Analyzing Service Barriers for Trafficked Persons in the Context of the U.S. Refugee Program: Strategies to Improve Service Delivery and Program Management

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Analyzing Service Barriers for Trafficked Persons in the Context of the U.S. Refugee Program

Strategies to Improve Service Delivery and Program Management

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April 1, 2008
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<th>Abbreviation/Term</th>
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<tr>
<td>CFR</td>
<td><em>Code of Federal Regulations</em> - the codification of the general and permanent rules published in the Federal Register by the executive departments and agencies of the Federal Government. It is divided into 50 titles that represent broad areas subject to Federal regulation. Each volume of the CFR is updated once each calendar year and is issued on a quarterly basis.¹</td>
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<tr>
<td>CLINIC</td>
<td>Catholic Legal Immigration Network, Inc.</td>
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<tr>
<td>CP</td>
<td><em>Continued Presence</em> - eligible victims who lack legal status but who are potential witnesses of such trafficking may receive temporary immigration relief under the continued presence provisions of Section 107(c) of the VTVPA.²</td>
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<tr>
<td>DHS</td>
<td>Department of Homeland Security</td>
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<tr>
<td>DHS/ICE</td>
<td>Immigration and Customs Enforcement</td>
</tr>
<tr>
<td>DHS/USCIS</td>
<td>U.S. Citizenship and Immigration Services</td>
</tr>
<tr>
<td>DHHS</td>
<td>Department of Health and Human Services</td>
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<tr>
<td>DHHS/ACF</td>
<td>Administration for Children and Families</td>
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<td>DHHS/ACF/ORR</td>
<td>Office of Refugee Resettlement</td>
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<tr>
<td>DHHS/ACF/ORR/BPDA</td>
<td>Division of Budget, Policy, and Data Analysis</td>
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<tr>
<td>DHHS/ACF/ORR/DRA</td>
<td>Division of Refugee Assistance</td>
</tr>
<tr>
<td>DHHS/ACF/ORR/DCR</td>
<td>Division of Community Resettlement</td>
</tr>
<tr>
<td>DHHS/ASPE</td>
<td>Assistant Secretary for Planning and Evaluation</td>
</tr>
<tr>
<td>DHHS/ACF/ORR/ATIP</td>
<td>Anti-Trafficking in Persons Division</td>
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<tr>
<td>DOJ</td>
<td>Department of Justice</td>
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<tr>
<td>DOJ/BJA</td>
<td>Bureau of Justice Affairs</td>
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<td>DOJ/CEOS</td>
<td>Child Exploitation and Obscenity Section</td>
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<td>DOJ/OVC</td>
<td>Office for Victims of Crime</td>
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<td>DOL</td>
<td>Department of Labor</td>
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<td>DOL/ETA</td>
<td>Employment &amp; Training Administration</td>
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<td>DOS</td>
<td>Department of State</td>
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<tr>
<td>DOS/BPRM</td>
<td>Bureau of Population, Refugees and Migration</td>
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<tr>
<td>DOS/GTIP</td>
<td>Office to Combat and Monitor Trafficking in Persons</td>
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<tr>
<td>DV</td>
<td>Domestic Violence</td>
</tr>
<tr>
<td>EOIR</td>
<td>Executive Office for Immigration Review</td>
</tr>
<tr>
<td>ESL</td>
<td>English as a Second Language</td>
</tr>
<tr>
<td>FBI</td>
<td>Federal Bureau of Investigation</td>
</tr>
<tr>
<td>FYSB</td>
<td>Family and Youth Services Bureau</td>
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<tr>
<td>FVPF</td>
<td>Family Violence Prevention Fund</td>
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<tr>
<td>LIRS</td>
<td>Lutheran Immigrant Refugee Services</td>
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<tr>
<td>NGO</td>
<td>Non Government Organization</td>
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<tr>
<td>PAE</td>
<td>Policy Analysis Exercise</td>
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<tr>
<td>PITF</td>
<td>President’s Interagency Task Force</td>
</tr>
<tr>
<td>Abbreviation/Term</td>
<td>Definition</td>
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<td>-------------------</td>
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<tr>
<td>Project REACH</td>
<td>Rapid Evaluation, Assessment, and Consultation for Human Trafficking Victims</td>
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<tr>
<td>RADS</td>
<td>Refugee Arrivals Data System – ORR has an MOU with DOJ, DOS, Miami Port of Entry, RPC, DHS/USCIS, DHS/ICE, and EOIR to access data (absent Unaccompanied Alien Children and Trafficked Persons) for refugees, asylees, Cuban/Haitian entrants and Havana Parolees.</td>
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<tr>
<td>RPC</td>
<td>Refugee Processing Center – Operated by DOS/BPRM. At the RPC and at Overseas Processing Entities (OPEs), an interactive computer system called the Worldwide Refugee Admissions Processing System (WRAPS) is used to process and track the movement of refugees from various countries around the world to the U.S. for resettlement under the U.S. Refugee Admissions Program (USRAP).</td>
</tr>
<tr>
<td>SPOG</td>
<td>Senior Policy Operating Group</td>
</tr>
<tr>
<td>SRC</td>
<td>State Refugee Coordinator</td>
</tr>
<tr>
<td>SRHC</td>
<td>State Refugee Health Coordinator</td>
</tr>
<tr>
<td>SSI</td>
<td>Supplemental Security Income</td>
</tr>
<tr>
<td>TIP</td>
<td>Trafficking in Persons</td>
</tr>
<tr>
<td>T-Visa</td>
<td>The T-visa – allows victims of severe forms of trafficking in persons, who are not U.S. citizens and who lack legal status, to remain in the United States and assist federal authorities in the investigation and prosecution of human trafficking cases. The statute allows victims to remain in the United States if it is determined that such victims could suffer, “extreme hardship involving unusual and severe harm” if returned to their home countries. After three years in T status, victims of human trafficking may apply for permanent residency.</td>
</tr>
<tr>
<td>TVPA</td>
<td>Victims of Trafficking and Violence Protection Act of 2000 (subsequent reauthorizations in 2003, 2005, pending 2007); for the purposes of this paper, we will mainly be citing Division A: Trafficking Victim Protection Act (TVPA).</td>
</tr>
<tr>
<td>USC</td>
<td>United States Code - a collection of all the laws in the United States.</td>
</tr>
<tr>
<td>USCCB</td>
<td>United States Conference of Catholic Bishops</td>
</tr>
<tr>
<td>U-Visa</td>
<td>“U” Nonimmigrant Status - set aside for victims of crimes, who are not U.S. citizens and lack legal status, and have suffered mental or physical abuse because of the crime and not only have information regarding the activity, but also are willing to assist government officials in the investigation of the criminal activity. USCIS can grant up to 10,000 U-visas each year authorizing the holder to remain in the United States for up to four years.</td>
</tr>
<tr>
<td>WIC</td>
<td>Women, Infants, and Children Program</td>
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Acknowledgements

First and foremost, we would like extend our enormous gratitude to the many refugee and trafficked persons service delivery providers who participated in our study. We hope the time and effort they expended in sharing their experiences with us will result in improved assistance for them and their clients.

We would like to thank our colleagues at the Department of Health and Human Services (DHHS), Administration for Children and Families (ACF), Office of Refugee Resettlement (ORR), who provided us support despite their busy schedules. Special thanks to other federal staff, academic experts, health care practitioners, private consultants, researchers, program managers, and front-line staff in the field who provided time and feedback on our surveys.

Especially we are indebted to Professors Julie Wilson, Monica Toft and Jacqueline Bhabha for the guidance and support throughout the PAE research and writing period. We are also grateful to the Harvard Kennedy School (HKS) Studio staff for their technical support during our survey process and to the Fitzgerald Gubernatorial Fund for Maine for providing us funding for our study design.

The opinions expressed in this research study are our own and do not necessarily represent official ORR positions or policies.
Executive Summary

Introduction
Notwithstanding numerous international and domestic legal instruments to address the problem, trafficking in persons remains a serious phenomenon worldwide. In 2004, the U.S. Department of Justice (DOJ) estimated that trafficking of persons into the U.S. was between 14,500 and 17,500 annually, although others believe the numbers to be much higher. In spite of discrepancies over the magnitude of the problem, it is generally accepted that the majority of persons trafficked into the United States are women and girls.

Since the passage of the Victims of Trafficking and Violence Protection Act (TVPA) in 2000, the Department of Health and Human Services (DHHS), Office of Refugee Resettlement (ORR), Anti-Trafficking in Persons Division (ATIP) has certified approximately 1,400 trafficked persons. Once certified, these individuals are eligible for some of the same benefits and services as newly arrived refugees.

Background
The decision to provide trafficked persons with similar services and house ATIP within ORR stemmed from the assumption that internationally trafficked persons and refugees face similar challenges. Specifically, both groups are comprised of newly arrived, foreign-born individuals with potential traumatic physical and mental health issues, as well as cultural and language hurdles with which to contend. Pre-existing differences between the two groups coupled with the changing nature of human trafficking - including increased cases of domestic trafficking and children's special needs - necessitates continued research into the current needs and barriers for trafficked persons.

Research Question
The goal of this research study is to examine the specific barriers and needs of refugees and trafficked persons in the context of federal benefits and programs. The study asks the following questions:
• Are there differences in the needs of refugees and trafficked persons?
• What services exist for both groups and are there gaps in service delivery?
• How can program management within ATIP help improve service delivery?

Findings
The research study’s main findings indicate that although refugees and trafficked persons are similar in many ways, the latter have unique ongoing needs that require a more targeted approach.

Findings on Needs and Service Barriers
Basic needs are similar for trafficked persons and refugees.

Survey respondents and expert interviews revealed both populations have similar essential needs in that they tend to ask for and require housing/shelter, food, clothing, medical care, language skills and employment. However, respondents noted different responses required to meet these basic needs. For example, transitional housing is typically the immediate need for trafficked persons,
while longer-term housing is the concern for refugees. The dearth of trafficking-only shelters means that trafficked persons are often housed in circumstances where their mental health, protection and other needs may be inadequately met.

*Trafficked persons face ongoing persecution by or fear of their perpetrators.*

Refugees and trafficked persons may have witnessed, participated in, or been the object of brutality and violence. Recovery from trauma for both groups is based on the nature, intensity and duration of violence experienced. The difference lies in that trafficked persons may continue to endure intolerable treatment or fear while in the U.S. at the hands of their trafficker(s) whereas refugees theoretically escaped their dangerous situation when they arrived to this country.

*Difficulty in identifying trafficked persons poses a barrier to service provision.*

The challenge in finding trafficked persons is a significant barrier to service provision, whereas refugees, having linked with the national voluntary agencies, do not need to be “found” in the same manner.

**Programmatic Findings**

*Data on trafficked persons is generally difficult to track yet necessary to plan future services.*

While service providers do submit information to ATIP via the Victim Identification Pipeline, this data can only be used to measure victim contact but does not allow for measurement or tracking of services accessed.

*ORR and its existing networks are underutilized.*

An informal ORR survey found that 23 out of 24 state refugee coordinators have the capacity to serve trafficking victims. However, they are not completely looped into data sharing, joint reporting or monitoring for trafficking programs.

*A faster certification process can actually “penalize” trafficked persons.*

The time it takes to receive the certification letter varies and can create discrepancies in service provision due to the pre- and post-certification service time limitations of the current per capita reimbursement contract. Thus, two individuals with similar needs can actually have very different levels and duration of services depending on the certification process.

**Suggestions from the Field**

Based on these findings, our research team has highlighted strategies ATIP can employ to assist in smoother access and provision of services to trafficked persons:

*Utilize ATIP website for information sharing with service providers.*

Address potential gaps in information between the government and direct service providers through the ATIP website:

- Post an online handbook that includes a comprehensive list of federal programs available to trafficked persons.
- Post changes in laws and regulations regarding trafficked persons.
- Post all relevant WebEx and other virtual powerpoint trainings.
Improve data tracking of access to services for trafficked persons.

- Expand victim identification pipeline monthly requests to include information on federal services accessed by trafficked persons.
- Mine existing lessons from refugee data systems such as the Refugee Arrival Data Base (RADS) and DUCS programs.
- Develop a searchable, one-stop database on trafficked persons to track numbers identified and services accessed.

Maximize linkages with ORR staff and programs.

- Integrate State Refugee Coordinators into planning for services and programs for trafficked persons. Routinely inform State Refugee Coordinators of encountering and serving trafficked persons and encourage information exchange.
- Conduct joint program monitoring trips with other ORR refugee service program managers and analysts.
- Attend joint staff trainings on changes in federal regulations and laws relating to refugees and trafficked persons.
- Utilize weekly ORR internal and external communications to advertise options for collaboration.

Allow more flexibility in funding streams.

- To the extent possible, structure flexible funding streams for the per capita reimbursement contract.
- Provide the maximum period of comprehensive case management by offsetting pre-certifying ‘months lost’ by shifting those months into the post-certification period.

Formalize linkages and collaborations with service providers and law enforcement.

- Hold trainings and workshops for domestic violence shelter staff, law enforcement, and medical services personnel on victim identification and sensitized service provision.
- Train and link service providers with healthcare clinics, shelters, food banks, discount shops, employment centers and other service providers who may come into contact with trafficked persons.

Conclusion

In order to better serve trafficked persons in the United States, ATIP should expand and draw upon existing resources to shape programs fitting trafficked persons needs. ATIP could achieve this by coordinating approaches to streamline information sharing, data collecting, media and technology integration, training, monitoring, certifying, promoting formal and informal linkages, and providing funding for services for trafficked persons to support service providers. While refugees and trafficked persons are similar in many ways, our study shows that trafficked persons have unique ongoing needs requiring a more targeted approach.
The Research Question

Central Question
The goal of this research study is to assess the barriers to services for trafficked persons and refugees in order to improve service delivery for both populations. The central question of this study is:

What are the barriers to serving trafficked persons in the context of the current U.S. refugee entitlement benefits and services programs?

Subsidiary questions focus on the following areas:

- Are there differences in the needs of refugees and trafficked persons?
- What are the existing services for refugees and trafficked persons and are there gaps in service delivery?
- How can program management within ATIP help improve service delivery for trafficked persons?

Report Structure
This research study begins with an overview of refugee and trafficking programs in the United States, administered by the ORR/ATIP. It continues with a presentation of findings and an analysis of the services offered by direct service providers based on a strategic sample of providers in the United States. This research study offers a comparison of service needs and barriers for refugees and trafficked persons and finally, it concludes with suggestions for ATIP to consider in improving service delivery.
Methodology

To answer the aforementioned questions, our team utilized the following methods:

**Literature and Legislative Review:** We collected information from federal and state websites, respected academic journals and government commissioned studies. Additionally, we consulted U.S. statutes and signed conventions.

**Service Provider Survey:** We developed a needs assessment survey and contacted 87 direct service providers via telephone using a strategic sample approach. We targeted areas known to be transportation or regional hubs. Of the 33 respondents, 23 served trafficked persons and 19 served refugees (9 of these providers served both populations). All but two surveys were conducted via telephone and was supplemented with additional questions.

**Management Interviews/Site-visits:** We visited federal agency staff, academics, experts, practitioners, and program managers involved either directly or peripherally with serving trafficked persons during two trips to Washington, DC, in 2008. Due to the sensitive nature of this research project, we omitted the names and titles of our interview pool to maintain candid program appraisals and confidentiality.

**Additional Interviews:** We interviewed 9 academic experts, field practitioners and psychiatrists to provide a basis for feedback and recommendations via telephone and in person. Again, due to confidentiality measures, we omitted names of our interview pool.

**Limitations of this Methodology:** We used primarily qualitative research and analysis methods and while we gathered some statistical information through the service provider survey, this data is by no means exhaustive. We strategically targeted our efforts on particular geographic regions and demographic areas without including every city and state in the U.S.

We also condensed our surveys and interviews into a period of three months. Since we have developed the survey tools, ORR staff and / or researchers will now be able to follow up in yearly cycles to understand how these services are administered over a greater period. Such measures would allow trend analysis and add additional validity to our current findings. Our current data may be subject to response bias as the characteristics of those service providers that completed the survey may be dissimilar to those who chose not to participate.

Finally, due to time, funding, and confidentiality constraints, we did not seek to interview directly trafficked persons and refugees. We supplemented our findings section with documented perspectives from survivor testimony found in secondary sources.
Background

The Refugee Program

The legal basis for serving refugees

From a legal perspective, the U.S. Congress promulgated The Refugee Act of 1980 primarily to align the domestic laws with its commitments under the 1951 Convention Relating to the Status of Refugees. As a consequence of the passage, the Refugee Act also served to standardize the reception, placement, and services for the incoming hundreds of thousands of Indochinese and subsequent refugees following the war in Vietnam. It also provided a legal basis and mandate for the work of ORR. Nearly 28 years following passage of The Refugee Act, ORR programs today serve asylees, certain Amerasian immigrants, Cuban and Haitian entrants, and victims of severe form of trafficking from around the globe. These groups are not limited to but are eligible for similar categories, duration, and program funding amounts as refugees, subject to availability of congressional allocation for each fiscal year. Since 1980, the number of refugee arrivals has risen and fallen, depending, amongst other factors, on the political environment of the current administration. For example, in the aftermath of September 11, 2001, the refugee program experienced a dip in admissions. However in 2004, the arrivals surpassed the 50,000 mark. (See Figure 1 below).

Figure 1: Refugee Admissions and Ceilings, FY 1980 – 2008

The Office of Refugee Resettlement (ORR)

ORR manages numerous programs implemented by state governments, local organizations, and through interagency agreements with other federal agencies. ORR currently has 60 employees, with five major divisions: Division of Refugee Assistance (DRA), Division of Community Resettlement (DCR), Division of Unaccompanied Children's Services (DUCS), Anti-Trafficking in Persons Division (ATIP) and Division of Budget, Data, and Policy Analysis (BDPA). (See Appendix 1 - Division Descriptions). ORR’s total budgetary authority for 2007 was $587,947,000.

