Report to Attorney General
Richard Cordray
Recommendations for Increasing Ohio’s Capacity to Serve Victims of Human Trafficking

Victim Services and Safe Locations Sub-Committee
6/9/2010

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Slavery in Ohio? Human trafficking, a form of modern day slavery, is alive, well and thriving around the world. It is estimated that four to twenty-seven million people are enslaved worldwide (International Labor Organization, 2006). Each year, 14,500 to 17,500 individuals are trafficked into the United States from other countries (United States Department of State Trafficking in Persons Report, 2008). Eighty percent are women and 50% are minors. The average age of entry into prostitution is 11 to 13, which is a substantial part of the human trafficking problem (Shared Hope International, 2008). In fact, human trafficking is the fastest growing international criminal industry, and it is happening right here in Ohio. The Ohio Attorney General Trafficking in Persons Study Commission, Research and Analysis Sub-Committee conservatively estimates that at least 6,316 individuals are at risk of human trafficking, 1,861 of which are believed to be trafficked into the sex or labor trade in Ohio (Williamson et al., 2010).

Based on provider experience in working with trafficked persons, it is evident that the services being offered in the Ohio area to this population are inadequate. Law enforcement, healthcare professionals, and service providers working with victims of human trafficking acknowledge several challenges and limitations to effectively meeting the needs of victims. Some of the challenges identified by members of the Trafficking in Persons Study Commission include: difficulty recognizing victims, safety concerns, inadequate services, and a lack of understanding of human trafficking by first responders, the general community, and service providers.

The Trafficking in Persons Study Commission Victim Services and Safe Locations Committee was asked by Attorney General Richard Cordray to explore Ohio’s capacity to respond to the social services needs of human trafficking victims. The committee responded to this request by outlining the following purpose and goals:

I. To identify a minimum network of services that should be available in every community to help victims of trafficking escape the traffickers and restore their lives.
II. To identify and map existing services to victims of human trafficking in Ohio.
III. To identify gaps in services to victims of human trafficking by geographic area.
IV. To identify service standards that should be met by any program or agency providing services to victims of human trafficking in Ohio.

To accomplish this work, the sub-committee employees three strategies. Taken together the first two strategies form a how-to guide for communities looking to activate their own coalitions to bring law enforcement and social service providers together. The extensive detail is intended to help these new groups get up to speed quickly. The third strategy involves original research that for the first time identifies the extent of the services provided to trafficking victims in Ohio and the barriers that must be address to make more help available.

Service Matrix and Standards (Section II)
The first strategy was to develop a list of services that research and experience suggest should be available to victims of trafficking in any Ohio community. We defined standards for these
services based on evidence-based practices and Ohio law to provide a guide for communities that seek to develop or strengthen anti-human trafficking response efforts.

**Human Trafficking Emergency Response Template Protocol (Section III)**

Second, the committee developed a template for emergency response that can be customized for any Ohio community. This template outlines the preparation needed to effectively respond to victims’ short and long term needs and provides a blueprint for emergency response and long term rehabilitation for victims. Interagency partnerships that are critical to effective service are identified.

**Survey of Ohio Service Providers (Section IV)**

The third strategy was to conduct a survey of Ohio service providers to identify Ohio’s current levels of awareness and capacity to serve trafficked persons. The entire research report as survey tool are included in Section IV.

An overview of the key findings from the survey and resulting recommendations of the Victim Assistance and Safe Locations Sub-Committee follows.

The survey had three goals:
- Determine the awareness of human trafficking in the Ohio community.
- Identify the availability of services to victims of human trafficking in order to increase Ohio’s capacity to serve this population.
- Compile and determine the general impediments of offering services to victims of human trafficking with the intention of promoting inter-agency collaboration.

The survey posed four specific research questions:

1) **What is the level of human trafficking awareness among service providers in Ohio?**

The study found that while the majority (55%) of service providers is aware that human trafficking is a problem in Ohio, there is a need for training regarding identification, needs of trafficked persons, and response protocols. This is evidenced in the human trafficking awareness, barriers, and collaboration sections of the survey. An indication of the lack of awareness about the issue of human trafficking is that 20% of participants stated that they did not know whether human trafficking is a problem in Ohio. As research has found, human trafficking is a growing problem (Huckleberry House, 2008, National Runaway Switchboard, 2008; Williamson, 2010). Thus, service providers need to be aware of its existence in order to bring about recovery and support in Ohio communities.

