the Initiative to provide shelter services.

Legal Aid Foundation of Los Angeles. The Legal Aid Foundation of Los Angeles (LAFLA) has been providing legal services to low-income people in metropolitan Los Angeles for 75 years. LAFLA also works to generate affordable housing, help people move from welfare to work, provide eviction defense, relief from domestic violence, and assistance with employment disputes. Prior to the OVC Initiative, LAFLA started working with a group of attorneys including CAST attorneys that meet once a month. Based on their history of working with CAST, LAFLA decided to join the Initiative to provide legal services.

PALS for Health. PALS for Health (PALS) was established in 1993 to provide translation and interpretation services during physical and mental health care appointments for primarily Asian-Pacific Islander populations. PALS was first introduced to trafficking by working with Little Tokyo Service Center and CAST in 2000. This prior relationship led to PALS' involvement in the OVC grant. PALS role in the Initiative is to provide translation and interpretation services, especially during medical appointments. Also, they will conduct trainings on how to use interpreters and educate providers on the laws surrounding translation and interpretation services.

Program for Torture Victims. The Program for Torture Victims (PTV) works with survivors of torture, state -sponsored violence, paramilitary and ethnic violence. PTV started from a network of professionals doing pro bono work in this area who formed an organization in 1980. PTV first began working with human trafficking victims in 1998 and worked with CAST to develop training materials. PTV became involved in the Initiative based on their existing working relationship with CAST. Under their agreement with CAST they are to provide mental health services and to help train others on mental health issues.

Public Counsel. Public Counsel was founded in 1970 to provide pro bono legal services to indigent and underrepresented children and adults throughout Los Angeles County. Public Counsel has participated in a legal working group on human trafficking, of which CAST is a member. Based on this prior working relationship with CAST, Public Counsel joined the Initiative to provide legal services.

APILO KEY PARTNERS FOR THE COMPREHENSIVE SERVICES INITIATIVE

Asian Pacific Islander Legal Outreach (APILO), formerly known as Nihonmachi Legal Outreach, was founded in 1975 with the mission to promote culturally sensitive services for the most marginalized segments of the Asian and Pacific Islander community. This community-based, social justice organization provides legal, social, and educational services in more than a dozen languages to serve the Asian and Pacific Islander communities of the Greater Bay Area in California. Broadly, the organization's work spans various social justice issues such as domestic violence, violence against women, immigrant rights, elder abuse, and human trafficking.

Asian Women's Shelter (AWS). As stated by the organization, the mission of the Asian Women's Shelter is to eliminate domestic violence by promoting the social, economic, and political self-determination of women. This shelter organization located in San Francisco provides food, safety, advocacy, and a host of other social services for a clientele of predominantly Asian women who have been the victims of domestic violence. In 1989, after AWS first learned about human trafficking from a case of three Chinese girls that they served, AWS was one of the only shelters in the Bay Area that opened its doors to trafficking victims in addition to its main clientele of domestic violence victims. The three main areas of AWS' work span direct services, community building, and organizational development. Within these three areas, AWS provides culturally-sensitive and language-accessible shelter services and educational programs, as well as training, technical assistance, and community initiatives.

During their stay at AWS, women receive group support counseling, participate in activities and workshops, and engage in intensive case management over an average length 12-week period. Uniquely, AWS makes a concerted effort to provide culturally appropriate food and surroundings for women of a wide range of Asian cultures, so that they feel at home in an environment where they can begin the healing process of rebuilding their lives. With a capacity of up to 16 beds, AWS has sheltered over 1,000 women and children to date.

One of the premier innovations of AWS is the organization's Multi-Lingual Access Model (MLAM). Through this model, AWS recruits bilingual women from the Bay Area community and then provides them with over 70 hours of training in preparation to utilize them as on-call volunteer language advocates. Using this model and leveraging existing community resources, AWS is able to provide services to women in over 20 Asian languages. This model also provides the foundation for AWS' 24-hour, confidential, toll-free crisis line.