The Trafficking Program

The Trafficking Victims Protection Act

In October 2000, Congress passed the Trafficking Victims Protection Act (TVPA). The TVPA is the first comprehensive federal law to protect trafficked persons and prosecute their traffickers. Under the TVPA a victim must meet the definition of a “severe form of trafficking in persons.” Since the passage of the TVPA in 2000, it has been twice reauthorized in 2003 and 2005. The TVPRA of 2003 created the Senior Policy Operating Group (SPOG) to better coordinate the agencies involved in anti-trafficking initiatives. (See Appendix 2 for list of SPOG and PITF members). The TVPRA of 2007 is currently in Congress for the next round of reauthorization.

(See Appendix 3 for highlights of TVPRA 2003 and TVPRA 2005. For additional background on domestic and legal instruments, see Appendices 4 and 5).

The TVPA defines “severe forms of trafficking in persons” as:

- **Sex Trafficking**: 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 years; or
- **Labor Trafficking**: the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage or slavery.

*Source: TVPA, 2000.*

Both adult and child trafficked persons are eligible for certain pre-certification services through DOJ/OVC grants and ORR grants prior to ORR certification status. NGOs may also provide services to trafficked persons as part of mainstream services to other vulnerable populations. Under the TVPA, once internationally trafficked persons are certified, they are eligible for many of the same services and benefits as refugees, such as housing, food, income, employment, healthcare assistance and English language training.

In order to gain access to comprehensive services to the same extent as refugees, internationally trafficked persons must first receive a certification letter from ORR. For adults, three conditions are required to be eligible for certification: meeting the definition of “severe form of trafficking,” holding a T-visa or Continued Presence (CP) status and be willing to assist with a reasonable request of cooperation in the
investigation or prosecution of the case (See Appendix 6 for description of CP and T-visas).

While TVPA 2000 had required that the victim comply with a reasonable request for cooperation in the prosecution or investigation of their trafficker, in 2006 the U.S. Code was changed to define an ‘unreasonable’ request to exempt persons considered to be too traumatized. (See Appendix 3 for highlight of change in U.S. Code. See Table 3 for more details on children).

Upon receipt of a certification letter from U.S. Department of Health and Human Services (DHHS), non-U.S. citizen trafficked persons are eligible for benefits and services under both federal and state programs (see Appendix 7 for list). Trafficked U.S. citizens and non-U.S. citizens who are lawful permanent residents are not certified, and their respective status affords eligibility for existing mainstream federal and state benefits and services.

Under the TVPA, the Attorney General’s office has the authority to provide grants to states,

**Table 1: Number of Trafficked Persons Certified by ORR 2001-2007**

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<tbody>
<tr>
<td>Total certified/eligible</td>
<td>198</td>
<td>99</td>
<td>151</td>
<td>163</td>
<td>231</td>
<td>234</td>
<td>303</td>
</tr>
<tr>
<td>Minors receiving eligibility</td>
<td>19</td>
<td>4</td>
<td>6</td>
<td>19</td>
<td>34</td>
<td>20</td>
<td>33</td>
</tr>
</tbody>
</table>

Sources: Data gathered from annual DOJ Reports, Assessment of U.S. Activities to Combat Trafficking in Persons, from 2003 to 2006. ORR / ATIP supplied the 2007 certification figures.
local government units and nonprofits that expand or strengthen service programs for trafficked persons. The Office of Victims and Crimes (OVC) within DOJ also provides grants to organizations for pre-certified trafficked persons.

Table 1 shows how many victims, both adult and children, have been certified by ORR between 2001 and 2006.

Anti-Trafficking in Persons Division (ATIP)

The Anti-Trafficking in Persons Division operates three major programs assisting trafficked persons (see Table 2 for details). With 9 staff members, ATIP is a rapidly growing office whose responsibilities cover grant management, coalitions, intermediaries and victim certification. In 2007, ATIP operated with a total budget authority of $9.823 million.

Literature Review

A review of the literature revealed the most prevalent and challenging needs and barriers to serving trafficked persons.

TRAFFICKED PERSONS’ NEEDS

Health needs. Trafficked persons are susceptible to a range of health risks resulting from poor living and working conditions, exposure to various diseases, and from physical, psychological, and sexual abuse. Some health-related consequences include substance abuse, sexual and reproductive health problems, communicable disease, psychological and psychosomatic reactions, and violence induced physical trauma. One study estimates that up to 96-98% of trafficked persons in the U.S. need some form of medical attention (along with other basic services such as food and housing). Given the multitude of health risks and consequences, a great need exists for trafficked persons to receive comprehensive, timely, and gender- and culturally- sensitive medical services.

Trauma and mental health needs. While few studies have focused exclusively on the mental health needs of trafficked persons, there is agreement amongst anti-trafficking advocates on the importance of psychological care for this group. A 2007 study on trafficked women in Nepal did find that this group had higher rates of anxiety, depression and post-traumatic stress disorder. The study concluded that the high risk and prevalence of mental health issues amongst trafficked persons necessitates programmatic interventions such as psychosocial support to improve their mental health status. The trauma associated with trafficking may manifest itself differently based on the form of trafficking, level of personal resilience, and cultural background.

Need for transitional housing and shelter. One study identified transitional housing as a primary need for trafficked persons. However, in the absence of trafficking-specific housing, these individuals are housed in domestic violence shelters, hotels or apartments on a case-by-case basis. This can be problematic as trafficked persons typically require longer access to transitional housing due to their lack of independent living skills and their need to adjust their immigration status prior to becoming self-sufficient. For example, one study cited a service provider estimating that domestic violence survivors typically stay in a shelter between three and nine months, whereas
Table 2: Anti-Trafficking in Persons Program (ATIP)

1. **Service provisions to trafficked persons**: ATIP certifies trafficked persons to grant eligibility for ORR funded benefits and services. Until 2006, ATIP offered an “Anytime, Anywhere”\(^\text{18}\) grant program to service providers. In April 2006, ATIP instituted, in place of the grant program, a per capita reimbursement national contract administered by the U.S. Conference of Catholic Bishops (USCCB). Service providers now subcontract with USCCB and enroll clients as they are identified. These subcontractors provide comprehensive case management\(^\text{19}\) and services to trafficked persons. Initially ORR stipulated no program time limitations, however, in September 2007, ATIP limited service reimbursement to 9 months for pre-certified and 4 months for certified trafficked persons.\(^\text{20}\) See Figure 12 for timelines. USCCB also partners nationally with Project REACH for mental healthcare services and Catholic Legal Immigration Network, Inc. (CLINIC) to provide technical assistance to its grantee local organizations.

2. **Victim identification**
   a. **Rescue and Restore Regional Program**: ATIP partners with organizations that act as focal points for regional anti-trafficking efforts in public awareness campaigns and local outreach activities.
   b. **Street outreach grants**: In 2006, ATIP awarded 18 community-based organizations street outreach grants to improve identification of trafficked persons among populations that organizations were already serving, including homeless and at-risk youth, women and girls exploited through commercial sex and migrant farm workers.

3. **Public Awareness Campaign**
   a. **National Human Trafficking Resource Center**: ATIP operates a 24/7 toll-free hotline which assists law enforcement agencies and service providers in determining whether they have encountered a trafficked person. The Resource Center also serves as a focal point for technical assistance, training and planning in order to improve victim identification. ORR provides through a central online site comprised of resources for trainings/technical assistance, consulting services and peer-to-peer trainings.
   b. **Rescue and Restore**: DHHS leads the Rescue and Restore Victims of Human Trafficking campaign, which has established coalitions in 19 cities, along with the states of Illinois and North Carolina.

   *See Appendix 8 for map of ATIP’s anti-trafficking program.

Source: Adapted from U.S. DHHS Administration for Children and Families website, 2008

Trafficked persons typically need shelter for one to one and a half years.\(^\text{21}\) Also, common shelters may not be fully equipped to provide for the security of multiple trafficked persons or to meet their psychological needs.
Special needs. Several studies cited service providers asserting that the needs of trafficked persons are far greater than those of other marginalized groups. Specifically, trafficked persons require more time consuming, structured services, particularly after having lived under the abusive control of others and having been isolated from their families.22

SERVICE BARRIERS FOR TRAFFICKED PERSONS

1. Legislative and Federal Coordination level barriers

Aims of laws lack emphasis on health consequences. Researchers, public health and medical experts argue that laws, funding, and resources should address the “human consequences of trafficking to assist women [and men] in recovering as much of their well-being as possible.”23 Other health care experts liken the effects of severe forms of trafficking to torture and argue trafficking victims should be eligible for torture treatment programs and similar services.24

Law enforcement as gate-keeper. The TVPA places heavier emphasis on law enforcement’s role in certification. Certainly law enforcement must be involved, but service providers mentioned that law enforcement can sometimes serve as a barrier for trafficked persons to come forward.25

Difficulty of coordinating diverse agencies. Trafficked persons require a multitude of short to long term services at any given time which may involve local and federal government agencies, health services, comprehensive case management, shelter and other social services.26 (See Appendix 9: Trafficked Persons Changing Needs over Time). As the number of service experts expands so too does the difficulty of coordination.

Onerous visa requirements. Another service barrier is the existing process of obtaining derivative T visas and regulations regarding T-2, T-3, and T-4 visas. (See Appendix 6: Visa Categories for Trafficked Persons). One study reported respondents find the process “nearly impossible,” and characterize it as “a very onerous process.”27 In the same report, respondents observed the requirement that foreign governments must prepare immigration documents for each applicant yet these governments may lack incentive to do so.28

2. Service provider level barriers

Lack of Adequate Funding. Trafficked persons may require services for longer than the maximum duration allowable under certain federal programs. To meet these needs, providers typically must finance programs/services through fundraising and other creative means, sometimes distracting them from their core service mission.29

Housing and medical service provider collaborations. While a 2003 study cited 98% of service providers reporting housing as a primary need for trafficked persons, only 21% of the survey pool reported formal collaboration with housing organizations such as emergency shelters.30 The second most often cited need was health services (98%) though only 48% of the survey pool reported formally collaborating with health centers such as clinics, hospitals, emergency clinics, and mental health providers.31 A 2005 study reported that 28% of interviewed trafficked persons came into contact with
### Table 3: Trafficked Children

#### Trafficked Children in the United States

The overall number of identified trafficked children remains low in the United States. From 2001-2007, ORR granted a total of 140 letters of eligibility (the equivalent of victim certification letters for adults) to foreign-born trafficked minors. Annually, the majority of trafficked children arrive from Mexico and Central America, though there are significant numbers from Asia, Africa, and Eastern Europe. In addition, there is a growing awareness surrounding domestically trafficked children although there it is difficult to gauge the magnitude of the problem without sufficient and accurate data.

#### Physical and Mental Consequences of Trafficking on Children

<table>
<thead>
<tr>
<th>Physical Symptoms</th>
<th>Mental Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Malnutrition</td>
<td>• Extreme fear and anxiety</td>
</tr>
<tr>
<td>• Sleeping and eating disorders</td>
<td>• Depression, mood changes</td>
</tr>
<tr>
<td>• Alcohol and other drug use; addiction</td>
<td>• Changed feelings or beliefs about oneself (guilt, shame, feelings of abandonment)</td>
</tr>
<tr>
<td>• Sexually transmitted diseases, HIV/AIDS, pelvic pain, rectal trauma and urinary difficulties from working in the sex industry</td>
<td>• For non-U.S. citizens: culture shock</td>
</tr>
<tr>
<td>• Chronic back, hearing, cardiovascular or respiratory problems from working in dangerous agriculture, sweatshop or construction conditions</td>
<td>• Post-Traumatic Stress Disorder (PTSD)</td>
</tr>
<tr>
<td></td>
<td>• Traumatic bonding with the trafficker</td>
</tr>
<tr>
<td></td>
<td>• Despair and hopelessness</td>
</tr>
</tbody>
</table>


#### Unique Needs of Trafficked Children

Upon identification, the basic needs of trafficked children such as safety, food, shelter, medical care and mental health care are first addressed by service providers and law enforcement officials. Long-term best interests of the child include placing the child in stable and culturally-appropriate care. However, according to Gozdziaik et al, who interviewed both service providers in the U.S. refugee foster care and in the Unaccompanied Refugee Minors (URM) program regarding 36 unaccompanied trafficked children, the children did not generally perceive themselves as victims. This lack of identity of ‘victim-hood’ was correlated with the children’s motivations and expectations about migrating to the U.S.—most were highly motivated to come to the U.S. in order to earn money for their families. The desire to assist their families financially did not typically change once the children were rescued from their traffickers; however, the URM program limits the number of hours children can work and places an age limit for children to work. Such restrictions, while complying with U.S. law, run counter to the children’s goals and needs, creating “long-term consequences to education and affect[ing] their desire to remain in care.” In addition,
while recognizing that ‘trafficking victim’ is a legal term, experts have noted that the identity of ‘victim-hood’ for child [as well as adult] survivors may be counterproductive during rehabilitation.38

**Treatment of Children under the TVPA**

Several differences exist in the treatment of trafficked minors, as compared to adults, under the TVPA. Persons below the age of 18 years do not need to prove that force, fraud or coercion was used in sex trafficking cases; however, they must meet the same definition of severe form of labor trafficking as adults (See boxed text on page 7). Unlike adults, however, they do not need to comply with a reasonable request to assist the investigation and prosecution of their traffickers, nor do they need to apply for a T-visa or for CP status.

**Trafficked Children’s Routes to Federal Benefits**

Several routes exist for a trafficked child to receive federal benefits and services available to refugees via a letter of eligibility granted by ORR. Federal law enforcement, local law enforcement, or non-law enforcement agents, such as the child’s attorney or case manager can make the request. DHS / USCIS grants continued presence or T-visas resulting in a T-visa letter, which would also lead to an ORR letter of eligibility, allowing the trafficked child to access benefits. (See Appendix 10 for the steps of each route. See Appendix 7 for a list of state and federal programs for trafficked persons).

**International Human Rights Instruments Protecting Trafficked Children**

1989 UN Convention on the Rights of the Child (CRC): The United States signed but has yet to ratify the CRC, the leading international human rights instrument addressing children’s needs and rights. Although its provisions are non-binding for the U.S., Article 35 of the CRC asks state parties to take “all appropriate national, bilateral and multilateral measures to prevent the abduction of, the sale of or traffic in children for any purpose or in any form” and in Article 39, to “promote physical and psychological recovery and reintegration of a child victim.” 39

2000 Palermo Protocol: According to the Palermo Protocol, “[t]he recruitment, transportation, transfer, harbouring or receipt of a child for the purpose of exploitation shall be considered ‘trafficking in persons.’” 40 By lifting the provision that threat or use of coercion, force, fraud, deception, abuse of power/position of vulnerability or exchange of payments or benefits is necessary to the definition of trafficked children, the Palermo Protocol broadens the definition. The U.S. ratified the Protocol in 2005 but the legal protections it gives to trafficked minors are derived from the TVPA. 41

Other barriers. Other service provider level barriers include lack of adequate resources, lack of adequate training of partners, ineffective coordination with federal and local agencies, lack of in-house language capacity,
and providers’ feelings of isolation and lack of support.

3. Individual-level barriers

Fear of retaliation. Trafficked persons fear for their own physical safety and/or that of their family members as they are often challenging a whole system of organized crime rather than just one perpetrator.43

Isolation. Internationally trafficked persons do not have permanent homes in the U.S. and may not speak the local language; while U.S. citizen survivors may be abused by family members in their own states, or separated from their homes and family in other states.44

Lack of legal status. A 2003 study reported one of the biggest obstacles for trafficked persons was obtaining a social security card, which a lawful alien must have in order to work in the U.S. Trafficked persons and service providers also cited the 8 month time frame for cash and medical assistance as being too short.45

Lack of ability to identify situation as exploitative. A 2005 study of 21 trafficked persons including almost half under the age of 18, or on the cusp of adulthood (ages 19-21) reported those trafficked as children lacked perspective and were less able than adults to recognize the exploitative situations they were facing.46

[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 [sic] my trafficker knows my family. So, I get worried about if I speak to the government that he going to retaliate against my family.”

– Trafficked Person
Findings

Based on responses to service provider surveys, interviews with experts in the field, and federal program administrators, we report the following findings:

(See Appendix 11: Service Provider Survey)

Service Provider Responses

Description of Trafficked Populations Served by Service Providers

Of the service providers that work with trafficked persons, 43% have worked only with international persons (non-U.S. citizens), while 52% have worked with both domestic and internationally trafficked persons. Nearly 87% of the providers serve adults, while over 40% have also served children, ranging in age from 7 to 18.

Some organizations have worked with only a handful of trafficked persons to date, while other have served hundreds (one organization reported serving an estimated 500 trafficked persons over the lifetime of the program). In 2007, over 70% of the service providers surveyed worked with between 2 to 71 victims.

Knowledge of TVPA

Service providers were generally familiar with the TVPA of 2000. Nearly 43% considered themselves to be very familiar with the law, followed by 38% who were somewhat familiar with the law, 14% who were familiar, and close to 5% who were unfamiliar with the TVPA.

However, many service providers cited having difficulty in keeping abreast of changes in the law primarily due to the lack of in-house legal expertise. Service providers cited a lack of easy access to and more relevant trainings on amended trafficking laws.

Victim Identification Process

Providers identified clients as trafficked persons in several ways. By far the most common methods of victim identification were the assessment of the client's problems through intake and interviews (65%), followed by victim self-identification (29%).

Victim Certification

There was a wide range of answers about the estimated length of time it takes for trafficked persons to receive ORR certification after identification. The experience of one survey provider was about 3 weeks, while for another it typically took 6-10 months. One provider suggested that if the client was referred to them by law enforcement or DHS/ICE, it would take about 2 month or less to receive certification; however, if the client was not referred by law enforcement, certification generally took longer.

“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.”