2) **What services currently exist for trafficked victims?**

While the Trafficking in Persons Study Commission, Research and Analysis Sub-Committee estimated 1,861 foreign born persons and domestic youth were trafficked over the course of a year in Ohio, only 118 identified human trafficking cases were being served by service providers statewide at the time of this survey. Despite the prevalence of human trafficking in Ohio,
services for victims are greatly lacking. Only 12 agencies are currently providing any services to victims of human trafficking.

Only five agencies reported providing specific anti-human trafficking services. The findings demonstrate that there are vast service gaps for providers in Ohio. Five organizations cannot fill the dearth of services needed to effectively serve trafficked persons in Ohio.

Thus, given the small number of agencies responding to the needs of trafficked persons in Ohio, the majority of victims are not being helped to start a process of recovery and support. It is imperative to increase service capacity for trafficked persons to ensure needed services and to ensure that adequate supports are provided to enhance the recovery process for victims of this traumatic crime.

3) According to service providers, what are the barriers to providing services to trafficking victims?

Since so few anti-trafficking specific agencies exist in Ohio, barriers to service for both the provider and client were examined. The study found that there are many obstacles for both service providers and trafficked persons in Ohio. The key barriers identified by respondents (N=48) are listed in order of prevalence: lack of funding/resources (60%), lack of training/information about human trafficking (52%), lack of knowledge about the services trafficking victims need (52%), not knowing how to identify victims (50%), lack of knowledge how to identify victims (44%), and lack of organizational policies or procedures (35%).

Agency representatives were asked to report barriers for clients to access services based on field experience. Respondents (N=48) identified lack of knowledge about available services as the greatest barriers to receiving services. In order of most common responses, the following were acknowledged barriers: lack of knowledge of available services (98%), fear of violence against self or family, lack of community human trafficking awareness, and shame/embarrassment (92%), held in captivity (90%), and lack of knowledge of victim’s rights (90%). Thus, based on the survey findings, there are two types of service barriers in providing assistance to trafficked persons in Ohio; provider and client based obstacles are present.

4) What assistance or support do service providers need to effectively serve trafficking victims?

When asked about the needs of service providers to better help trafficked persons, some common themes were apparent. Approximately 52% of respondents requested increased education and training. Through increased education and awareness, service providers will be able to identify victims of human trafficking and understand their needs which will afford better services. Additionally, with education to victims, clients will become aware of their rights and available services in the community. Moreover, 29% of respondents stated the need for greater awareness, while 19% asked for more funding and resources.

Key Gaps in Services to Ohio Trafficking Victims (Section V)
Based on a review of the survey results and relevant literature on service provision to victims of human trafficking, the Victim Services and Safe Locations Committee identified key gaps in
service to Ohio trafficking victims. The gaps listed below reflect services that are not sufficiently present in Ohio to meet demand. Recommendations on filling the gaps are discussed in Section VI.

The Service Standards and Matrix described in Section II identifies a wide range of services likely to be needed to help victims restore their lives. Many of these services, such as basic needs assistance, workforce development training or medical care, can effectively be provided by existing, non-trafficking specific programs that meet the standards and have received training and preparation. However, the service gaps listed below are best provided by trafficking-specific programs because they are central to victim recovery and utilize specific evidence-based practices for serving human trafficking victims. Additionally, where related services exist, they are not adequate in number to meet the need.

1) Training on the scope, incidence and impact of human trafficking and response protocols.

An underlying weakness in Ohio’s capacity to serve trafficking victims is service providers’ lack of awareness and understanding of the crime of human trafficking. Although service providers play an important role in victim identification and rescue, the lack of general awareness in Ohio suggests that victims passing through the doors of social services agencies may go unidentified. Second, once aware of the crime, service providers lack comprehensive training on the unique needs of victims and evidence-based approaches to service delivery. Fifty-two percent of survey respondents indicated a need for additional training and education on human trafficking.