Narika. Narika is a small Bay Area organization founded in 1992 to address the problem of domestic violence in the South Asian community. Target populations for Narika's services include women who trace their origins to the countries of Bangladesh, Bhutan, India, Nepal, Pakistan, Sri Lanka, and other communities such as Fiji and the Caribbean. The organization was initiated in response to the unmet need of domestic violence services and advocacy, as well as the stigma and lack of attention to domestic violence throughout the South Asian community. Narika adopts an empowerment model of services and predominantly serves domestically abused women to confront and overcome the cycles of exploitation that are inherent to domestic violence.

Narika operates a toll-free helpline with trained advocates and volunteers to assist callers with support and information, access to resources, and referrals to shelters, medical care, mental health services, and legal services. Other support services provided by Narika include ESL classes, job training, career development, and child care. A volunteer-run organization with a small number of full-time staff, Narika is also capable of providing services in over 13 South Asian languages.

Donaldina Cameron House. Donaldina Cameron House is a faith-based organization located in San Francisco that has served the Chinatown area and Asian community for over 130 years. The mission of Cameron House is to provide assistance to youth, adults, and families through counseling, peer group support, crisis intervention, leadership development, education, and advocacy. The organization was formed by the Presbyterian Church as the then-named Occidental Mission Home for Girls in 1874. The initial purpose of the organization was to serve and intervene on behalf of young, Asian, immigrant females who had been smuggled into the United States as part of the system that became known as the "yellow slave trade." As some of the earliest victims of the crime that is now known as human trafficking, most of these women were forced to work as domestic servants or prostitutes within the predominantly male Chinese population at the time. Hence, Cameron House is one of the oldest existing human trafficking service providers in the country.

Services provided by Cameron House include: multilingual counseling for individuals and families in 4 Asian languages; food pantry services; emergency shelter, translation, escort, counseling, legal assistance, and mediation services for Asian victims of domestic violence; counseling services for children who have witnessed domestic violence in the home; support groups for numerous populations such as Asian women, recent immigrants, and cancer patients; and job training and employment readiness services for immigrant families. Since the 1950's, Cameron House has been known in the Bay Area Asian community as a program serving victims of domestic violence.

FFP KEY PARTNERS FOR THE COMPREHENSIVE SERVICES INITIATIVE

International Rescue Committee (IRC), opened in 1960 mainly to assist refugees fleeing the revolution in Cuba. In 2000, the Miami office expanded its services to asylees and Cuban lottery parolees. During this same time, IRC was working with local organizations to provide assistance to victims of human trafficking. IRC's experience providing a range of comprehensive programs to immigrant populations made them a natural partner for other organizations seeking assistance for trafficking victims. Specifically, IRC has provided cash assistance, community orientation, employment orientation, job referrals, referrals for critical services, guidance on understanding and using the health system, and general emotional support to victims of human trafficking.

Florida Immigrant Advocacy Center (FIAC) was established in January 1996 to combat the restrictions in services to immigrants. FIAC provides a range of legal services to low-income clients of all nationalities. FIAC began working with victims of human trafficking as part of the *Cadena et al v United States* case in 1999. FIAC assisted 14 young Mexican women by providing legal services and legal advocacy. Additionally, FIAC worked with organizations, like IRC to obtain social services for the women.

Victim Services Center (VSC) was established in 1995 after a community task force identified the lack of mental health provision for victims of crime in the South Florida region. Through its relationship with FIAC, VSC was given the opportunity to provide mental health services to more than a dozen victims of trafficking and to countless other refugees prior to joining FFP.

The Salvation Army was founded in 1865 and is recognized internationally for its work in the poorest communities of the world. The Miami Salvation Army has provided shelter and services to homeless persons for more than 90 years. Services available through the Miami Salvation Army shelters for victims of human trafficking include on-site medical care, substance abuse treatment, and counseling.