- Trafficked Person
Legal Status of Victims

Two-thirds of respondents estimated that at least some of their clients received CP status. Others have indicated that some trafficked persons with whom they have worked are on immigrant status, permanent resident status, or a U-visa.49 (See Appendix 6 on U visa explanation).

Types of Trafficked Persons Served

Figure 3 above shows the most frequently encountered categories of trafficked persons in 2007, as indicated by survey respondents. Although only nine providers answered the question, several service providers mentioned that they did not serve any trafficked persons in 2007.

While the majority of persons trafficked into the United States are women and children, some service providers indicated that all of their clients had been male (typically involved in agricultural labor).

Figure 4 shows the respondent pools’ most frequently cited regions/ countries of origin.

Almost two-thirds of respondents indicated they had available interpreters for all of their clients; one-third could provide interpreters for some languages in-house while using either a language line50 for native languages or reaching out to the community for volunteers. One organization was unable to provide an interpreter for some of their clients.

Sub-groups of trafficked persons who may have the most severe problems according to service providers include: trauma survivors, sex-trafficked children and pregnant sex workers, the latter often experiencing unmet pre-natal needs. One respondent indicated the level of severity not only depended on the individual, but also on the intensity and duration of the violence experienced by that person. Other respondents echoed this sentiment, stating that cases differed significantly and it would be too difficult to
identify a particular sub-group as the one with the most severe problems.

**Service Delivery to Trafficked Persons**

To ascertain the immediate needs of trafficked persons, we asked respondents to list the services requested by trafficked persons upon contact with their agency (see Figure 5). A majority (63.6%) stated that trafficked persons generally asked for housing/shelter, followed by food and legal services (50% respectively). However, some respondents noted that victims generally were not aware of the types of services available for them and therefore did not ask outright for services.

"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."51

- Trafficked Person

Responses varied when service providers were asked if they perceived themselves to be adequately meeting the needs of trafficked persons. (See Figure 6: Respondents Assessment of Their Ability to Meet Trafficked Persons’ Needs). Those who stated having difficulty meeting needs primarily cited lack of staff and funds as the main constraint on service provision.
Respondents were also asked about the duration of services offered by their organization. Out of the nine who responded, four service providers stated that ‘it depended’ on the individual and the kind of service sought. For example, for job training and education, the victims’ prior background (e.g. familiarity with English) largely

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**Figure 5: Most Frequently Cited Services Requested by Trafficked Persons**

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing/shelter</td>
<td>60.0%</td>
</tr>
<tr>
<td>Food</td>
<td>50.0%</td>
</tr>
<tr>
<td>Legal/paralegal services</td>
<td>40.0%</td>
</tr>
<tr>
<td>Clothing</td>
<td>30.0%</td>
</tr>
<tr>
<td>Medical services</td>
<td>20.0%</td>
</tr>
<tr>
<td>Employment</td>
<td>10.0%</td>
</tr>
<tr>
<td>Cash Assistance</td>
<td>10.0%</td>
</tr>
<tr>
<td>Protection/safety services</td>
<td>10.0%</td>
</tr>
<tr>
<td>Transportation</td>
<td>10.0%</td>
</tr>
<tr>
<td>Education</td>
<td>10.0%</td>
</tr>
<tr>
<td>Child care</td>
<td>10.0%</td>
</tr>
<tr>
<td>Interpreter/cultural liaison</td>
<td>10.0%</td>
</tr>
<tr>
<td>Advocacy</td>
<td>10.0%</td>
</tr>
<tr>
<td>Job training</td>
<td>10.0%</td>
</tr>
<tr>
<td>Social service coordination</td>
<td>10.0%</td>
</tr>
<tr>
<td>Work authorisation</td>
<td>10.0%</td>
</tr>
<tr>
<td>Victim/witness notification</td>
<td>10.0%</td>
</tr>
<tr>
<td>Information and referral</td>
<td>10.0%</td>
</tr>
<tr>
<td>Dental services</td>
<td>10.0%</td>
</tr>
<tr>
<td>Normalization/validation</td>
<td>10.0%</td>
</tr>
</tbody>
</table>

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**Figure 6: Most Frequently Cited Respondents’ Assessment of Their Ability to Meet Trafficked Persons Needs**

- Having difficulty meeting needs
- Meeting some needs but not others
- Adequately meeting those needs
- More than adequately meeting those needs

Percentage of Respondents
determined how much training he or she needed prior to finding employment. Respondents also stated there was no standard phase-out time for termination of services and that their organization tried to provide their clients with services and assistance as long as they required it, although the per-capita reimbursement program time limitations did place a stress on the service provider.

**Service Delivery Procedures and Protocols**

Eighty-one percent of respondents stated that their organization had formal procedures in place on how to treat trafficked persons. However, the procedures themselves varied widely amongst various providers: while some organizations have formal protocols on how to interview trafficked persons (33%), others have instituted formal mechanisms of interaction with law enforcement agencies (11%). Nonetheless, a majority of respondents (94.4%) found these formal procedures and protocols useful to varying degrees, and almost all thought that such protocols were necessary.

**How Trafficked Persons Learn of Service Providers**

The overwhelming majority of respondents (86.4%) indicated trafficked persons learned about their organization through referrals, mainly via law enforcement agencies. This was followed by community outreach efforts (54.5%) and word of mouth (36.4%).

**Use of Performance Measurement Standards**

Over 90% of respondents stated that their organizations utilized some form of performance measurement standards. Most often these measurements were tied to federal and state grants, and consisted of reporting clients’ progress or community outreach efforts, depending on the nature of the organization.

Beyond using formal performance measures required by donors, service providers stated that it was hard to measure success where trafficked victims are concerned. While five agencies classified a case a success once a trafficked person reached self-sufficiency. The term self sufficiency is unclear, and few can agree on an ironclad definition. Federal refugee program managers generally understand the term to mean economic self sufficiency while service providers understand it to include a more holistic definition, which includes for example mental health. Another agency considered a successful case as one where the trafficked person had been liberated and was no longer being exploited by the perpetrator.

**Data Collection**

In terms of data collection systems in place, two-thirds (68.2%) of respondents used case files, while almost the same percentage used an online database. Other types of data tracking systems include databases required by grantor organizations, such as the victim pipeline identification tool created by ORR. *(See Appendix 12 for current victim identification pipeline).*

**Critical barriers to providing services**

Trafficked persons face myriad barriers to accessing services. Two respondents also cited systemic, broader political observations such as “the whole immigration issue is problematic in this climate” while another observed that trying to “get any sense of
empathy for VOTs is a problem—there is a big trend for not caring for immigrants.”

One service provider indicated enough funding to fulfill their current responsibilities but observed the difficulties in finding trafficked persons, not knowing exactly where to look, how to gain the trust of victims and lacking the investigative role as service providers. Similarly “an overwhelmed law enforcement” posed a challenge for another service provider. One service provider mentioned that agencies do not know where and when to refer trafficked persons, which may indicate a greater need for forging linkages to increase identification.

Figure 7 below shows the most often cited critical barriers service providers cited to serving trafficked persons.

It is interesting to note that the most often cited barriers for serving victims in the literature review and requested by trafficked persons themselves generally included housing and medical as top priorities, whereas providers’ most frequently cited barrier to serving trafficked persons was language barriers and did not mention medical services as a prominent barrier.

**Reasons trafficked persons do not seek out services**

Individual-level barriers are perhaps the most significant obstacle to combat human trafficking in the United States. The existence of these personal fears undermine efforts by NGOs to “identify” survivors, efforts through law enforcement and immigration guarantees,
and efforts to increase the number of T-visa beneficiaries. Some trafficked persons do not seek services due to several types of intensified fears: fear of deportation and of law enforcement, and fear of retaliation to self or family. The expectations of family members also factor into a reluctance to seek help due to varying levels of personal pride and dignity. One service provider explained trafficked persons may become psychologically wed to their captor and deny their exploitative situation even in the face of direct questioning. (See Figure 8).

“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.”

- Trafficked Person

**Figure 8: Most Frequently Cited Reasons Some Trafficked Persons Do Not Seek Services**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desire to keep earning money to send to family</td>
<td>21%</td>
</tr>
<tr>
<td>Desire to put situation behind and move on</td>
<td>20%</td>
</tr>
<tr>
<td>Attachment to trafficker</td>
<td>15%</td>
</tr>
<tr>
<td>Lack of social support (i.e., isolated)</td>
<td>13%</td>
</tr>
<tr>
<td>Lack of knowledge about victims’ rights</td>
<td>7%</td>
</tr>
<tr>
<td>Fear of not being believed</td>
<td>6%</td>
</tr>
<tr>
<td>Not able to identify self as a victim</td>
<td>4%</td>
</tr>
<tr>
<td>Feelings of shame or embarrassment</td>
<td>4%</td>
</tr>
<tr>
<td>Lack of trust of the system</td>
<td>3%</td>
</tr>
<tr>
<td>Language differences</td>
<td>3%</td>
</tr>
<tr>
<td>Fear of retaliation to self and/or family</td>
<td>2%</td>
</tr>
<tr>
<td>Lack of knowledge about available services</td>
<td>2%</td>
</tr>
<tr>
<td>Fear of law enforcement</td>
<td>1%</td>
</tr>
<tr>
<td>Fear of deportation/legal status</td>
<td>1%</td>
</tr>
</tbody>
</table>

**Trafficked persons’ needs not being met**

When asked what services trafficked persons ask for, service providers always stated that their clients were not initially aware of services or benefits to which they are afforded. That trafficked persons are not always aware of their service options is not surprising given the tremendous barriers to seeking assistance. During intakes, three providers observed trafficked persons generally need transitional housing, one provider responded that clients have a need for employment, and another cited a need for staff with knowledge of diverse languages and contacts to whom to refer for services. (For a comprehensive list of responses, see Figure 9).

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

- Trafficked Person
Other service providers cited systemic hurdles to better serving the needs of trafficked persons. One provider mentioned that although funding is available, difficulty lies in finding and identifying the victims. Another noted the slow rate of federal cases moving forward. This provider urged the federal government to process T-visas more quickly. Finally, one provider mentioned that broad legal and immigration reform needs to happen so people can come forward without fear.

Organizational needs to better serve trafficked persons

A majority of organizations cited needing more resources in the form of staff, outreach and awareness campaigns, funding, and training on serving and identifying trafficked persons. One refugee service provider desires more training because they are not accustomed to serving the trafficked population. One service provider urged law enforcement to see trafficked persons as victims of a crime instead of as criminals, and to pursue these cases as such.

Findings from Refugee Service Providers

A total of 19 refugee service providers were surveyed for this study. On average, the number of refugees these providers served in 2007 was between 250 and 2,000 refugees, although numbers were typically on the lower end of this range (250-500).

For survey respondents, refugees ranged from 60%-98% of their organizations’ total caseload. One respondent indicated that in order to provide culturally competent care, all of their case managers were hired from refugee communities in that area.
Types of Refugees Served

The refugee populations served by the survey respondents were typically divided more evenly along gender lines. However, one respondent indicated that 80% of their refugee clients were female and only 20% male. This seems to be the exception rather than the rule, since refugees resettled in the United States are may come as individuals or be comprised of families and therefore may be more representative of the demographics in their home countries. In addition, all providers indicated that they work both with adults and their children, from infants to 18 years of age. (See Figure 4 for a list of the most frequently cited country of origins for refugees).

Over 73.7% of service providers were able to provide interpreters for all languages spoken by their refugee clients, while the rest were able to provide interpreters for the vast majority of languages (except for the Karen dialect for Burmese refugees).

Barriers to Providing Services to Refugees

The majority of refugee service providers cited the most critical barrier to serving refugees was the lack of adequate funding and resources. (For a comprehensive list of responses, see Figure 10 below).

Apart from the trafficked persons’ fear of deportation and retaliation, the respondents’ answers for refugees resembled providers’ responses for trafficked persons. Refugee service providers answered most often that refugees do not seek services based on the lack of knowledge about available services and language barriers (26.3%). Other reasons cited included lack of trust in the system and feelings of shame and embarrassment (21.1%). One respondent mentioned that refugees were more likely to seek out some services (such as assistance with securing

Figure 10: Most Critical Barriers/Challenges Faced by Respondents in Providing Services to Refugees
affordable housing) and not others (particularly mental health services) due to social stigmas associated with seeking out such services.

Organizational needs to better serve refugees

Eleven of the 19 service agencies cited funding as a critical need to better serving refugees. This need was predominantly cited to hire more and better trained caseworkers who can manage and serve clients adequately and appropriately. Service providers also desired funding for designing new elderly and youth programs and for cultural programs to educate the mainstream community. One service provider mentioned the need for more intensive ESL programs while four providers mentioned the need for greater mental health outreach and services.

Comparison of Trafficked and Refugee Populations

Service providers were asked to compare trafficked persons to refugees. Similarities cited by respondents included encountering cases of depression, anxiety, fear of exploring new communities and difficulties in becoming self-sufficient. One provider mentioned the fact that some refugees endured warfare, political repression and violence — possibly comparable to the trauma and violence experienced by trafficked persons. However, service providers pointed out many more differences between the two populations.

Ongoing persecution for the trafficked

Refugees theoretically escape from their dire situations to begin a new life in the United States with legal permission to resettle.

Figure 11: Most Frequently Cited Respondent Assessment of Services Refugees Need But Are Not Adequately Being Met
Internationally trafficked persons, in some instances, find themselves in the United States without legal permission, and experience persecution and duress from traffickers. While under the trafficker's care (and for some period after), the internationally trafficked person's legal status remains unresolved. This legal uncertainty places a high degree of stress on trafficked persons compared to refugees. U.S. citizen victims avoid the legal barrier, however, they face ongoing trauma and exploitation.

Level of public attention
In terms of public awareness of the two populations, respondents indicated that refugees have more established organizations serving their needs, and that the public at large is more aware of the plight and challenges facing refugees.

Respondents noted the issue of trafficking does attract media and news coverage, as well as attention at the governmental levels despite relative small certification levels (303

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<thead>
<tr>
<th><strong>Table 4: Comparing Needs of Trafficked Persons to Refugees</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Similar Needs</strong></td>
</tr>
<tr>
<td>Housing/shelter:</td>
</tr>
<tr>
<td>For both trafficked persons and refugees, available and affordable housing are one of the biggest concerns. However, transitional housing is typically the immediate need for trafficked persons, while longer-term housing is the concern for refugees.</td>
</tr>
<tr>
<td>Food:</td>
</tr>
<tr>
<td>Both trafficked persons and refugees need food to survive. Unsurprisingly, basic needs such as food and housing are the first requests from both groups.</td>
</tr>
<tr>
<td>Employment:</td>
</tr>
<tr>
<td>For most refugees and trafficked persons, finding employment immediately is extremely important. While the goal for both groups is self-sufficiency, internationally trafficked persons may have the additional motive of sending money back to their families as soon as they can start earning.</td>
</tr>
</tbody>
</table>
Table 5: Barriers to Accessing Services at the Individual Level – Comparing Trafficked Persons and Refugees

<table>
<thead>
<tr>
<th>Common Obstacles</th>
<th>Different Obstacles</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lack of Knowledge:</strong></td>
<td>Fear of Law Enforcement:</td>
</tr>
<tr>
<td>According to the service providers who participated in our study, the main reason why neither trafficked persons nor refugees asked for services was their lack of knowledge of available services.</td>
<td>A major barrier faced by trafficked persons in accessing services is fear of law enforcement, primarily due to the fact that many trafficked persons are undocumented aliens.</td>
</tr>
<tr>
<td><strong>Lack of Trust in the System:</strong></td>
<td>Fear of Retaliation:</td>
</tr>
<tr>
<td>Both trafficked persons and refugees remain skeptical and distrustful of the system, according to the respondents of our study. However, the root causes of distrust may be different in refugees and trafficked persons. For example, refugees may be distrustful of the system because they feared persecution from the authorities in their countries of origin, whereas trafficked persons may be distrustful because they were threatened by their traffickers that they would be immediately deported by the government if identified.</td>
<td>Directly related to their need for protection services (see Table 4), trafficked persons often fear retaliation to themselves or to their families from their traffickers. This fear can be an obstacle to their seeking access to services, which refugees do not face.</td>
</tr>
<tr>
<td><strong>Language Barriers:</strong></td>
<td></td>
</tr>
<tr>
<td>For refugees and internationally trafficked persons, lack of English-speaking skills continue to be a large barrier in their access to services.</td>
<td></td>
</tr>
</tbody>
</table>

Certified in 2007 according to ORR records).

Observers note that amongst trafficking cases, however, there is disparity in the coverage and attention paid to cases of international sex-trafficking cases as opposed to other forms such as forced agricultural or other forms of manual labor, domestic work, and even U.S. citizen trafficking cases.

Delayed access to services

The nature of the resettlement program connects refugees with national voluntary agencies who are trained and have in many cases more than 20 years experience in serving this population. Through these channels, refugees are able to access public services more quickly (such as medical care, food stamps, cash assistance), while
**Table 6: Barriers Organizations Face in Providing Services to Trafficked Persons and Refugees**

<table>
<thead>
<tr>
<th><strong>Similarities</strong></th>
<th><strong>Differences</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Need for Longer Time-Frames:</strong></td>
<td><strong>Difficulty in Identifying Trafficked Persons:</strong></td>
</tr>
<tr>
<td>Nonprofit organizations serving either trafficked persons, refugees or both affirm the 8 month program time limitation for essential services is too short for either group to attain self-sufficiency. A large factor is that many refugees and trafficked persons have limited English language skills, therefore making it difficult to find and keep employment.</td>
<td>Several participants in our study asserted that the biggest barrier in providing services to trafficked persons is identification; in essence there are so few to serve. On the other hand, refugees typically arrive in large groups and the organizations are forewarned to the extent possible by national voluntary agencies.</td>
</tr>
<tr>
<td><strong>Lack of Adequate Funding:</strong></td>
<td><strong>Lack of Staff with Diverse Language Skills:</strong></td>
</tr>
<tr>
<td>Service providers face funding gaps in serving both trafficked persons and refugees. While many providers turn to community groups and faith-based groups for assistance, some organizations feel that they are stretched to their limits.</td>
<td>While most organizations serving refugees have staff from their clients’ ethnic backgrounds who speak their local languages, the same cannot be said for organizations serving trafficked persons. This is mainly due to the fact that refugee organizations specialize in serving some ethnic groups and hire staff from those particular communities to help serve them. However, in the absence of large numbers of trafficked persons or clients from similar cultural and linguistic backgrounds, nonprofits cannot always afford to hire additionally needed staff members.</td>
</tr>
</tbody>
</table>

Trafficked persons must wait for ORR certification to access benefits and services.