While coalitions around Ohio are making strides in training service providers, these and other efforts in Ohio are largely unfunded and insufficient to address the broad training needs around the state. For example, only the Central Ohio Rescue and Restore Coalition has a position solely dedicated to public education (15 hours per week).

2) Emergency response and comprehensive case management for victims of trafficking.

Case management has been identified as a critical and effective approach to serving victims of trafficking (Clawson & Dutch, 2006; Clawson, Dutch, Salomon & Grace, 2009; Smith, 2010). However, in Ohio, formal, funded programs outside of law enforcement agencies exist only in Central Ohio and Toledo. Several law enforcement agencies, including the Federal Bureau of Investigation and Immigration and Customs Enforcement, employ Victim Witness Advocates to provide emergency response and case management to victims of human trafficking. While effective, these services are not available to victims who were not discovered by law enforcement or currently working with law enforcement.

3) Short and long term residential programs for victims of trafficking.

In working with newly identified and rescued victims of trafficking, one of the primary challenges faced by advocates is finding safe, trauma-sensitive, stable shelter or housing for the victim (Clawson, Dutch, Salomon & Goldblatt Grace, 2009). Currently, no residential programs specific to trafficking victims exist in Ohio. Advocates make use of homeless shelters, domestic violence shelters, hotels, foster care and private homes to house victims. However, many
barriers exist in accessing these services. These settings may not have capacity to house the victim on short notice or may lack the training they need to provide trauma-sensitive care. Particularly with juveniles, victims may in fact be incarcerated to keep them safe in the absence of therapeutic residential programming. Incarceration creates a great risk of retraumatization and further potential harm to the victim.

4) Trauma-Specific Therapy

Because of the repeated trauma they endure, victims of trafficking often experience severe, lasting mental health issues such as post traumatic stress disorder, anxiety, depression, and traumatic bonding with the perpetrator (Clawson, Dutch, Salomon & Goldblatt Grace, 2009). Specific symptoms may include sleeplessness, nightmares, panic attacks, difficulty concentrating, physical pain, dizziness, feelings of hopelessness, suicidal thoughts, hyper-alertness and dissociation (Clawson, Dutch, Salomon & Goldblatt Grace, 2009, Department of Health and Human Services, 2010).

Trauma therapy has been recognized as a key strategy in helping victims recover (Clawson, Dutch, Salomon & Goldblatt Grace, 2009, Smith, 2010). However, Ohio is lacking in the number of trafficking-trained trauma therapists available to serve victims of trafficking. Additionally, many trafficking victims are unable to access benefits to pay for counseling. As a result, many victims go untreated.

5) Legal Assistance

Trafficking victims may have complex and multi-dimensional legal issues ranging from securing immigration remedies, accessing federal and local victim benefits, securing T and U Visas, regaining custody of children and accessing other civil and criminal remedies (Bruggeman & Keyes, 2009). Access to trafficking-trained attorneys is a key barrier for victims. Funding streams that provide direct client assistance dollars, such as the United States Conference of Catholic Bishops Anti-Human Trafficking Per Capita Program, are prevented by federal regulation from funding legal assistance for human trafficking victims. Advocates typically rely on the recruitment of pro bono attorneys to address the needs of victims. Recruiting and training attorneys is a time consuming process for understaffed anti-human trafficking programs. Even with these efforts, the need for legal representation far outweighs the availability.

Recommendations for Addressing Priority Service Needs (Section VI)

To address the five major gaps in Ohio’s capacity to serve victims of trafficking, the Victim Services and Safe Locations Committee recommends the following strategies. We recognize the challenging fiscal situation facing the state, and thus have grouped the strategies by priority. The first priority items provide the most cost effective and rapidly mobilized community responses, including building local anti-trafficking coalitions, expanding training to social services providers and increasing the number of trafficking-specific case management programs around the state.
Next, we identify a need for trafficking-specific residential programs around the state. While this model is effective and much needed, this strategy will take greater resources and time to implement.

Lastly, we identify a need for trafficking-trained trauma therapists and attorneys in Ohio.

**First Priority**

1) **Build local anti-trafficking coalitions around the state to improve local capacity to identify and respond to victims.**

Anti-trafficking coalitions are an important foundation for a community response to human trafficking. First, coalitions are an effective means of raising awareness about human trafficking and providing training to social services, medical providers and other key constituents.

Second, coalitions are useful in coordinating emergency response and long term care to victims of trafficking. Because of the nature of human trafficking, the need for services may arise with short notice. Communities without a coalition may be unprepared to effectively serve victims once they are identified. It is recommended that new coalitions utilize the Service Standards and Matrix included in Section II and the Emergency Response Protocol Template included in Section III to develop a response protocol, service matrix, and standards for practice. These tools will enable providers to monitor the availability and effectiveness of service. A response protocol outlines steps of service provision from the point of discovery through the implementation of a service plan, which would include a multi-disciplinary team. An existing service matrix will further increase the ability to meet the needs of trafficked persons more quickly. In communities where a large coalition is not feasible, a smaller group of organizations and individuals can work together to develop a plan for Emergency Response.

Coalitions located in areas with a human trafficking law enforcement task force should work closely with the task force to provide services to victims as they are identified and rescued. In turn, task forces should utilize the existing coalition emergency response structure to access aid for victims. In communities where a task force is not present, coalitions should build relationships and work closely with local, state and federal law enforcement personnel who are identifying victims.

2) **Provide training on human trafficking to all of the major social services systems and networks in the state.**

According to the survey, 52% of social services providers requested training on human trafficking, and lack of knowledge about human trafficking was one of the primary barriers identified in the study.

To address this need for training, the committee supports the work of the TIPS Commission Prevention and Education Committee in identifying curricula for Human Trafficking 101 for Social Services Providers, Human Trafficking 101 for Medical Providers and Advanced Training in Serving Victims of Trafficking. We envision a statewide speakers bureau where local communities can be trained to provide accurate, effective training on human trafficking using
consistent, up to date materials. Coalitions and others around the state who are currently providing training would continue and expand their work. As new coalitions are developed throughout Ohio, we recommend they strongly consider training as a primary function.

Training should be provided to all major social services networks and systems in Ohio, including but not limited to child welfare, foster care, schools, juvenile justice and other youth services, homelessness and housing services, domestic violence programs, alcohol and other drug treatment providers, mental health providers, basic needs providers and victim advocates throughout the state.

3) Build capacity for emergency response and comprehensive case management in all five geographic areas of the state.

While case management in the absence of residential programming, trauma therapy and legal assistance is challenging, research supports this function as a critical foundation to all work with victims of trafficking (Clawson & Dutch, 2006; Smith, 2010; US Conference of Catholic Bishops, 2009). Case management is the process by which victims identify their needs, access help, build the skills and resources to meet their needs and develop long term skills for stabilization. Through case management, victims can effectively overcome barriers and access the broad array of needed services. Without this service, victims are often unable to understand and negotiate our complex social services systems. Case management has the additional advantage of cost effectiveness in comparison to residential programming.

Building capacity for emergency response and comprehensive case management around Ohio will require action in several areas. First, potential providers of trafficking-specific social services need to be identified, recruited and trained on the scope, incidence and impact of human trafficking and response protocols. The types of training needed are consistent with the curriculum materials being developed by the Prevention and Education Committee of the Trafficking in Persons Study Commission. However, in addition to the Human Trafficking 101 curriculum, Advanced Training on evidence-based response practices consistent with this report should be developed and offered throughout Ohio. The Advanced Training would include implementing a response protocol, understanding the impact of trafficking on victims, conducting comprehensive assessments and accessing help for victims’ unique needs. Moreover, the importance of collaboration and existence of a service matrix in order to meet the complex needs of victims should be discussed in the training.

Second, funding to support the administration, staffing and direct client assistance needed to effectively operate case management services must be available. Direct client assistance is critical to success in working with trafficking victims, who are frequently not eligible for benefits such as medical care and mental health care. Potential sources of funding include federal assistance to trafficking victims, Victims of Crime, Violence Against Women Act, Justice Assistance Grant funds, support from private foundations, United Ways, the faith community and the general public. We recommend that wherever possible, state agencies work to increase access to funding for case management services.
The Victim Services and Safe Locations Committee recommend that Ohio increase the number of trafficking-specific case management programs from two to at least ten (2 per geographic area). We must ensure that services are available for all types of human trafficking victims, including adults and minors, sex and labor, males and females and international and national.