**Cultural Networks**

Since refugee communities are much larger, and staff are experienced in handling reception and placement, service providers are more experienced in providing culturally appropriate care. In contrast, case managers and employers may not be familiar with the assisting an individual trafficked person with multiple needs.

**Transitional housing a higher priority for trafficked persons**

Due to the underground nature of the problem, and the low numbers of identified trafficked persons, few “trafficking only” shelters and service providers exist. Amongst the most often cited need for trafficked persons was transitional housing. In many cases, these individuals end up using domestic violence or homeless shelters. This creates unique situations for the service
providers who may or may not be trained in handling such cases, not to mention ensuring the safety of staff and other clients.

**Psychological care**

In addition, the psychological state of trafficked persons may also require different treatment from refugees, due to the violence and trauma experienced by the victim, according to one respondent. However, it is interesting to note that another service provider indicated that most of their clients did not perceive themselves as victims and therefore refused counseling services. Moreover, being freed from their trafficking situation was not necessarily their choice, which may indicate a lack of awareness that their situation was exploitative.

**Funding structure for services for trafficked persons**

Programmatically, because refugee populations are a generally known quantity, formula funds to states based on refugee arrival data allows for planning based on estimates. In addition, there are built-in funds for unanticipated arrivals for refugee programs. However, there is no way of knowing if, when, and how many trafficked persons will be identified and served.

**General Findings from Service Providers**

**Collaboration**

All service providers were questioned regarding the nature and purpose of their interaction with other service and non-service based organizations. Other than sending and receiving referrals, survey respondents collaborate with a wide variety of agencies in providing services for trafficked persons and refugees. The most frequently cited organizations were law enforcement agencies (53%), homeless shelters and housing services (44%), educational institutions (41%), various faith communities (38%) and advocacy groups (38%). In addition, 36% of service providers indicated that they participate in local networks, such as workforce alliances, anti-trafficking regional task forces and refugee advocacy coalitions. Several respondents also mentioned that they also collaborate with those providing medical services (28%), domestic violence agencies (28%), mental health services (28%), the local District Attorney's office (22%), and sexual assault coordinators (16%).

The great majority of such collaborative activities have been institutionalized, with formal relationships and meetings. On the other hand, a few service providers indicated that their collaborative efforts were built purely on personal contacts and initiatives.

Sixty two percent (62.5%) of respondents stated that the primary purpose of their collaboration was to share information with each other. Forty three percent (43.8%) of respondents also stated the nature of their collaboration was mainly providing technical and training assistance to other agencies.

Regarding interaction with the federal government, most respondents (65%) stated they received grants from DOJ/OVC and other federal agencies and interacted with them in that context. Some service providers (13%) also belong to task forces that include members of DHS ICE, DOL, FBI and U.S. Attorney's Offices, and the majority of respondents (53%) also stated working with
law enforcement officers for service delivery to trafficked persons.

**Trainings**

Eighty four percent (84.8%) of respondents had attended formal workshops on trafficking in persons. Trainings included conferences sponsored by DOJ and DHHS on legal remedies, case studies, law enforcement and social services. Service providers also attended workshops focused on protocols, sharing of best practices, task force building, victim identification, multicultural issues, trauma and mental health.

Almost 73% of service providers also received formal training on refugees. Examples of trainings attended by service providers included voluntary agency national network meetings, ORR national conferences and various workshops on refugee services, cultural competence, child welfare and sharing of best practices.

**Interview-Based Findings**

A second approach to understanding how better to improve service delivery lies in the management of operations and collaborations amongst various key players. To gain insight into these working relationships, we conducted extensive interviews of federal staff and practitioners familiar with trafficking efforts in the U.S.

**Data collection procedures require improvement**

At present there is no online, searchable database for trafficked persons at ATIP. While ATIP collects demographic information on certified trafficked persons, information on their access to ORR-funded services or NGO-provided services is absent. The development of a user-friendly database would greatly benefit tracking of client service access and lead to program improvement.

Service providers lacked systematic data and record keeping techniques regarding client access to federal and non federal services. For the purposes of this research study, our research team developed and beta-tested a second survey tool to track trafficked persons’ access to ORR services, other federally-funded services and NGO-provided services. *(See Appendix 14: Pilot Service Data Access Survey).* While only two of the five respondents were direct service providers to both domestic and internationally trafficked persons, respondents demonstrated a sufficient ability to report the exact services accessed by their clients. Note that the ease may be associated with their relatively low caseloads for 2007 (ranging from two to seven clients per organization). These NGOs reported that they tracked within individual case files the victims’ services access, however, compiling such data on an ongoing bases may be an onerous task. In fact, one respondent was so frustrated with her organization’s use of paper files that she is leading an initiative to develop a database for tracking service access information with the aim of improving program management.

Several service providers did mention submitting information to ATIP through the victim identification pipeline. However, data collected through the pipeline can only be used to measure victim contact (where was the trafficked person encountered); type of trafficking; victim classification (suspected, certified or disappeared) and similar metrics but provides no information on what
particular services a trafficked person accessed. (See Appendix 12). While service access information is provided to ATIP in annual reports, it appears the data collected in this manner may not be received and analyzed systematically by ATIP in the absence of a service database.

Trauma of trafficked persons demands flexibility of program time limitations

Several experts on human trafficking in the United States commented that many trafficked persons are not physically, emotionally or mentally ready to be employed within the time limit given by ORR programs. Trafficked persons typically need mental health services to overcome the trauma associated with their ordeal. However, it may be difficult for this population to access such services, in part due to language barriers and cultural taboos attached to receiving mental health services and in part due to the cultural disconnect that may exist between the trafficked person and the clinical psychologist/psychiatrist. Also, there may be some trafficked persons so traumatized by their experience that they may be incapable of becoming self-sufficient for several years. No flexibility exists for such cases under the current program structure.

Need to formalize existing linkages with ORR

While informal instances of collaboration exist between ATIP and other ORR divisions, more formal linkages could greatly benefit ATIP’s current operations. For example, when ORR staff members visit states to monitor refugee programs, they sometimes ask about trafficked persons, but are not required to do so. Including routine questions on trafficking programs in the refugee programs’ manual would institutionalize this linkage, maximizing the benefit and cost-effectiveness of ORR monitoring trips.

Potential for increased collaboration with State Refugee Coordinators

An informal review of 24 State Refugee Coordinators by ORR revealed that the overwhelming majority of the states surveyed (23 out of 24) have the capacity to serve trafficked persons. Only one state is currently in the process of revising its policy manuals to include trafficked persons. State Refugee Coordinators are therefore becoming increasingly involved in anti-trafficking activities and initiatives, creating an opportunity for more formal collaboration. Some coordinators suggested that they would be better able to assist trafficked persons if made aware of their presence in the state.

Need to harness full potential of inreach programs

While ATIP inreach programs have received some positive responses, others perceived the inreach presentations as being repetitive. Some suggested that ATIP trainings would have a greater impact if they provided targeted training and questions to bring in the specific audience such as concentrating on their particular populations and industries. Some participants asked ATIP to make the connection for the audience on how the training will lead to outcomes.

Faster certification process ‘penalizes’ trafficked persons

As discussed, pre-certified trafficked persons are eligible for nine months of comprehensive
case management services under the per capita funding structure (see Figure 2). Once certified, they are eligible for four additional months of comprehensive case management under the per capita program along with eight months of refugee benefits. Thus, the maximum period of assistance under the percapita program is thirteen months (for a total of seventeen months including the refugee entitlement benefits).

However, certification time can vary widely. This fluctuation creates discrepancies in the period of service provision for different trafficked persons. For example, a person who receives certification in three months time can only avail a total of seven months of services of the per capita comprehensive case management, whereas someone who receives a certification letter in eight months time can benefit from twelve months of comprehensive case management services. So while the two people may have the same level of needs, one gets less time in the program. Thus, on one level a quick and efficient certification process penalizes the recipient. (See Figure 12 for an illustration).

<table>
<thead>
<tr>
<th>Figure 12: Service time varies with certification process</th>
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<tbody>
<tr>
<td>Maximum: --</td>
</tr>
<tr>
<td>(9 months pre-certified)</td>
</tr>
<tr>
<td>Person A:</td>
</tr>
<tr>
<td>(3 months pre-certified)</td>
</tr>
<tr>
<td>Person B:</td>
</tr>
<tr>
<td>(8 months pre-certified)</td>
</tr>
</tbody>
</table>
Suggestions from the Field

We offer suggestions in the following areas of program management and service delivery based on our literature review, expert interviews, and current survey response pool:55

Anti-Trafficking in Persons Division

Structure and Staff Development

• Engage in constructive program evaluation and strategy planning session for the Anti Trafficking in Persons Division. Given the current changes in staff, elevation of program to division, and new Program Director, this is an ideal time for a Division reassessment to ensure mission, vision, short and long term planning are clear, effective, and understood by all staff. Develop office procedures and protocols.

• Create a mission and revisit it as a first level accountability when improving current programs and developing new ones. Involve key staff, and representatives from within and without ORR at varying levels of service hierarchy in the process.

• Continue with restructuring of ATIP program officers’ responsibilities from regional responsibilities (North East, South East, Mid-West and West) to program-specific responsibilities to increase program efficiency.

• Detail ATIP staff to different divisions within ORR or different federal agencies for 6-12 month rotations. Accept detailed staff from other agencies involved in anti-trafficking initiatives to create ongoing relationships, cooperation, and understanding.

• Draw upon local universities for talent pool of qualified policy, legal, and social work interns to support data and program management throughout the year.

Staff and Field Training

• Create a standardized orientation/immersion program for new and existing ORR / ATIP staff. The orientation should include interaction with all federal agencies involved in handling trafficking cases, and directly serving and placing trafficked persons. This training could include, but not be limited to: visiting local area service providers, being present at a raid site, attending a trafficking-related trial, and completing legal training and case management overview to gain a holistic view of the process of identifying, handling, and serving trafficked persons.

Per capita reimbursement contract

• To the extent possible, be flexible in funding streams for the per capita contract. Involve key stakeholders in future restructuring or planning purposes. Take efforts to provide the maximum period of comprehensive case management by off-setting the pre-certified “months lost” by providing the same number of additional post-certification months (at the lower reimbursement rate). This shift will bring equity in terms of service provision.
period for all trafficked persons (see Appendix 15 for details). Alternatively, another option is to mix block grants with the per capita reimbursement for cities with high volume or suspected caseload of trafficked persons.

Public Information Campaigns

• Tailor inreach presentations to audience particular agency or office to allow incorporation of specific strategies and linkages to strengthen identification and resource management and request attendee feedback. Brainstorm with agency staff possibilities for concrete collaboration opportunities.

• Tailor outreach presentations to organizations and government agencies. For example, include national resource information via internet and national organizations; include region-specific information on service providers, shelters hospitals, and food banks. Ask local partners for suggestions on specific industries to monitor. Make the trainings interactive, involve the audience by asking questions relevant to other access points, such as: is domestic violence a problem in your area? How do you handle this problem? Can you identify key people to work with? Who are the stakeholders? How can organizations better involve law enforcement?

• Utilize weekly ORR communications (e.g. “Weekly Updates”) to advertise opportunities for coordination and collaboration with ATIP, for example, communicate short term and long term upcoming events, activities, and trainings rather than reporting on the past week's events and tasks.

• Post online handbook for service providers that includes a comprehensive and regularly updated list of federal programs for which trafficked persons are eligible.

• In addition to sending State Letters informing the public of the most recent changes in laws and regulations regarding trafficked persons, additionally post them on the ATIP website in a more user-friendly and downloadable medium such as press releases, fact sheets and video clips.

• Post all WebEx PowerPoint trainings on ATIP website to encourage greater participation amongst service providers and other interested parties.

Collaborations within ORR

• To the extent possible, mine lessons from the refugee programs and create linkages where possible. Some examples include: conducting joint monitoring where appropriate with ORR staff in other divisions; adding an addendum in state plans and annual goal plans, or other appropriate forms, to track services for and the number of trafficked persons served. Loop the SRCs into reporting and monitoring of services, and explore other areas for collaboration within trafficking programs.

• Other possible areas to explore collaboration amongst ORR programs in Individual Development Accounts, Matching Grant, URM, DUCS, and Technical Assistance Programs.

• Routinely inform State Refugee Coordinators and State Refugee Health Coordinators about identified, pre-
certified and certified trafficked persons in their state to improve service delivery. Review DOS/PRM protocols in informing states about new arrivals to develop ATIP protocols.

Data management

• Develop a searchable database of identified, pre-certified and certified trafficked persons to track their access to ORR-funded services, other federally-funded public services (e.g. WIC, SSI) and NGO-provided services (e.g. life skills trainings) which is secure and for government purposes. Mine lessons from existing ORR databases, e.g. RADS and DUCS databases.

• Use existing victim identification pipeline as a starting point for data collection. Include information concerning service access to ORR benefits, other federally funded benefits and NGO services. (See Appendix 13 for suggested format.)

Continued Research and Monitoring of Promising Practices

• Create an annual state-by-state report card for trafficked persons to monitor states’ activities on human trafficking over time. Use a variety of indicators such as the legal measures in place to combat trafficking, membership in local task forces, creative linkages with other programs such as the DOL/Jobcorps program. Award higher “grades” to states with positive indicators and make the information public to encourage such practices in all states.

Promising practices for service providers

• Create networks for pro-bono services with health providers and attorneys if organization is resource-stretched.

• Hold trainings and workshops with mental health organizations such as Project REACH for in-house staff. This will help them provide better trauma-informed care to trafficked persons.

• Collaborate with and train ER physicians and medical personnel to distribute discreet information to potentially trafficked persons.

• Formalize linkages with institutions likely to come into contact with trafficked persons, such as medical clinics, shelters, food banks, and immigration advocacy organizations.

• Hold trainings and workshops for domestic violence shelter staff and medical services personnel on victim identification and sensitized service provision.

• Routinely inform State Refugee Coordinators and State Refugee Coordinators of encountering and serving trafficked persons and encourage them to reciprocate information sharing.

• Develop or tap into existing integrated online networks to share and provide information on promising practices.

• Share intake and assessment forms and other universal tools for serving trafficked persons

• Use and distribute health care, social services, and law enforcement toolkits available on ORR / ATIP website
Conclusion

Trafficked persons worldwide and in the U.S. suffer deplorable conditions and only recently are domestic laws such as the TVPA being enacted to address their plight directly. While these laws are a step in the right direction, much work remains to adequately meet the needs of this vulnerable group.

The division servicing these trafficked persons, ATIP, is housed within ORR. As a federal agency with a national view of service issues, ORR is uniquely positioned to offer guidance, direction, support, and information sharing through its 28-year history of interacting with a variety of federal agencies and national and local organizations serving refugees and other vulnerable populations. Given the existence of these enormous resources and support available through the refugee program, ATIP should focus more efforts on educating and properly including other ORR divisions and their partners, as well as federal agencies, into the service network for trafficked persons.

ATIP should also coordinate approaches within ORR to streamline information sharing, data collection, media and technology integration, training, monitoring and promoting formal and informal linkages to support refugee and trafficked persons service providers. Program staff at all levels require additional research and training into the needs and access barriers of their clients.

In order to achieve successful programs, government and NGO administrators must encourage program impact and effectiveness evaluations in order to improve the services for this vulnerable population.

Additionally service providers such as dentists, doctors, nurses, health clinic professionals, food banks, discount clothing centers, and others who may come across potential trafficked persons should also be formally linked into the existing communities of care.

While refugees and trafficked persons are similar in many ways, our study shows the latter have unique ongoing needs that require a targeted yet flexible approach. To better serve trafficked persons, ATIP must also increase the flexibility of its current programs in terms of funding and duration to better fit each client’s unique needs.

The expertise and commitment to combat human trafficking exist at all levels. This indicates both a coordination challenge as well as a creative opportunity for ATIP to enhance its national response to serving trafficked persons.
References


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Appendix 1: ORR Division Descriptions

I. Refugee Assistance

GENERAL BACKGROUND

The Division of Refugee Assistance (DRA) was created to oversee and provide guidance to State-administered programs that provide assistance and services to refugees, asylees, certain Amerasian immigrants, Cuban and Haitian Entrants, and Victims of Human Trafficking (henceforth referred to collectively as “refugees”). DRA monitors program planning, provision of services, and provides technical assistance to ensure compliance with federal regulations governing the delivery of refugee assistance and services, including cash and medical assistance.

MISSION

DRA provides direction to States to ensure that refugees are provided assistance and services through State-administered programs that enable them to become employed and economically self-sufficient as soon as possible after their arrival in the United States.

PROGRAM DESCRIPTIONS

Cash and Medical Assistance Program provides reimbursement to States and alternative refugee assistance programs for 100 percent of Refugee Cash Assistance (RCA) and Refugee Medical Assistance (RMA) provided to refugees and other eligible persons, as well as associated administrative costs. ORR clients determined ineligible for Temporary Assistance for Needy Families (TANF) and Medicaid are categorically eligible for RCA and RMA for up to eight (8) months from the date of arrival in the U.S., date of final grant of asylum for asylees, and date of certification for trafficked persons. CMA also reimburses States for medical screening costs through local public health clinics so that contagious diseases and medical conditions that may be a barrier to refugees are identified and treated.