To estimate the number of case managers needed to serve Ohio’s 1,861 human trafficking victims, we are proposing that 52 case managers be dedicated to serving trafficked persons in Ohio. This number is derived from several factors, including estimates of the time needed to effectively serve victims of trafficking. Clawson, Small, Go and Miles (2003) note that serving one human trafficking case is equal in time and staff resources to serving about 20 domestic violence cases. Given this complexity, an ideal number of new cases per month per case manager is three. Thus, 52 case managers working throughout Ohio could effectively meet the current need. Based on the experience of some sub-committee members, it is estimated that approximately $77,000 per year is needed to provide for a case manager’s salary and benefits.

The case management services should be provided in accordance with the Case Management section of the Service Standards.

Second Priority
4) Develop trafficking-specific, trauma-sensitive residential programs throughout Ohio.

Currently, no trafficking-specific residential programs exist in Ohio, and few programs exist in the United States. Gracehaven House, a long-term residential treatment program for female victims of domestic minor sex trafficking, is expected to open in Central Ohio in late 2010. Once open, this program will serve up to 10 girls at a time for anywhere between 6 and 24 months, depending on their individual needs, using an evidence-based model for trafficking victim recovery. Despite the great advantage represented by the opening of Gracehaven, the program’s capacity is dwarfed by the potential need. The TIPS Commission Research Committee report estimates that 1,000 children are victimized by sex trafficking in Ohio today.

At present, no residential, trafficking-specific programs for adults exist in Ohio today. To address the gap in service to both youth and adults, the committee proposes two strategies. First, while we acknowledge that developing residential programming is a time-consuming process requiring significant resources, the benefits in victim recovery are significant. Thus, we propose that licensed trafficking-specific programs should be developed in each of the five geographic areas in Ohio, with a capacity to serve at least 20 victims in each location at a given time with trained professional staff.

Because it is not always possible or effective to house different types of trafficking victims in one location, programs designed for different trafficking victim populations, such as domestic minor victims, domestic adult victims, international victims, males and females, should be developed. All categories of trafficking victims should have access to residential programming in Ohio. The residential programs should be consistent with the Residential Program section of the Service Standards.
Wherever possible, minor victims of human trafficking should be placed in therapeutic residential programming or trained foster care homes. Every effort should be made to avoid incarcerating and thus retraumatizing minor victims.

Second, agreements with existing domestic violence shelters, substance abuse treatment programs and permanent supportive housing programs should be developed to ensure that trafficking victims have immediate access to these services upon rescue. To ensure effective, trauma-sensitive service, these providers should receive specific training on human trafficking as part of the agreement.

**Third Priority**

5) *Increase the number of trafficking and trauma-trained therapists available to treat victims of trafficking.*

Support efforts to raise awareness and provide specific human trafficking training to licensed therapists in Ohio. Build a network of trained therapists willing to provide low-cost or pro bono counseling for victims. Provide funding to pay for low-cost therapy for trafficking victims.

6) *Increase the number of human trafficking trained attorneys in Ohio available to represent victims of trafficking.*

Support efforts to raise awareness and provide specific human trafficking training to attorneys in Ohio. Build a network of trained attorneys willing to provide low-cost or pro bono legal representation for victims. Provide funding to pay for low-cost legal representation for trafficking victims.
References


Section I
Committee Purpose, Goals and Strategy
Slavery in Ohio? Human trafficking, a form of modern day slavery, is alive, well and thriving around the world. It is estimated that four to twenty-seven million people are enslaved worldwide (International Labor Organization, 2006). Each year, 14,500 to 17,500 individuals are trafficked into the United States from other countries (United States Department of State Trafficking in Persons Report, 2008). Eighty percent are women and 50% are minors. The average age of entry into prostitution is 11 to 13, which is a substantial part of the human trafficking problem (Shared Hope International, 2008).

In fact, human trafficking is the fastest growing international criminal industry, and it is happening right here in Ohio. The Ohio Attorney General Trafficking in Persons Study Commission, Research and Analysis Sub-Committee conservatively estimates that at least 6,316 individuals are at risk of human trafficking, 1,861 of which are believed to be trafficked into the sex or labor trade in Ohio (Williamson et al., 2010).