Public/Private Partnership Program provides States the option to enter into partnership with local voluntary resettlement agency affiliates for the provision of refugee cash assistance. Services provided to recipients of Refugee Cash Assistance (RCA) in the public/private program may be provided by the local resettlement agencies that administer the public/private RCA program or by other refugee service agencies. Program objectives are to enable or foster a more effective and better quality resettlement while maintaining State responsibility for policy and administrative oversight. ORR currently funds PPP programs in the five States of Maryland, Minnesota, Oklahoma, Oregon, and Texas.

Unaccompanied Refugee Minors Program provides for the care of refugee minors admitted to the U.S. unaccompanied by a parent or adult relative. Minors who are identified in countries of first
asylum as requiring foster care upon arrival in this country are sponsored through the United States Conference of Catholic Bishops (USCCB) and Lutheran Immigration and Refugee Service (LIRS). The children are placed in licensed child welfare programs operated by their local affiliates. Eligible minors may also enter the program through family (a) breakdown, (b) grant of asylum, or (c) certification as a victim of trafficking. Each minor in the care of this program is eligible for the same range of child welfare benefits as non-refugee children in the State, with additional services for the preservation of the minor’s ethnic and religious heritage. When possible, the child is placed in an area with nearby families of the same ethnic background. Depending on their individual needs, the minors are placed in home foster care, group care, independent living, or residential treatment. ORR reimburses costs incurred on behalf of each child until the month after his or her eighteenth birthday or such higher age as is permitted under the State's plan under title IV-B of the Social Security Act.

**Refugee Social Services Program** allocates formula funds to States to serve refugees in the U.S. less than sixty months (five years). This program supports employability services and other services that address participants’ barriers to employment such as: social adjustment services, interpretation and translation services, (day care for children), citizenship and naturalization services, etc. Employability services are designed to enable refugees to obtain jobs within one year of becoming enrolled in services. Service priorities are (a) all newly arriving refugees during their first year in the U.S. who apply for services; (b) refugees who are receiving cash assistance; (c) unemployed refugees who are not receiving cash assistance; and (d) employed refugees in need of services to retain employment or to attain economic independence.

**Targeted Assistance Program** allocates formula funds to States for counties that qualify for additional funds due to an influx of refugee arrivals and a high concentration of refugees in county jurisdictions with high utilization of public assistance. TAP services are the same as Refugee Social Services and are intended to assist refugees obtain employment within one year's participation in the program and to achieve self-sufficiency. TAP service priorities, however, are distinctive in that they prioritize (a) cash assistance recipients, particularly long-term recipients; (b) unemployed refugees not receiving cash assistance; and (c) employed refugees in need of services to retain employment or to attain economic independence.

**Cuban Haitian Program** provides grants to State and State-alternative programs to fund assistance and services in localities most heavily impacted by an influx of Cuban and Haitian entrants and refugees. Program objectives are to support employment services, hospitals and other health and mental health care programs, adult and vocational education services, refugee crime or victimization programs, and citizenship and naturalization services.

**Refugee Preventive Health Program** provides grants to States and State-alternative programs and their designated health agencies to provide medical screenings in accordance with the *Medical Screening Protocol for Newly Arriving Refugees* and follow-up activities to newly arriving refugees. Program objectives are to reduce the spread of infectious disease, treat any current ailments, and
promote preventive health practices for good health to facilitate refugees’ full participation in activities that encourage self-sufficiency and integration. Services include medical screening for contagious diseases with associated preventive care treatment, health assessments for chronic and other health conditions harmful to refugees’ health, interpreter services, information and referral to local health centers/clinics and Medicaid providers, and follow-up services to ensure appropriate treatment. The program also supports health education and orientation for refugees, as well as implementation of coordinated health projects with other Federal and State offices.

**Refugee School Impact Program** provides grants to State and State-alternative programs to support impacted school districts with the funds necessary to pay for activities that will lead to the effective integration and education of refugee children. Services target school-age refugees between the ages of five (5) and 18 years of age with program activities that include English as a Second Language instruction, after-school tutorials, programs that encourage high school completion and full participation in school activities, after-school and/or summer clubs and activities, parental involvement programs, bilingual/bicultural counselors, interpreter services and other services.

**Services to Older Refugees Program** provides grants to States and State-alternative programs, public, and private non-profit organizations, to ensure that refugees aged 60 and above are linked to mainstream aging services in their community. ORR has an interagency agreement with the U.S. Administration on Aging to identify ways in which the Aging and ORR networks can work together more effectively at the State and local levels to improve elderly refugees’ access to services. Program objectives are to (a) establish and/or expand a working relationship with the State Agency on Aging and the local community Area Agency on Aging to ensure all older refugees in the community will be linked to mainstream aging services in their community; (b) provide appropriate services to all older refugees that are not currently being provided in the community; (c) create opportunities to enable older refugees to live independently as long as possible; and (d) develop services for or link older refugees to naturalization services, especially for those who have lost or are at risk of losing Supplemental Security Income and other Federal benefits.

**Targeted Assistance Discretionary Program** provides grants to States and State-alternative programs to address the employment needs of refugees that cannot be met with the Formula Social Services or Formula Targeted Assistance Grant Programs. Activities under this program are for the purpose of supplementing and/or complementing existing employment services to help refugees achieve economic self-sufficiency. Services funded through the targeted assistance program are required to focus primarily on those refugees who, either because of their protracted use of public assistance or difficulty in securing employment, continue to need services beyond the initial years of resettlement. This funding requirement also promotes the provision of services to refugees who are ('hard to reach') and thus finding greater difficulty integrating. Refugees residing in the U.S. longer than five years, refugee women who are not literate in their native language, as well as the elderly are some of the special populations served by this discretionary grant program.
II. **Community Resettlement**

**GENERAL BACKGROUND**

The Division of Community Resettlement (DCR) provides assistance through public and private non-profit agencies to support the economic and social integration of refugees, asylees, certain Amerasian immigrants, Cuban and Haitian Entrants, and Victims of Human Trafficking (henceforth referred to collectively as “refugees”). The division administers the Voluntary Agency Match Grant Program, the Wilson/Fish Program, Services for Survivors of Torture program, and seven competitive refugee social services discretionary grant programs. Discretionary grants are awarded on a competitive basis.

**PROGRAM DESCRIPTIONS**

**Matching Grant Program** provides grants to voluntary agencies to resettle newly arriving refugees and assist them in becoming economically self-sufficient within the first four to six months in the United States without access to public assistance. The Voluntary Agency Matching Grant Program requires a match from private funds or donated goods and services to partner with monies provided by ORR. For Calendar Year 2006, the program achieved 83% self-sufficiency for the 25,000 participants. In CY 2007, the total funding for the program was increased to $60 million. With a per capita increase to $2,200, the MG program will serve 27,272 clients through 240 local affiliates of the Voluntary Agencies.

**Wilson-Fish Program** is an alternative to the traditional State administered refugee resettlement program for providing assistance (cash and medical) and social services to refugees. The purpose of the WF program is to increase refugee prospects for early employment and self-sufficiency, promote coordination among voluntary resettlement agencies and service providers and ensure that refugee assistance programs exist in every State where refugees are resettled. The program emphasizes early employment and economic self-sufficiency by integrating cash assistance, case management, and employment services, and by incorporating innovative strategies for the provision of cash assistance. ORR currently funds twelve WF programs in the following eleven States: Alabama, Alaska, Colorado, Idaho, Kentucky, Louisiana, Massachusetts, Nevada, North Dakota, South Dakota, Vermont, plus San Diego County, CA.

**Services to Survivors of Torture Program** provides services for the rehabilitation of torture survivors through diagnosis and treatment for the psychological and physical effects of torture, social and legal services, and research and training. ORR awarded 26 grants totaling $9.6 million in FY 2006.

**Refugee Agriculture Partnership Program** provides opportunities for improving the livelihoods of refugee families in agriculture and food sector business through partnerships with federal, State and local, and public and private organizations that cooperate in the coordination and utilization of
resources focused on sustainable income and community food security. This program is also supported by a MOU between the Department of Health and Human Services and the United States Department of Agriculture.

**Preferred Communities Program** supports the resettlement of newly arriving refugees into communities that provide the best opportunities for integration. Preferred Communities are localities where refugees have excellent opportunities to achieve early employment and sustained economic independence without having to utilize public assistance. These localities also have low welfare utilization by refugees. The Preferred Communities Program also meets the needs of special populations through intensive case management. Preferred Community sites are in 35 States funded at approximately $5.2 million.

**Unanticipated Arrivals Program** provides additional resources to communities where the recent arrival of large numbers of refugees was not anticipated. Funding for the February 28, 2006, closing totaled $5,954,652.

**Ethnic Community Self-Help Program** provides assistance to refugee community based organizations to develop the capacity to serve as local service providers and as a bridge to mainstream services and resources. These organizations help the refugee communities to become contributing partners to refugee resettlement and the community overall. Currently there are 45 grantees, funded at approximately $7.2 million.

**Technical Assistance Program** provides assistance to refugee-serving organizations. The technical assistance providers have expertise in the following areas: outreach to asylees, child welfare, economic development, English language training, employment, housing, micro-enterprise development, financial planning and asset development, and services to Ethnic Community Self-Help organizations or Mutual Assistance Associations (Mamas). This technical assistance is made available to the entire ORR service network. Technical assistance is provided by on-site visits, conference calls, publications, workshops, performance measure development, resource identification, collaboration, and trainings specific to the needs of the refugee serving organization. ORR awarded ten grants totaling just over $2 million in FY 2006.

**Micro-enterprise Development Program** assists refugees to become financially independent by helping them develop capital resources and business expertise to start, expand, or strengthen their own business. The program provides training and technical assistance in business plan development, management, bookkeeping, and marketing to equip refugees with the skills they need to become successful entrepreneurs. ORR awarded 25 grants totaling $5.3 million in FY 2006.

**Individual Development Accounts Program** provides matched savings accounts and financial literacy training to low income refugees. The matching funds, together with the refugee’s own savings, are available for purchasing one or more of three savings goals: home purchase, Micro-
III. Unaccompanied Children's Services


The DUCS program recognizes the importance of providing a safe and appropriate environment for unaccompanied alien children (UAC) from the time the minor is placed into ORR custody until his/her reunification with family members or sponsors in the U.S. or until he/she is removed to his/her home country by DHS immigration officials. DUCS takes into consideration the unique nature of each child’s situation and child welfare principles when making placement, case management, and release decisions that are in the best interest of the child.

DUCS RESPONSIBILITIES

- Making and implementing placement decisions for the UAC
- Ensuring that the interests of the child are considered in decisions related to the care and custody of UAC
- Reunifying UAC with qualified sponsors and family members, when appropriate
- Overseeing the infrastructure and personnel of ORR-funded UAC care provider facilities
- Conducting on-site monitoring visits of ORR-funded care provider facilities and ensuring compliance with DUCS national care standards
- Collecting, analyzing, and reporting statistical information on UAC

FACTS ABOUT UNACCOMPANIED ALIEN CHILDREN

UAC leave their home countries for the U.S. to rejoin family already in the United States, to escape abusive family relationships in the home country, or to find work to support their families in the home country. In FY07, the numbers of children in ORR custody and care ranged from approximately 1,000 to 1,600. Of those, 76% were male and 24% female; 15% were below the age of 14.

The most common native countries of UAC are El Salvador, Honduras, and Guatemala.
| Table 1: Most Common Native Countries of UAC in FY 2007 |
|----------------|----------------|----------------|
| Honduras        | 29%            | Nicaragua      |
| Guatemala       | 29%            | Brazil         |
| El Salvador     | 27%            | China          |
| Mexico          | 9%             | Other          |
| Ecuador         | 1.4%           |                |

Source: ORR Website, [http://www.acf.hhs.gov/programs/orr/about/divisions.htm](http://www.acf.hhs.gov/programs/orr/about/divisions.htm)

SOCIAL SERVICES FACILITIES

The majority of children are cared for through a network of ORR-funded care provider facilities, most of which are located close to areas where immigration officials apprehend large numbers of aliens. There are currently more than 40 ORR-funded care provider facilities in 10 different states.

Care provider facilities are state licensed and must meet ORR requirements to ensure a high level of quality of care. The facilities, which operate under cooperative agreements and contracts, provide children with classroom education, health care, socialization/recreation, vocational training, mental health services, family reunification, access to legal services, and case management. Care provider facilities case management teams use effective screening tools to assess children for mental health and victim of trafficking issues.

- Most UAC are placed in shelters and group homes
- If a child requires a higher level of care due to a documented criminal history, secure placement options are available
- For children with special needs (young age, pregnant/parent, acute medical needs, mental health concerns), or who have no viable sponsor to reunite with while going through immigration proceedings, long-term foster care is available through ORR’s refugee foster care program network
- ORR funds certain special programs to serve children with acute medical and mental health needs

PROJECTS AND PARTNERSHIPS TO IMPROVE QUALITY OF SERVICE

- Coordination of a pro-bono attorney outreach project to pilot pro-bono capacity building models in major immigration apprehension areas so that more UAC can have access to legal representation
- Coordination of a child protection advocacy pilot project based in Chicago
• Development of uniform national standards of care in partnership with ACF Children’s Bureau and child welfare experts
• Development of a comprehensive training program for all ORR-funded facilities and DUCS personnel and partners
• Collaboration and coordination with the ORR Anti-Trafficking in Persons Team to identify victims of trafficking in the UAC population
• Collaboration with representatives from the Department of Homeland Security, Immigration and Customs Enforcement (ICE) and Customs and Border Patrol, the Department of Justice, Executive Office for Immigration Review (EOIR), and non-profit community-based legal service providers

IV. **Budget, Policy, and Data Analysis**

**GENERAL BACKGROUND**

The Division of Budget, Policy, and Data Analysis (DBPDA) is charged with overseeing the Office of Refugee Resettlement’s (ORR) annual budget, including formulation and execution, as well as allocating and tracking funds for refugee cash and medical assistance and State administrative costs and all other ORR programs, tracking refugee population arrivals, responding to policy and eligibility inquiries, developing regulations and legislative proposals, allocating formula funds for Social Services and Targeted Assistance Programs, and providing general policy guidance and assistance to the Director.

**ORR BUDGET**

DBPDA attends to both the formulation and execution of ORR’s annual budget. To formulate the budget, DBPDA works with the ACF Office of Legislative Affairs and Budget (OLAB), the Department of Health and Human Services (DHHS) Assistant Secretary for Resources and Technology (ASRT), the Office of Management and Budget (OMB), and Congress. In this process, DBPDA forecasts program costs and prepares data sheets, narratives, and justifications for budget requests. After the President’s budget request is presented to Congress, DBPDA responds to Congressional and other inquiries related to funds appropriation.

Budget execution tasks include allocating quarterly awards for refugee cash and medical assistance and Social Services formula allocations, as well as tracking of funds for refugee cash and medical assistance and State administrative costs, certifying funds availability for ORR expenditures, and reconciling the status of the ORR budget for all programs throughout each fiscal year and at year-end closeout to ensure that all accounts are not deficient.
Table 2: ORR Budget Authority FY 2005 - 2007

<table>
<thead>
<tr>
<th>Line item</th>
<th>2005 Actual</th>
<th>2006 Actual</th>
<th>2007 Enacted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transitional and Medical Assistance</td>
<td>$204,993,000</td>
<td>$265,361,000</td>
<td>$265,546,000</td>
</tr>
<tr>
<td>Victims of Human Trafficking</td>
<td>$9,915,000</td>
<td>$9,809,000</td>
<td>$9,823,000</td>
</tr>
<tr>
<td>Social Services</td>
<td>$152,243,000</td>
<td>$153,899,000</td>
<td>$154,005,000</td>
</tr>
<tr>
<td>Survivors of Torture</td>
<td>$9,915,000</td>
<td>$9,809,000</td>
<td>$9,817,000</td>
</tr>
<tr>
<td>Preventive Health</td>
<td>$4,796,000</td>
<td>$4,748,000</td>
<td>$4,748,000</td>
</tr>
<tr>
<td>Targeted Assistance</td>
<td>$49,081,000</td>
<td>$48,557,000</td>
<td>$48,590,000</td>
</tr>
<tr>
<td>Unaccompanied Alien Children</td>
<td>$53,771,000</td>
<td>$77,249,000</td>
<td>$95,318,000</td>
</tr>
<tr>
<td><strong>Total Budget Authority</strong></td>
<td><strong>$484,714,000</strong></td>
<td><strong>$552,883,000</strong></td>
<td><strong>$587,847,000</strong></td>
</tr>
</tbody>
</table>

Source: ORR Website, [http://www.acf.hhs.gov/programs/orr/about/divisions.htm](http://www.acf.hhs.gov/programs/orr/about/divisions.htm)

FY 2006 Formula Budget Actual: $303,853,000
FY 2006 Discretionary Budget Actual: $249,030,000
FY 2007 Formula Budget Estimate: $320,544,000
FY 2007 Discretionary Budget Estimate: $249,072,000

**POLICY ACTIVITIES**

DBPDA works with other ORR divisions, OLAB, ASRT, HHS Office of General Counsel, OMB, and others to prepare regulations and develop legislative proposals, as well as respond to legislative, policy, and Congressional inquiries. DBPDA also assists grantees in determining the eligibility of refugee populations for ORR programs and services. DBPDA provides training to ORR grantees on ORR policy, and on immigration status and eligibility for ORR funded benefits and services. Finally, DBPDA performs policy analysis and makes recommendations on a broad range of issues of interest to the Director. In analyzing policies and proposed or enacted legislation, DBPDA also considers the budgetary impact of these initiatives.
DATA ANALYSIS

DBPDA is responsible for the operation and maintenance of ORR Refugee Arrivals Data System (RADS), the central repository for data on refugee populations served by ORR (absent Trafficking and Unaccompanied Alien Children). DBPDA has taken many steps to improve the integrity and completeness of the RADS database by seeking out data from all possible sources, including the Department of Homeland Security, the Department of Justice, and the Department of State. Information from the RADS database is used in determining State formula funds allocations, Targeted Assistance formula allocating, as well as in responding to media, academic, and program inquiries about populations served by ORR grantees.

OTHER ACTIVITES

DBPDA is also responsible for compiling the ORR Annual Report to Congress, conducting the Annual Survey of Refugees, approving cost allocations plans, maintaining the ORR webpage, requesting OMB forms clearance, responding to audits, preparing the annual Federal Managers Financial Integrity Act report, and administering the Refugee Healthy Marriage grant program.

Source: http://www.acf.hhs.gov/programs/orr/about/divisions.htm
Appendix 2: President’s Interagency Task Force Description and Members

In 2000, the Trafficking Victims Protection Act (TVPA) authorized the President to establish a cabinet-level task force to coordinate the federal government’s anti-trafficking efforts. The President’s Interagency Task Force (PITF) meets at least once a year, and is chaired by the Secretary of State.

In 2003, an interagency working group, the Senior Policy Operating Group (SPOG), was created to coordinate the implementation of the TVPA and PITF initiatives, along with interagency policy, grant and planning issues. The SPOG meets quarterly and is chaired by the Director of the State Department’s Office to Monitor and Combat Trafficking in Persons.

Members of the PITF and SPOG include:

- Department of State (DOS)
- Department of Justice (DOJ)
- Department of Homeland Security (DHS)
- Department of Health and Human Services (DHHS)
- Department of Labor (DOL)
- Department of Defense (DOD)
- Department of Education (DoEd)
- Agency for International Development (USAID)
- Office of Management and Budget (OMB)
- Office of the Directorate of National Intelligence
- National Security Council (NSC)
- Human Smuggling and Trafficking Center (HSTC)

**Agency for International Development (USAID)**

USAID funds international anti-trafficking in persons programs that prevent trafficking, protect and assist victims, and support prosecutions through training for officials in judicial systems. USAID reinforces successful anti-trafficking initiatives by funding programs that support economic development, good governance, education, health, and human rights, and flow from country-based collaborative frameworks that have the committed participation of civil society, government, and law enforcement.

**Department of Defense (DOD)**

DOD developed and fielded a general TIP awareness training module and is conducting awareness training for all personnel. DOD has adopted a zero tolerance policy on prostitution and human trafficking and amended its Manual for Courts Martial in October 2005 so that patronizing a
prostitute is a chargeable offense under the military justice system. DOD published an interim Defense Federal Acquisition Regulation Supplement clause in October 2006 which requires anti-TIP provisions on all DOD overseas contracts. The DOD Inspector General in November 2006 completed and released publicly a department-wide evaluation of DOD efforts to prevent trafficking in persons. On February 16, 2007 DOD published an internal Regulatory Instruction that clarifies the role and responsibilities of the Military Services and the Combatant Commanders (COCOMs) in combating TIP.

Department of Education (DoEd)

DoEd is working to raise TIP awareness and increase victim identification among schools via a network of school officials and after-school programs. Their Office of Safe and Drug-Free Schools develops materials for schools on preventing human trafficking, such as "Human Trafficking of Children in the United States: A Fact Sheet for Schools."

Department of Health and Human Services (DHHS)

DHHS is responsible for certifying foreign victims of human trafficking once they are identified. HHS issues certification letters for adult non-U.S. citizens to confer eligibility for certain benefits and services under any Federal or state program or activity to the same extent as a refugee. Benefits and services include: 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. HHS issues similar letters of eligibility for non-U.S. child victims of human trafficking (under age 18), who are immediately eligible for services and benefits to the same extent as refugees, once DHHS has received proof that the child is a victim of trafficking. HHS funding focuses on TIP victim assistance and increasing awareness and identification of foreign and internally trafficked victims in the United States. DHHS funds the Rescue & Restore public awareness campaign and the National Human Trafficking Resource Center with an information hotline at 1-888-3737-888.

Department of Homeland Security (DHS)

DHS investigates cases of trafficking and is an important partner in victim identification through investigations conducted by the Bureau of Immigration and Customs Enforcement (ICE). ICE investigates human trafficking cases both domestically and abroad. Suspicious activity associated with trafficking in persons can be reported to ICE’s 24-hour hotline at 1-866-DHS-2-ICE. ICE’s anti-trafficking enforcement activities also include providing training and support to international and domestic law enforcement. Citizenship and Immigration Services (USCIS) awards T-visas and coordinates with ICE’s Parole and Humanitarian Assistance Office on awarding continued presence status.

Department of Justice (DOJ)

The DOJ Civil Rights Division’s Criminal Section has the primary responsibility for the forced labor, sex trafficking, involuntary servitude and peonage statutes. It works closely with the FBI, DHS/ICE,
other federal and local law enforcement agencies, U.S. Attorneys Offices, and the Criminal Division's Child Exploitation and Obscenity Section (CEOS) to investigate and prosecute cases of trafficking in persons and worker exploitation. The Civil Rights Division also funds and staffs its national complaint line for reporting trafficking crimes at 1-888-428-7581. CEOS, in conjunction with federal and local law enforcement agencies, focuses on cases involving child sex trafficking, such as children exploited in prostitution in the U.S. and child sex tourism. The Bureau of Justice Assistance funds domestic programs such as the anti-trafficking Task Forces. The Office of Victims of Crime provides assistance to TIP victims prior to certification. The National Institute of Justice and the Bureau of Justice Statistics conducts TIP research. The Office of Legal Policy produces the Attorney General's Annual Report to Congress on U.S. Government Activities to Combat Trafficking in Persons and the Assessment of U.S. Government Activities to Combat Trafficking in Persons.

**Department of Labor (DOL)**

DOL offers programs such as job-search, job-placement assistance and job counseling services as well as educational and training services and referrals to supportive services such as transportation, childcare and housing, through its One Stop Career Center System - which victims can access after HHS certification. DOL’s Job Corps program assists eligible youths in earning a High School Diploma or GED, obtaining vocational skills training and learning an array of life success skills to become employable, independent and help secure meaningful jobs or opportunities for further education. The Wage and Hour Division also investigates complaints of labor law violation, and is an important partner in the identification of trafficked persons. DOL also funds international anti-trafficking in persons programs that focus on children who are at risk of, or who have been trafficked into exploitive labor or commercial sexual exploitation.

**Department of State (DOS)**

DOS chairs the information-sharing, interagency working group and Cabinet-level task force responsible for coordinating anti-trafficking policies and programs. The Bureau of Population, Refugees, and Migration (PRM) and the Office to Monitor and Combat Trafficking in Persons (G/TIP) fund international anti-trafficking programs. G/TIP also produces the annual Trafficking in Persons Report which spotlights modern-day slavery around the world, encourages the work of the civil sector, and is the U.S. Government’s principal diplomatic tool used to engage foreign governments. PRM also funds the Return, Reintegration, and Family Reunification Program for Victims of Trafficking.

**Human Smuggling and Trafficking Center (HSTC)**

The HSTC is an interagency fusion center and clearinghouse that disseminates information and prepares strategic assessments. It brings together law enforcement, intelligence, and diplomatic communities to work together to take action against criminals moving people around the world for profit, exploitation, or in support of terrorism.

*Source: DOS Fact Sheet: Overview of U.S. Government Agencies’ Principal Roles to Combat Trafficking in Persons: [http://www.state.gov/g/tip/rls/fs/07/87547.htm](http://www.state.gov/g/tip/rls/fs/07/87547.htm)*
Appendix 3: Key Changes in TVPRA 2003 & TVPRA 2005

  - Mandated new information campaigns to combat sex trafficking
  - Created a new civil action allowing trafficked persons to sue their traffickers in federal court
  - Established the Senior Policy Operating Group (SPOG) on Trafficking in Persons (TIP) to coordinate the implementation of the TVPA and address emerging interagency grants, policy issues
  - Required a yearly report from the Attorney General to Congress on the federal government’s activities to combat TIP
  - Extended assistance (services) for family members of trafficked persons
  - Allowed the federal government to terminate international contracts with companies or individuals found to be engaged in trafficking

  - Created new grant programs to assist state and local law enforcement efforts in combating Trafficking in Persons (TIP)
  - Created new grants to expand victim assistance programs to U.S. citizens or resident aliens subjected to trafficking
  - Mandated pilot programs to establish residential rehabilitative facilities for trafficking victims, including one program aimed at juveniles
  - Provided benefits and services to assist potential victims in achieving certification
  - Improved victims’ access to information about federally funded anti-trafficking programs that provide services to trafficking victims
  - Extended extraterritorial jurisdiction over trafficking offenses committed overseas by persons employed by or accompanying the federal government

**Key Change in 8 USC 1101(a)(15)(T)(i)(III)(aa):**

(i)(III)(aa) “has complied with any reasonable request for assistance in the Federal, State, or local investigation or prosecution of acts of trafficking or the investigation of crime where acts of trafficking are at least one central reason for the commission of that crime; ..."

“...if the Secretary of Homeland Security, in his or her discretion and with the consultation of the Attorney General, determines that a trafficking victim, due to psychological or physical trauma, is unable to cooperate with a request for assistance described in clause (i)(III)(aa), the request is unreasonable.”
Appendix 4: Key U.S. Legislation Related to TIP

Key Bills in Congress

H.R. 270: Trafficking Victims Protection Reauthorization Act of 2007
This act would authorize appropriations for fiscal years 2008 through 2010 for the Trafficking Victims Protection Act of 2000. It would also make juvenile victims of trafficking in persons eligible for interim assistance. This act also directs the Attorney General to prepare model legislation for state use to define and prohibit all acts relating to prostitution of children and trafficking in children for the purpose of labor or sexual exploitation.

Legislation

13th Amendment to the U.S. Constitution
This amendment outlaws slavery and involuntary servitude.

Title 18, U.S.C. §§ 1581, 1584 Involuntary Servitude and Peonage
Section 1584 of Title 18 makes it unlawful to hold a person in a condition of slavery, that is, a condition of compulsory service or labor against his/her will. Section 1584 also prohibits compelling a person to work against his/her will by creating a “climate of fear” through the use of force, the threat of force, or the threat of legal coercion which is sufficient to compel service against a person's will. Section 1581 prohibits using force, the threat of force, or the threat of legal coercion to compel a person to work against his/her will. In addition, the victim's involuntary servitude must be tied to the payment of a debt.

Transportation for Illegal Sexual Activity and Related Crimes
Chapter 117 of Title 18 of the U.S. Code defines criminal procedures for illegal transportation, such as transportation of minors with intent to engage in criminal sexual activity.

Victims of Trafficking and Violence Protection Act of 2000
The purpose of this law is to combat trafficking in persons, especially into the sex trade, slavery, and slavery-like conditions in the United States and countries around the world through prevention, prosecution and enforcement against traffickers, and protection and assistance to victims of trafficking.

Trafficking Victims Protection Reauthorization Act of 2003
Prosecutorial Remedies and Other Tools to End the Exploitation of Children Today (PROTECT) Act
This Act, passed in 2003, prevents child abduction and the sexual exploitation of children.

- Section 105 of the PROTECT Act includes penalties against sex tourism, specifically, traveling to engage in illicit sexual conduct and/or engaging in illicit sexual conduct in a foreign country.

Trafficking in Persons Reauthorization Act of 2005
To authorize appropriations for fiscal years 2006 and 2007 for the Trafficking Victims Protection Act of 2000. See Appendix 4 for more details.

Appendix 5: History of Major International Prohibitions against Slavery, Forced Labor, and Human Trafficking

<table>
<thead>
<tr>
<th>Year</th>
<th>Convention</th>
</tr>
</thead>
<tbody>
<tr>
<td>1926</td>
<td>League of Nations Slavery Convention</td>
</tr>
<tr>
<td>1930</td>
<td>ILO Forced Labor Convention (No. 29)*</td>
</tr>
<tr>
<td>1948</td>
<td>Universal Declaration of Human Rights</td>
</tr>
<tr>
<td>1949</td>
<td>Geneva Conventions</td>
</tr>
<tr>
<td>1950</td>
<td>UN Convention for the Suppression of Trafficking in Persons and the Exploitation of Others</td>
</tr>
<tr>
<td>1956</td>
<td>United Nations Supplementary Convention on the Abolition of Slavery, the Slave Trade, and Institutions and Practices Similar to Slavery</td>
</tr>
<tr>
<td>1957</td>
<td>ILO Abolition of Forced Labour Convention (No. 105)</td>
</tr>
<tr>
<td>1966</td>
<td>International Covenant on Civil and Political Rights</td>
</tr>
<tr>
<td>1966</td>
<td>International Covenant on Economic Social and Cultural Rights*</td>
</tr>
<tr>
<td>1989</td>
<td>UN Convention on the Rights of the Child</td>
</tr>
<tr>
<td>1999</td>
<td>ILO Worst Forms of Child Labour Convention (No. 182)</td>
</tr>
</tbody>
</table>

*Not adopted by United States

## Appendix 6: Visa Categories for Trafficked Persons

<table>
<thead>
<tr>
<th>Type of Visa</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>T-1 Visa</td>
<td>T1 visas are a non-immigrant classification for aliens. To qualify for the &quot;T&quot; category, the person must: (1) Meet the definition of a person who has experienced a &quot;severe form of trafficking&quot; as defined by the TVPA; (2) Be physically present in the United States, American Samoa, the Commonwealth of the Northern Mariana Islands, or a U.S. port of entry because of such trafficking; (3) Have complied with any reasonable request for assistance to law enforcement in the investigation or prosecution of acts of trafficking, or be under the age of 15; and (4) Be likely to suffer extreme hardship involving unusual and severe harm upon removal.</td>
</tr>
<tr>
<td>T-2 Visa</td>
<td>A T2, T3, or T4 visa are derivative visas for family members who are accompanying or following to join the principal T-1 alien if he or she can demonstrate that the removal of those family members from the United States (or failure to admit the family members to the United States) would result in extreme hardship. In such cases, the Secretary for Homeland Security may, if it is necessary to avoid extreme hardship, permit the spouse, children and, if the principal alien is under age 21, parents to accompany or follow to join the principal alien.</td>
</tr>
<tr>
<td>T-3 Visa</td>
<td></td>
</tr>
<tr>
<td>T-4 Visa</td>
<td>A T2, T3, or T4 visa may be issued for a maximum period of three years to run concurrently with the validity period of the T1. The derivative's status cannot be issued for a period that extends beyond the validity period of the principal's T1 status.</td>
</tr>
<tr>
<td>U Visa</td>
<td>The U visa is a nonimmigrant classification that provides temporary immigration benefits to certain victims of criminal activity who: (1) Have suffered substantial mental or physical abuse as a result of having been a victim of criminal activity; (2) have information regarding the criminal activity; and (3) assist government officials in the investigation and prosecution of such criminal activity. U visa holders are allowed to stay in the U.S. for up to four years, are granted employment authorization and where appropriate, referrals to nonprofit organizations.</td>
</tr>
<tr>
<td>Continued Presence (CP)</td>
<td>Eligible trafficking victims who lack legal status but who are potential witnesses of such trafficking may receive temporary immigration relief under the continued presence provisions of Section 107(c) of the TVPA 2000. Only a federal law enforcement agency may petition the USCIS for continued presence. The USCIS has the discretion to utilize one of several statutory and administrative mechanisms to authorize the continued presence of victims of severe forms of trafficking.</td>
</tr>
</tbody>
</table>

## Appendix 7: State and Federal Programs for Trafficked Persons

<table>
<thead>
<tr>
<th>Program</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unaccompanied Refugee Minors Program (URM)**</td>
<td>Assists unaccompanied minor refugees and trafficked persons in developing skills to enter adulthood and achieve economic and social self-sufficiency. Provides family reunification assistance where appropriate.</td>
</tr>
<tr>
<td>Temporary Assistance for Needy Assistance (TANF)</td>
<td>A cash benefit and work opportunities program for needy families with children under age 18.</td>
</tr>
<tr>
<td>Food Stamp Program (FSP)</td>
<td>Used like cash to pay for food at most grocery stores.</td>
</tr>
<tr>
<td>Supplemental Security Income (SSI)</td>
<td>A monthly benefit for people who are blind, have severe disabilities, or at least 65 years of age and have limited income and resources.</td>
</tr>
<tr>
<td>State Children’s Health Insurance Program (SCHIP)**</td>
<td>The public health insurance program for low-income, uninsured children 18 years of age or younger who do not qualify for Medicaid.</td>
</tr>
<tr>
<td>Torture Treatment Program</td>
<td>HHS-funded social, legal, health and psychological services for victims of torture.</td>
</tr>
<tr>
<td>Medicaid</td>
<td>The public health insurance program for people with low income and limited resources.</td>
</tr>
<tr>
<td>Health Screening</td>
<td>Provided by the State Department of Public Health for diagnosis, treatment and prevention of any illness (includes screening for TB, parasites, and hepatitis and vaccinations for children).</td>
</tr>
<tr>
<td>Refugee Cash and Medical Assistance (RCA &amp; RMA)</td>
<td>HHS program available to victims who are ineligible for other cash or medical assistance programs such as TANF, SSI and Medicaid. Victims may receive this assistance for the 8 months following issuance of the letter of certification/eligibility.</td>
</tr>
<tr>
<td>One-Stop Career Center System</td>
<td>Provided by DOL, the One-Stop Career Center System is a 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.</td>
</tr>
<tr>
<td>Job Corps</td>
<td>DOL residential and job education program for youth aged 16-24.</td>
</tr>
<tr>
<td>Matching Grant</td>
<td>HHS-funded self-sufficiency program administered by private agencies. Provides job counseling and placement, case management, cash and living assistance.</td>
</tr>
<tr>
<td>Housing</td>
<td>Eligibility for public housing authority assistance.</td>
</tr>
<tr>
<td>State-specific Programs</td>
<td>Individual states offer additional programs.</td>
</tr>
</tbody>
</table>