Based on provider experience in working with trafficked persons, it is evident that the services being offered in the Ohio area to this population are inadequate. Law enforcement, healthcare professionals, and service providers working with victims of human trafficking acknowledge several challenges and limitations to effectively meeting the needs of victims. Some of the challenges identified by members of the Trafficking in Persons Study Commission include difficulty recognizing victims, safety concerns, inadequate services, and a lack of understanding of human trafficking by first responders, the general community, and service providers.

The Trafficking in Persons Study Commission Victim Services and Safe Locations Committee was asked by Attorney General Richard Cordray to explore Ohio’s capacity to respond to the social services needs of human trafficking victims. The committee responded to this request by outlining the following purpose and goals:

**Purpose and Goals**

I. To identify a minimum network of services that should be available in every community to help victims of trafficking escape the traffickers and restore their lives.

II. To identify and map existing services to victims of human trafficking in Ohio.

III. To identify gaps in services to victims of human trafficking by geographic area.

IV. To identify service standards that should be met by any program or agency providing services to victims of human trafficking in Ohio.

**Strategies**

**Service Matrix and Standards**
The first strategy was to develop a list of services that research and experience suggest should be available to victims of trafficking in any Ohio community. We defined standards for these services based on evidence-based practices and Ohio law to provide a guide for communities that seek to develop or strengthen anti-human trafficking response efforts. The service standards are outlined in Section I.

**Human Trafficking Emergency Response Template Protocol**
Second, the committee developed a template for emergency response that can be customized for any Ohio community. This template outlines the preparation needed to effectively respond to victims’ short and long term needs and provides a blueprint for emergency response and long term rehabilitation for victims. Interagency partnerships that are critical to effective service are identified. The response protocol template is outlined in Section II.

**Survey of Ohio Service Providers**
To date, there has been no research on the level of human trafficking awareness among service providers or the existence of services for victims of human trafficking in Ohio. The third strategy was to conduct a survey of Ohio service providers to identify Ohio’s current levels of awareness and capacity to serve trafficked persons.
The sample size was 138, which included agencies that offer the services needed by victims of human trafficking, as well as trafficking-specific service providers. Sampling strategies used in the study included availability, snowballing, and purposive sampling. A broad spectrum of potential agency representatives from organizations offering a variety of services was represented in the sampling frame.

The survey had three goals:
- Determine the awareness of human trafficking in the Ohio community.
- Identify the availability of services to victims of human trafficking in order to increase Ohio’s capacity to serve this population.
- Compile and determine the general impediments of offering services to victims of human trafficking with the intention of promoting inter-agency collaboration.

The survey posed four specific research questions:

1) What is the level of human trafficking awareness among service providers in Ohio?
2) What services currently exist for trafficked victims?
3) According to service providers, what are the barriers to providing services to trafficking victims?
4) What assistance or support do service providers need to effectively serve trafficking victims?
Section II
Service Matrix and Standards
Standards for Services to
Trafficked Persons

Introduction and Purpose

The Standards for Services to Trafficked Persons was developed by the Victim Services and Safe Locations Committee to provide best practice guidelines for Ohio communities seeking to develop or strengthen a response system for survivors of human trafficking. Twenty-one services that are likely to be needed in rescuing survivors and helping them on their path to wellness and recovery are included in this document. A broad network of advocates contributed to the development of the Standards, including survivors of human trafficking, anti-human trafficking service providers, law enforcement, victim advocates, medical providers, the faith community, representatives of state government offices and private citizens.

For each standard, the definition, goal, activities, qualifications for staff/volunteers and standards for provider organizations are outlined. The purpose is to help communities identify the services needed by trafficking survivors and offer a guide to help them select the best qualified service providers.

The qualifications noted for various professionals, such as social services, medical and legal service providers were drawn from licensing requirements outlined in Ohio law and governed by State Boards (e.g. the State Medical Board, the Counselor, Social Worker and Marriage and Family Therapists Board). For activities such as residential treatment or shelter, the Standards reference the appropriate national or state accreditation standards. The standards noted are consistent with existing Ohio law and have been highlighted in this document due to their particular relevance to the care of human trafficking survivors. The list of standards is not intended to be all inclusive or exhaustive.

The Ethical Standards reflect established codes of conduct developed by the social work, victim advocate, medical, legal and other professions and the nine principles outlined in the Ethical Standards for Counter-Trafficking Research and Programming developed by the United Nations Inter-Agency Project on Human Trafficking in 2008. Because of the potential risk of harm associated with media involvement in trafficking cases, the Ethical Standards provide specific guidelines for ethical involvement with the media. The media guidelines are designed to help providers avoid retraumatizing survivors and hindering the prosecution of traffickers. They are consistent with accepted best practices outlined in the UN’s Ethical Standards, the United States Conference of Catholic Bishops Anti-Trafficking Services Manual, The Salvation Army National’s Anti-Human Trafficking Training Program for Service Providers, and the National Rescue and Restore Campaign.

The Victim Service and Safe Locations Committee shares these standards in the hopes that Ohio communities will build their capacity to identify and help survivors of trafficking. Anti-human trafficking advocates are encouraged to use these standards to select partners to participate in their service networks and to help organizations provide the best services possible.
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<tr>
<th>Definition</th>
<th>Values, principles, and standards to guide professional conduct.</th>
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<tr>
<td>Goal</td>
<td>Provide services to trafficked persons that adhere to professional codes of ethics and place client well-being at the forefront of all interactions with clients or action taken on their behalf.</td>
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<tr>
<td>Standards</td>
<td>Services must be provided in accordance with the professional code(s) of ethics that govern the particular activity, including but not limited to the National Association of Social Workers Code of Ethics, State of Ohio Counselor, Social Worker &amp; Marriage and Family Therapist Board Chapter 4757-5 Rules for Standards of ethical and professional conduct, the National Standards of Practice for Interpreters in Health Care, the American Medical Association, the Nursing Code of Ethics and others.</td>
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<tr>
<td>Standards</td>
<td>Services must be consistent with the Ethical Standards for Counter-Trafficking Research and Programming (United Nations Inter-Agency Project on Human Trafficking, 2008):</td>
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<td></td>
<td>1. Do no harm: Be compassionate but neutral.</td>
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<td>2. Make personal safety and security of the victim a priority: Identify and minimize risks.</td>
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<td>3. Get informed consent, with no coercion.</td>
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<td>4. Listen to and respect each person’s assessment of their situation and risks to their safety.</td>
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<td>5. Do not make promises you cannot fulfill.</td>
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<td>6. Ensure anonymity and confidentiality to the greatest extent possible.</td>
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<td></td>
<td>7. Adequately select and prepare interpreters and field teams.</td>
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<td></td>
<td>8. Prepare referral information and be prepared for emergency intervention.</td>
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<td></td>
<td>9. Do not hesitate to help others: Put your information to good use.</td>
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<td>Standards</td>
<td>Providers should commit to consistent, frequent contact with survivors to foster trust and to assist with flashbacks and triggers.</td>
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<td>Media Standards</td>
<td>1. Clients should always have the opportunity to make an informed decision about involvement with the media.</td>
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<td>Media Standards</td>
<td>2. Service providers should protect clients from the media while their investigation is ongoing.</td>
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<td>Media Standards</td>
<td>3. Service providers should not ask clients to speak to media while they are participants in the program.</td>
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<td>Media Standards</td>
<td>4. To avoid any potential risk of harm to clients, service providers should allow clients to interact with the media only after their period of service, with their full and ongoing consent, and after appropriate training and counseling.</td>
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<td>Use of Clients in Fundraising &amp; Public Awareness Efforts</td>
<td>1. Service providers should not ask or require clients to speak about their trafficking experiences at fundraising or public awareness events while they are participants in the program.</td>
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<td>2. Service providers should protect clients from exposure during fundraising and public awareness events.</td>
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<td>3. To avoid any potential risk of harm to clients, service providers should not ask or require clients to participate in fundraising or public awareness events until their involvement in the program has ended. If, after the period of service, the former client wishes to participate in a fundraising or public awareness event, the service provider should ensure full and ongoing consent and offer appropriate training and counseling.</td>
</tr>
<tr>
<td>Potential Risks to Clients Involved in Media, Fundraising and/or Public Awareness Events</td>
<td>1. Retraumatization.</td>
</tr>
<tr>
<td></td>
<td>2. Increased risk of physical harm/danger.</td>
</tr>
<tr>
<td></td>
<td>3. Compromising the investigation or prosecution.</td>
</tr>
<tr>
<td></td>
<td>4. News may travel quickly to client's home country or community.</td>
</tr>
<tr>
<td></td>
<td>5. Client may be dissatisfied with portrayal in media.</td>
</tr>
<tr>
<td></td>
<td>6. Even if they have signed a consent form, clients may feel that they have to speak to the media to continue receiving services.</td>
</tr>
<tr>
<td>Evidence of Compliance</td>
<td>Staff and organizations are in good standing with state licensing bodies and demonstrate ethical practice.</td>
</tr>
<tr>
<td><strong>Definition</strong></td>
<td>Trained responders who are available 24/7 to link victims with local support services.</td>
</tr>
<tr>
<td><strong>Goal</strong></td>
<td>Victims of trafficking will be linked to trained service providers who have expertise in responding to the needs of trafficked persons.</td>
</tr>
<tr>
<td><strong>Duration</strong></td>
<td>N/A</td>
</tr>
</tbody>
</table>
| **Activities** | Take calls about/from victims of human trafficking.  
Assess the caller's situation using an established protocol.  
Determine if situation meets definition of human trafficking.  
Provide human trafficking information and resources.  
Assist caller in evaluating what is needed.  
Link caller to local human trafficking service provider. |
| **Qualifications** | Staff or volunteers are trained in phone crisis intervention.  
Staff or volunteers have completed human trafficking training, including the protocol for answering human trafficking calls.  
Staff or volunteers are familiar with the dynamics of human trafficking and relevant community resources.  
Staff or volunteers must be supervised by a staff person who has completed the Human Trafficking 101 training. |
| **Standards** | The agency must provide personal support and assistance in accessing human trafficking related services/information.  
The agency must respond to trafficking call within 5-10 minutes to determine if caller is in danger.  
The agency should seek out and make use of survivor input in designing and delivering services. |
| **Evidence of Compliance** | All non-profit organizations must provide a copy of their 501-c-3.  
The agency must maintain a system of record keeping/documentation that identifies individuals who receive services and what activities were provided.  
The agency's personnel records indicate compliance with the training and supervision qualifications.  
The agency's staffing schedule indicates 24/7 coverage. |
## Emergency Response