Appendix 8: ATIP Human Trafficking Program

HHS Human Trafficking Program

Rescue & Restore Coalitions, Street Outreach Grantees, USCCB Subcontractors and Intermediary Contractors

Source: Anti-Trafficking in Persons Division, Office of Refugee Resettlement, Dept. of Health & Human Services
## Appendix 9: Trafficked Persons Changing Needs over Time

<table>
<thead>
<tr>
<th>Short-term needs</th>
<th>Intermediate needs</th>
<th>Long-term needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety plan</td>
<td>Ongoing medical and dental assistance</td>
<td>Services for life skills and competencies (e.g., using public transportation, managing finances)</td>
</tr>
<tr>
<td>Secure shelter</td>
<td>Mental health services</td>
<td>Life stabilization</td>
</tr>
<tr>
<td>Food</td>
<td>Transitional housing</td>
<td>Employment assistance</td>
</tr>
<tr>
<td>Clothing</td>
<td>Education</td>
<td>Resolution of immigration status</td>
</tr>
<tr>
<td>Personal necessities</td>
<td>Job training</td>
<td>Independent, permanent housing</td>
</tr>
<tr>
<td>Acute medical and dental assistance</td>
<td>Work permits</td>
<td>Competency in English</td>
</tr>
<tr>
<td>Information</td>
<td></td>
<td>Assistance with bringing family members to U.S.</td>
</tr>
<tr>
<td>Advocacy</td>
<td></td>
<td>Continued safety planning</td>
</tr>
</tbody>
</table>

*Source: “Comprehensive Services for Survivors of Human Trafficking: Findings from Clients in Three Communities,” Urban Institute, Justice Policy Center, June 2006. Accessible at:*

Appendix 10: Trafficked Children’s Routes to Federal Benefits

Federal Law
Enforcement Agent

Request for benefits letter sent to ORR using standardized letter

Request Continued Presence (CP) status sent to DHS

Local Law
Enforcement Agent

Submit detailed description of the trafficking, relevant documents and request

Submit detailed description of the trafficking, relevant documents and request

Attorney or Service
Provider

Submit T-visa application to DHS

When DHS grants CP, ORR is notified

ORR consults with DOJ or DHS to review the request. DOJ may request federal LEA to interview child

ORR decides whether or not to issue benefits

DHS determines whether the application is bona fide

DHS sends notice to ORR

ORR issues eligibility letter for trafficked child

ORR contacts LIRS and/or USCCB to refer the child for placement in a specialized foster care program (URM) or for an assessment of the appropriateness of placement in a URM program

Letter is sent to the designated point of contact for child (e.g. attorney)

Appendix 11: Service Provider Survey

**This survey was adapted from the survey conducted by Caliber, Needs Assessment 2003**

1. Introduction

The survey should take no more than an hour to complete and includes questions on your organization, general information on your client populations, service delivery, barriers to service and collaborative activities.

The survey does not ask you to identify characteristics of your clients but rather is more concerned with your organization's aggregate figures and percentages, as well as your opinions and experiences as line staff.

As part of a Master's thesis for Harvard University, this survey adheres to the required confidentiality norms of Harvard University (Available at: http://www.provost.harvard.edu/policies_guidelines/human_subjects.php) and takes care to protect the identity of individuals completing this survey.

Thank you for your time in completing this survey and for your work in serving America's refugees and trafficking victims.

2. Background

1. What is the name of your agency/organization?

2. What is your title/position?

3. How old is your organization?

4. Is your program based in/as a:

   Other (please specify)

5. What is your service area?

6. What type of clients does your organization serve?

- Immigrants
- Child abuse
- Elder abuse
- Domestic violence
- Labor
- Refugees/Asylees
- Sexual assault/rape
- Violent crime/assault
- Trafficked Persons
- Other (please specify) 

3. Trainings

7. Have you attended formal workshops or received formal training on trafficking in persons?

○ Yes
○ No [If no, skip to Q4]
If Yes, what were they?

8. How many total trainings/workshops have you attended and what kind? (e.g. on laws, best practices etc.)

9. In general, please rate how helpful you found these formal workshops or trainings?

<table>
<thead>
<tr>
<th>Very Unhelpful</th>
<th>Unhelpful</th>
<th>Somewhat Helpful</th>
<th>Helpful</th>
<th>Very Helpful</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. Have you attended formal workshops or received formal training on refugees?

○ Yes
○ No [If no, skip to Q7]
If Yes, what were they?

11. How many total trainings/workshops have you attended and what kind? (e.g. on laws, best practices etc.)

12. In general, please rate how helpful you found these formal workshops or training on refugees?

<table>
<thead>
<tr>
<th>Very Unhelpful</th>
<th>Unhelpful</th>
<th>Somewhat Helpful</th>
<th>Helpful</th>
<th>Very Helpful</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

13. Does your organization serve:

○ Trafficked Persons
○ Refugees
○ Both
### 4. Trafficked Persons

**14. How long has your organization been serving trafficking persons?**

**15. Do you work on domestic or international trafficking cases?**
- [ ] Domestic
- [ ] International
- [ ] Both

**16. How do you/would you identify a client as a victim of trafficking?**
- [ ] Victim’s legal status (i.e., T visa recipient, legislation definitions)
- [ ] Victim’s problems (assessed after client in-take)
- [ ] Victim’s self-identification
- [ ] Other (please specify)

**17. How familiar are you with the Victims of Trafficking and Violence Protection Act of 2000 (TVPA 2000)?**

<table>
<thead>
<tr>
<th>TVPA 2000</th>
<th>Not Familiar at all</th>
<th>Unfamiliar</th>
<th>Somewhat Familiar</th>
<th>Familiar</th>
<th>Very Familiar</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**18. Do you primarily work with trafficking persons who are:**
- [ ] Adults
- [ ] Children (Please specify age range)

**19. How many trafficked persons has your agency/organization ever served?**

**20. How many trafficked persons did your organization serve in 2007?**

**21. Of these, how many were:**
- [ ] Male
- [ ] Female

**22. In 2007, what number of your trafficked clients were:**
- Agricultural laborers
- Bonded laborers
- Domestic workers
- Factory workers
- False Adoption cases
- Food Processing (e.g., slaughter houses) cases
- Forced prostitution/Sex Tourism cases
- Restaurant workers
- Servile/Forced marriage
- Other (Please Specify)
23. Of the trafficked persons you served in 2007, how many received: (please specify exact numbers)

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continued Presence</td>
<td></td>
</tr>
<tr>
<td>T-Visa</td>
<td></td>
</tr>
<tr>
<td>Immigrant Status</td>
<td></td>
</tr>
<tr>
<td>Permanent Residence</td>
<td></td>
</tr>
<tr>
<td>Refugee Status</td>
<td></td>
</tr>
<tr>
<td>U-Visa</td>
<td></td>
</tr>
<tr>
<td>Remained Undocumented</td>
<td></td>
</tr>
<tr>
<td>Were Deported</td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
</tr>
</tbody>
</table>

24. In 2007, how long did it take for a victim you identified to become certified? (the period between identification and certification?)

25. Approximately, how many hours a week do you spend working on trafficking issues?

26. What is the percentage of trafficked persons that you serve as a percentage of your total case workload?

27. How many caseworkers in your organization currently work with trafficked persons? (Please specify full-time, part-time or volunteer)

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time</td>
<td></td>
</tr>
<tr>
<td>Part-time</td>
<td></td>
</tr>
<tr>
<td>Volunteer</td>
<td></td>
</tr>
</tbody>
</table>

28. What is the approximate monthly caseload per worker?

29. Which countries do your trafficked persons come from? (please try to be as specific as possible)

30. What languages are spoken by most of your trafficking victims?
31. Are interpreters available for trafficked persons?
- No
- Yes, for all languages
- Yes, for some languages (please specify)

32. Which of your client populations do you feel have the most severe problems?
(truma/mental health etc.)

33. In what other ways are the problems/needs of trafficking victims different and/or similar to refugees? [e.g. similarities in: length of service, presence of support networks, level of fear, types of services etc.]

5. Service Delivery - Trafficked Persons

34. In general, what services do trafficked persons ASK for? (check all that apply)
- Advocacy (e.g., victim’s advocate, civil court advocate, immigration advocate, etc.)
- Cash Assistance
- Child care
- Clothing
- Counseling groups/support groups
- Court orientation
- Crisis intervention/24-hour hotline
- Dental services
- Drug treatment
- Education
- Employment
- Other (please specify)
- Family counseling
- Food
- Guardianship
- Housing/shelter
- Information and referral
- Interpreter/cultural liaison
- Job training
- Legal/paralegal services
- Life skills
- Medical services
- Mental health services
- N/A
- Outreach services
- Protection/safety services
- Repatriation services
- Self-help groups
- Social service coordination
- Transportation
- Victim compensation
- Victim impact statement
- Victim/witness notification
35. What services has your agency/organization been able to PROVIDE trafficked persons? (check all that apply)

<table>
<thead>
<tr>
<th>Service</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocacy</td>
<td>☐</td>
</tr>
<tr>
<td>Cash Assistance</td>
<td>☐</td>
</tr>
<tr>
<td>Child care</td>
<td>☐</td>
</tr>
<tr>
<td>Clothing</td>
<td>☐</td>
</tr>
<tr>
<td>Counseling groups/support groups</td>
<td>☐</td>
</tr>
<tr>
<td>Court orientation</td>
<td>☐</td>
</tr>
<tr>
<td>Crisis intervention/24-hour hotline</td>
<td>☐</td>
</tr>
<tr>
<td>Dental services</td>
<td>☐</td>
</tr>
<tr>
<td>Drug treatment</td>
<td>☐</td>
</tr>
<tr>
<td>Education</td>
<td>☐</td>
</tr>
<tr>
<td>Employment</td>
<td>☐</td>
</tr>
<tr>
<td>Family counseling</td>
<td>☐</td>
</tr>
<tr>
<td>Food</td>
<td>☐</td>
</tr>
<tr>
<td>Guardianship</td>
<td>☐</td>
</tr>
<tr>
<td>Housing/shelter</td>
<td>☐</td>
</tr>
<tr>
<td>Information and referral</td>
<td>☐</td>
</tr>
<tr>
<td>Interpreter/cultural liaison</td>
<td>☐</td>
</tr>
<tr>
<td>Job training</td>
<td>☐</td>
</tr>
<tr>
<td>Legal/paralegal services</td>
<td>☐</td>
</tr>
<tr>
<td>Life skills</td>
<td>☐</td>
</tr>
<tr>
<td>Medical services</td>
<td>☐</td>
</tr>
<tr>
<td>Mental health services</td>
<td>☐</td>
</tr>
<tr>
<td>None</td>
<td>☐</td>
</tr>
<tr>
<td>Outreach services</td>
<td>☐</td>
</tr>
<tr>
<td>Protection/safety services</td>
<td>☐</td>
</tr>
<tr>
<td>Repatriation services</td>
<td>☐</td>
</tr>
<tr>
<td>Self-help groups</td>
<td>☐</td>
</tr>
<tr>
<td>Social service coordination</td>
<td>☐</td>
</tr>
<tr>
<td>Transportation</td>
<td>☐</td>
</tr>
<tr>
<td>Victim compensation</td>
<td>☐</td>
</tr>
<tr>
<td>Victim impact statement</td>
<td>☐</td>
</tr>
<tr>
<td>Victim/witness notification</td>
<td>☐</td>
</tr>
</tbody>
</table>

Other (please specify)

36. For the services your organization provides, what was the average length of the service in 2007? (in weeks, months or years)

<table>
<thead>
<tr>
<th>Service</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash Assistance</td>
<td>☐</td>
</tr>
<tr>
<td>Child care</td>
<td>☐</td>
</tr>
<tr>
<td>Clothing</td>
<td>☐</td>
</tr>
<tr>
<td>Counseling groups/support groups</td>
<td>☐</td>
</tr>
<tr>
<td>Crisis intervention/24-hour hotline</td>
<td>☐</td>
</tr>
<tr>
<td>ESL Classes</td>
<td>☐</td>
</tr>
<tr>
<td>Food</td>
<td>☐</td>
</tr>
<tr>
<td>Housing/shelter</td>
<td>☐</td>
</tr>
<tr>
<td>Information and referral</td>
<td>☐</td>
</tr>
<tr>
<td>Legal services</td>
<td>☐</td>
</tr>
<tr>
<td>Life skills/Job Training</td>
<td>☐</td>
</tr>
<tr>
<td>Medical services</td>
<td>☐</td>
</tr>
<tr>
<td>Mental health services</td>
<td>☐</td>
</tr>
<tr>
<td>Other</td>
<td>☐</td>
</tr>
<tr>
<td>Protection/safety services</td>
<td>☐</td>
</tr>
<tr>
<td>Transportation</td>
<td>☐</td>
</tr>
<tr>
<td>Victim/witness notification</td>
<td>☐</td>
</tr>
</tbody>
</table>
37. Which services, if any, has your agency/organization referred out to other service providers? (check all that apply)

- Advocacy
- Cash Assistance
- Child care
- Clothing
- Counseling groups/support groups
- Court orientation
- Crisis intervention/24-hour hotline
- Dental services
- Drug treatment
- Education
- Employment
- Family counseling
- Food
- Guardianship
- Housing/shelter
- Information and referral
- Interpreter/cultural liaison
- Job training
- Legal/paralegal services
- Life skills
- Medical services
- Mental health services
- None
- Outreach services
- Protection/safety services
- Repatriation services
- Self-help groups
- Social service coordination
- Transportation
- Victim compensation
- Victim impact statement
- Victim/witness notification

- Other (please specify)

38. What is the name and specialty of the referred organization(s)? (e.g. Project Reach - Trainings for Mental Health Services)

39. For those services that your organization does provide to trafficked persons, do you think you are:

- More than adequately meeting those needs
- Adequately meeting those needs
- Meeting some needs but not others
- Having difficulty meeting needs

40. Do you have formal procedures/protocols in place for how to serve/treat trafficked persons?

- No [Skip to question 10]
- Yes [Please describe the procedures/protocols.]

41. Do you think the procedure/protocols are useful?

<table>
<thead>
<tr>
<th>Usefulness of procedures</th>
<th>Not Useful at all</th>
<th>Somewhat Useful</th>
<th>Useful</th>
<th>Very Useful</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

42. Do you think procedures/protocols are necessary?

- Yes
- No

43. Does your organization use performance measurement standards required by the government to measure individual cases? If so, what are they? If not, how do you measure a "success" (if at all)?
44. Do you charge trafficked persons a fee for your services?
- N/A
- No
- Yes (how much and for which services)

45. What kind of system do you use to collect data on services you provide to your trafficked clients?
- Case files
- Online database
- Other (please specify)

46. How do services generally end? (e.g. program time limitations?)

47. How do trafficked persons learn about your agency/organization?
- "Word of mouth"
- Brochures or other written materials in (other) offices
- Community outreach
- Other (please specify)

6. Barriers to Service - Trafficked Persons

48. What are the most critical barriers/challenges you face in providing services to trafficked persons? (Check all that apply)
- Coordinating with Federal agencies
- Feelings of no support and isolation by service providers
- Lack of adequate funding
- Lack of adequate resources
- Lack of adequate training
- Lack of formal rules/regulations
- Other (please specify)
- Lack of in-house procedures
- Lack of knowledge about victims’ rights
- Language concerns/barrier
- Safety concerns
- System focuses more on refugees than trafficking victims

49. Based on what you know about trafficked persons, what are the reasons why some trafficking victims DO NOT seek out services? (Check all that apply)
- Fear of deportation/legal status
- Fear of retaliation to self and/or family
- Fear of not being believed
- Fear of law enforcement
- Lack of social support (i.e., isolated)
- Feelings of shame or embarrassment
- Other (please specify)
- Lack of knowledge about available services
- Lack of knowledge about victims’ rights
- Lack of trust of the system
- Language differences
- Not able to identify self as a victim
- Desire to put situation behind and move on
50. In general, what services do you think trafficked persons need, but are not adequately met?

51. Do you receive specific funding for work on trafficking? If so, what is the source? If not, what do you use?

52. Does your organization also serve refugees?
   - Yes
   - No

7. Refugees

53. How long has your organization been serving refugees?

54. How many refugees did your organization serve in 2007?

55. Of these, how many were:
   - Male Adults
   - Female Adults
   - Male Children (under 18)
   - Female Children (under 18)

56. What is the percentage of refugees that you serve as a percentage of your total case workload?

57. How many caseworkers in your organization currently work with refugees? (Please specify full-time, part-time or volunteer)

58. What is the organization’s approximate annual caseload per worker?
   - Full-time
   - Part-time
   - Volunteer

59. Which countries do your refugees represent? (please try to be as specific as possible)
60. What languages are spoken by most of your refugees?

61. Are interpreters available for refugees?
- Yes, for all languages
- No
- Yes, for some languages (please specify)

8. Service Delivery - Refugees

62. In general, what services do refugees ASK for? (check all that apply)
- Advocacy (e.g., victim's advocate, civil court advocate, immigration advocate, etc.)
- Cash Assistance
- Child care
- Clothing
- Counseling groups/support groups
- Court orientation
- Crisis intervention/24-hour hotline
- Dental services
- Drug treatment
- Education
- Employment
- Other (please specify)

63. What services has your agency/organization been able to provide refugees? (check all that apply)
- Advocacy
- Cash Assistance
- Child care
- Clothing
- Counseling groups/support groups
- Court orientation
- Crisis intervention/24-hour hotline
- Dental services
- Drug treatment
- Education
- Employment
- Other (please specify)
64. For the services your organization provides, what was the average length of the service in 2007? (in weeks, months or years)

- Cash Assistance
- Child care
- Clothing
- Counseling groups/support groups
- Crisis intervention/24-hour hotline
- ESL Classes
- Food
- Housing/shelter
- Information and referral
- Legal services
- Life skills/Job Training
- Medical services
- Mental health services
- Other
- Protection/safety services
- Transportation
- Victim/witness notification

65. For those services that your agency/organization does provide to refugees, do you think you are:

- More than adequately meeting those needs
- Adequately meeting those needs
- Meeting some needs but not others
- Having difficulty meeting needs

66. Which services, if any, has your agency/organization referred out to other service providers? (check all that apply)

- Advocacy
- Cash Assistance
- Child care
- Clothing
- Counseling groups/support groups
- Court assistance
- Crisis intervention/24-hour hotline
- Dental services
- Drug treatment
- Education
- Employment
- Family counseling
- Food
- Guardianship
- Housing/shelter
- Information and referral
- Interpreter/cultural liaison
- Job training
- Legal/paralegal services
- Life skills
- Medical services
- Mental health services
- None
- Outreach services
- Protection/safety services
- Repatriation services
- Self-help groups
- Social service coordination
- Transportation
- Victim compensation
- Victim impact statement
- Victim/witness notification
## Appendix 12: Current Model of ATIP Victim Identification Pipeline

<table>
<thead>
<tr>
<th>Victim Trafficking Report</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Human trafficking outreach grant</em></td>
</tr>
<tr>
<td>Date of Updated Chart</td>
</tr>
</tbody>
</table>

### Name of Organization and Program Director:

### Victim Contact

<table>
<thead>
<tr>
<th>Outreach grant (OG)</th>
<th>Contact made with the person directly during outreach.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency referral (AF)</td>
<td>Person referred by another agency (e.g. social service agency).</td>
</tr>
<tr>
<td>LEA referral (LEA)</td>
<td>Person referred by a law enforcement agency (local, state, or federal).</td>
</tr>
<tr>
<td>Good Samaritan referral (GS)</td>
<td>Person referred by an individual (e.g. family member, neighbor, NOT the victim).</td>
</tr>
<tr>
<td>National HT Resource Center (RC)</td>
<td>Person referred by the HHS National Human Trafficking Resource Center.</td>
</tr>
<tr>
<td>Walk-in (WI)</td>
<td>Person came in to or called the agency him/herself.</td>
</tr>
<tr>
<td>Other (O)</td>
<td>Please explain.</td>
</tr>
</tbody>
</table>

### Type of trafficking

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>L</td>
<td>Labor trafficking</td>
</tr>
<tr>
<td>S</td>
<td>Sex trafficking</td>
</tr>
<tr>
<td>L/S</td>
<td>Combination of labor and sex trafficking</td>
</tr>
<tr>
<td>U</td>
<td>Type of trafficking has yet to be determined</td>
</tr>
</tbody>
</table>

### Victim classifications

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Prospective</td>
<td>The grantee has made contact with the person(s), is establishing relationship/trust with him/her/them, is educating him/her/them on trafficking, screening them for victim status, and encouraging the victim to pursue liberation.</td>
</tr>
<tr>
<td>Contemplating</td>
<td>The victim has been screened and positively identified to be a victim, but he/she has not yet given consent to liberation or the pursuit of certification/benefits.</td>
</tr>
<tr>
<td>Investigation</td>
<td>The victim has been liberated, their case has been referred to law enforcement, and they are waiting for law enforcement to research the case.</td>
</tr>
<tr>
<td>Active*</td>
<td>Law enforcement has completed their investigation, and the victim is receiving services and pursuing certification and/or applying for a T-visa.</td>
</tr>
<tr>
<td>Certified*</td>
<td>The grantee saw the victim through to xxx stage (suspected, prospective, contemplating, investigation or active), but the victim terminated the process for xxx reason(s) (please explain).</td>
</tr>
<tr>
<td>Disappeared/Terminated</td>
<td>The grantee saw the victim through to xxx stage (suspected, prospective, contemplating, investigation or active), but the victim terminated the process for xxx reason(s) (please explain).</td>
</tr>
</tbody>
</table>

*Only applies to foreign victims

<table>
<thead>
<tr>
<th>Client identifier (no names to be provided)</th>
<th>New client (mark an “X” if newly discovered since last report)</th>
<th>Country of origin</th>
<th>Sex</th>
<th>Age</th>
<th>Victim contact</th>
<th>Type of trafficking</th>
<th>Brief descript traffic situation</th>
<th>No. of dependents</th>
<th>Prospective</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Victim classification: day/month/year the victim entered each phase

<table>
<thead>
<tr>
<th>Contemplating</th>
<th>Investigation</th>
<th>Refer’d Law Enforcement Agent</th>
<th>Active</th>
<th>Refer’d Service Agency</th>
<th>Cert. Date</th>
<th>Disappeared/Terminated</th>
<th>Estimated certification/T-visa application on month/year*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

|               |               |                                 |        |                        |            |                        |                                                          |


### Appendix 13: Suggested Addendum to Victim Identification Pipeline: Tracking Access to Services

**Victim Trafficking Report**  
**Victims’ Access to Benefits and Services**

<table>
<thead>
<tr>
<th>Description of the Service Funding Categories</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ORR-Funded Services</strong></td>
<td>Includes USCCB per-capita contract services and refugee programs, such as refugee cash assistance, refugee medical assistance, refugee social services, refugee targeted assistance, match grant program and URM.</td>
</tr>
<tr>
<td><strong>Other Federally-Funded Services</strong></td>
<td>Public benefits that are not funded by ORR for which trafficked persons are eligible, including OVC, food stamps, TANF, Medicaid, HRSA and WIC.</td>
</tr>
<tr>
<td><strong>NGO-Provided Services</strong></td>
<td>Services that partner NGOs provide, including case management, medical care, mental health care, housing, education (incl. ESL), transportation, immigration assistance, cultural support.</td>
</tr>
</tbody>
</table>

**Fill in month/year of initial contract date:**  
- USCCB per capita contract subcontractor  
- HHS trafficking outreach grantee  
- OVC grantee

Please indicate the client identifier and estimate the amount of days in the last month trafficked persons accessed these services.
### Please indicate the number of trafficked persons who have accessed other Federally-funded public benefits? (Certification generally required, local rules vary)

<table>
<thead>
<tr>
<th>Client identifier *</th>
<th>Food Stamp Program (USDA)</th>
<th>Child Nutrition Programs (USDA)</th>
<th>Women, Infants &amp; Children (WIC) (HHS)</th>
<th>Temporary Assistance for Needy Families (TANF) (HHS)</th>
<th>Health Screenings (HHS)</th>
<th>Health Resources &amp; Services Admin Program (HHS)</th>
<th>Medicaid (HHS)</th>
<th>Medicare (HHS)</th>
<th>Substance Abuse &amp; Mental Health Services (HHS)</th>
<th>Social Security (HHS)</th>
<th>Public Housing Program (HUD)</th>
<th>Tenant-Based Vouchers (HUD)</th>
<th>Subsidized Housing (Section 8)</th>
</tr>
</thead>
</table>

### Please indicate the number of trafficked persons who have accessed other Federally-funded public benefits in the last month. (continued)

|---------------------|------------------------------------|-------------|-----------------------------------|---------------------------|-------------------------|-------------------------------------------------|-----------------|-----------------------------|-----------------------------|

### Has victim accessed NGO-provided services?

<table>
<thead>
<tr>
<th>Client identifier*</th>
<th>Case management</th>
<th>Medical care</th>
<th>Mental health care</th>
<th>Housing (emergency shelter)</th>
<th>Educational services (incl. ESL)</th>
<th>Job training services</th>
<th>Translation &amp; Interpretation</th>
<th>Civil Legal Assistance</th>
<th>Immigration Assistance</th>
<th>Criminal Defense Assistance</th>
<th>Cultural support</th>
<th>Acculturation support (assistance in navigating the area)</th>
<th>Clothing &amp; Food</th>
</tr>
</thead>
</table>

1 names to be provided)
Appendix 14: Pilot Service Data Access Survey

Created by: Tanya Ghani, Myra Valenzuela, and Hoa Duong to assess service providers data collection methods.

1. Introduction

Thank you for participating in this study, coordinated as a partnership of the HHS/ORR/Anti-Trafficking in Persons Division and the Harvard Kennedy School Policy Analysis Exercise Research Project. The following brief questionnaire is designed to provide a better understanding of the services accessed by survivors of human trafficking (and refugees).

This study adheres to the required confidentiality norms of Harvard University (Available at: http://www.provo.st.harvard.edu/policies_guidelines/human_subjects.php) and takes care to protect the identity of individuals completing this questionnaire.

We sincerely appreciate your participation.

2. Background

* 1. What is the name of your agency/organization?

* 2. Where is your primary service area?

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming
- National

3. In order to provide services for trafficked persons, what funding streams do you use:

- [ ] OVC
- [ ] ORR refugee programs and services (Match grant, RCA, RMA)
- [ ] USCCB per capita contract
- [ ] Other (please specify)

4. How did you determine this funding structure?
12. Of this number, how many were:

- Agricultural/Bonded
- Laborers
- Domestic workers
- Factory workers
- False adoption cases
- Food processing (e.g., slaughter house) cases
- Forced prostitution/sex
- Tourism cases
- Restaurant workers
- Servile/Forced marriage

13. Of this number, how many received the following ORR Funded Services:

- Refugee Cash Assistance
- Refugee Medical Assistance
- Refugee Social Services
- Refugee Targeted Assistance
- Match Grant Program
- Unaccompanied Refugee Minors Program
- Other HHS/ORR discretionary grant funded, and please specify

14. Of the ORR services listed above that your client was UNABLE to access, what do you feel were the barriers to access?
### 15. Of your 2007, how many received other Federally Funded Public Benefits:

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food stamps (USDA)</td>
<td></td>
</tr>
<tr>
<td>Temporary Assistance for Needy Families (TANF)</td>
<td></td>
</tr>
<tr>
<td>Medicaid (HHS/CMS)</td>
<td></td>
</tr>
<tr>
<td>State Children's Health Insurance Program (HHS/CMS)</td>
<td></td>
</tr>
<tr>
<td>Health Resources and Services Administration (HRSA)</td>
<td></td>
</tr>
<tr>
<td>Substance Abuse and Mental Health Services Administration Programs (SAMHSA)</td>
<td></td>
</tr>
<tr>
<td>Public Housing Program (HUD)</td>
<td></td>
</tr>
<tr>
<td>Tenant Based Vouchers (HUD)</td>
<td></td>
</tr>
<tr>
<td>Victims of Crime (VOCA) Emergency Funds</td>
<td></td>
</tr>
<tr>
<td>Emergency Witness Assistance</td>
<td></td>
</tr>
<tr>
<td>Victim Rights and Services</td>
<td></td>
</tr>
<tr>
<td>Witness Protection</td>
<td></td>
</tr>
<tr>
<td>OVC Services for Trafficking Victims</td>
<td></td>
</tr>
<tr>
<td>Discretionary Grants</td>
<td></td>
</tr>
<tr>
<td>VOCA Victim Assistance / Compensation</td>
<td></td>
</tr>
<tr>
<td>One Stop Career Centers and Job Corps</td>
<td></td>
</tr>
<tr>
<td>Medicare</td>
<td></td>
</tr>
<tr>
<td>SSI</td>
<td></td>
</tr>
<tr>
<td>Women, Infants, and Children (WIC)</td>
<td></td>
</tr>
<tr>
<td>Subsidized Housing (Section 8)</td>
<td></td>
</tr>
<tr>
<td>Child Nutrition Programs (USDA)</td>
<td></td>
</tr>
</tbody>
</table>
16. Of this number, how many received the following NGO-provided services:

- Case management
- Medical Care
- Mental Health Care
- Housing
- Education services (ESL, GED, tutoring and mentoring)
- Job preparation and job placement assistance
- Transportation
- Translation and Interpretation services
- Civil Legal Assistance
- Immigration assistance
- Criminal Defence Assistance
- Cultural Support
- Acculturation support
- Clothing and food

17. If you had difficulty answering any of the questions above, please specify which ones and why.

4. Thank you!

We appreciate your time and input for our study.
Appendix 15: Current and Proposed USCCB Per-Capita Contract Structure

**Current Model: Service time varies with certification process**

<table>
<thead>
<tr>
<th>Maximum:</th>
<th>(9 months pre-certified)</th>
<th>(4 months certified)</th>
</tr>
</thead>
</table>

Person A: | (3 months pre-certified) | (4 months certified) |

Person B: | (8 months pre-certified) | (4 months certified) |

Remaining 6 pre-certified months ‘lost’

Remaining 1 pre-certified month ‘lost’

**Suggested Model: Service time invariable with certification process**

<table>
<thead>
<tr>
<th>Maximum:</th>
<th>(9 months pre-certified)</th>
<th>(4 months certified)</th>
</tr>
</thead>
</table>

Person A: | (3 months pre-certified) | (4 months certified) |

Remaining 6 pre-certified months regained

Person B: | (8 months pre-certified) | (4 months certified) |

Remaining 1 pre-certified month regained
Endnotes


8 This survey was adopted from the Caliber Needs Assessment of 2003, modified to reflect a greater service delivery component and several sections of questions targeting refugees.

9 Prior to the Refugee Act of 1980: The first law passed by US Congress concerning refugees was the Displaced Persons Act of 1948. This law addressed the European refugees post WWII, allowing 250,000 Europeans to enter US borders, and later authorized the admission of an additional 400,000 displaced Europeans.


11 This refers to non-U.S. citizens that do not have Lawful Permanent Resident (LPR) status in the United States. LPR victims are not eligible for certification or for T-visas as their lawful presence in the country is already assured.


17 The term self sufficiency is unclear, and few can agree on an ironclad definition. Federal refugee program managers generally understand the term to mean economic self sufficiency while service providers understand it to include a more holistic definition, which includes for example mental health.

18 HHS awarded approximately $14.95 million in grants to nonprofit organizations to provide services and outreach to trafficked persons. DOJ/OVC awarded approximately $10 million to 25 organizations. The services for the “Anytime, Anywhere” grant were to include temporary housing, transportation, legal assistance, and case management to assist trafficked persons with employment, job training, ESL, and access to mental and other medical health services. For more information, see the Women's Commission for Refugee Women and Children’s “The U.S. Response to Human Trafficking: An Unbalanced Approach.” May, 2007, p.29-30. Accessed at: http://www.womenscommission.org/pdf/us_trfkg.pdf.

19 Comprehensive case management: The National Association of Social Workers defined this term that means a client would have one point of contact for all services. For example, a refugee or trafficking case manager would conduct a needs assessment or intake, develop service plan (an action plan to meet needs within a specified time frame), provide services directly, and coordinate with other entities involved in the case. The burden is on the case manager to liaise with federal...
immigration or ICE and immigration attorney. These case managers look at client’s basic needs for food, shelter, mental health, legal issues, whether certified (in the case of trafficked persons) and access to benefits. They will generally link clients with job training, social skills training, and acculturation to U.S. customs and culture. For a complete definition of the case management method, see AODA Report, Wisconsin Department of Workforce Development at http://dwd.wisconsin.gov/W2/aoda_report/aoda_report_case_management.htm.

According to a Women’s Commission report, “reimbursements for services is on a monthly basis per client at a rate of $700 if pre-certified and $500 if certified. There is also a restriction on the length of time a client may assisted as follows: pre-certified if identified by non-law enforcement agency (8 months); pre-certified if identified by law enforcement agency (5 months); certified if received services in pre-certified phase (5 months); and certified if didn’t receive services in pre-certified phase (7 months). One caveat is at the time of this writing, the rates and time limitations for 2008 are slightly revised from these figures. For more details, see Women’s Commission for Refugee Women and Children, “The US Response to Human Trafficking: An Unbalanced Approach” May 2007; US Conference of Catholic Bishops, “Anywhere, Anytime: A Rapid Response Program for Adult Trafficking Victims: Information for Social Service Providers,” 2006.

Ibid. p 128.

Ibid. p 122.


Interview with health care expert on February 29, 2008.


Caliber Needs Assessment 2003, p. 27.

Caliber Needs Assessment 2003, p. 27.


Caliber Needs Assessment 2003, p. 28.


Ibid, p. 15.

Ibid. p. 10-11.

Ibid, p. 2.


While the U.S. ratified the 2000 Palermo Protocol in 2005 it uses the definitions of ‘severe form of trafficking’ outlined in the TVPA 2000 and its reauthorizations.
This material was adapted from the “Turning Pain to Power: Trafficked persons’ Perspectives on Early Intervention Strategies.” Family Violence Prevention Fund, 2005, p. 13-14.


Caliber Needs Assessment 2003, p. 29.

This material was adapted from the “Turning Pain to Power: Trafficked persons’ Perspectives on Early Intervention Strategies.” Family Violence Prevention Fund, 2005, p. 3.


One limitation of our survey and methodology is that we did not specify the particular immigrant status or permanent resident status in our interview response options. We do not assume all trafficked persons are undocumented persons. There are various forms of immigrant status workers may have while in the US obtained by means of diversity visa lottery, guest worker or farm worker visa program. The permanent residents may have been granted asylum, been brought in as a spouse of a permanent resident, or by other means. For a follow up, an in depth study of these particular effects and impacts could be useful for government agencies however it is beyond the scope of our current research undertaking.

The Language Line is an over the phone interpretation service that provides immediate interpretation in over 175 languages. See Language Line Services. Available at: http://www.languageline.com/page/welcome/.


Ibid, p.16.

Ibid, p.16.

The inreach campaign is targeted to DHHS staff and covers education on the problem of trafficking in persons and how to identify victims etc.

Because our client is a government entity prohibited from lobbying activities, for the purposes of this report, we will omit legal/legislative recommendations from our “Suggestions from the Field” section outlining management, and program improvements. The only suggestion from the field we would offer that is within ORR’s capability is for ORR to develop a Code of Federal Regulations for ATIP.