<table>
<thead>
<tr>
<th>Definition</th>
<th>Responding 24/7 in person to direct requests for assistance related to human trafficking.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal</td>
<td>To assist victims of human trafficking with leaving the trafficking situation and getting to safety; to assess the trafficked person's safety and other immediate needs; to help trafficked persons take the first steps in rebuilding their lives.</td>
</tr>
<tr>
<td>Duration</td>
<td>N/A</td>
</tr>
</tbody>
</table>
| Activities | Assess if situation meets definition of human trafficking.  
Assist client in evaluating what is needed.  
Provide information verbally or in writing about available resources/services.  
Coordinate client's safe removal from trafficking situation, in partnership with law enforcement.  
Coordinate safe, temporary shelter for client.  
If needed, coordinate language interpretation.  
Ensure that client's basic needs are met. |
| Qualifications | Must complete Human Trafficking 101 and Advanced Training.  
Must be trained in the effects of trauma.  
Must be familiar with the dynamics of human trafficking and relevant community resources.  
Must be supervised by a staff person who has completed the training.  
Agency can demonstrate that it has expertise in providing services to trafficked persons.  
Staff or volunteers must complete human trafficking training. |
| Standards  | 24/7 response availability.  
The agency should seek out and make use of survivor input in designing and delivering services.  
Adherence to safety protocols.  
Respect for client self determination.  
Respect for confidentiality. |
| Evidence of Compliance | Willingness to provide referral for service when specialized knowledge or expertise is needed to serve clients fully.  
Personnel records indicate compliance with the training and supervision qualifications.  
Staffing schedule demonstrates 24/7 availability for response.  
All non-profit organizations must provide a copy of their 501-c-3.  
The agency will maintain a system of record keeping/documentation that identifies individuals who receive services and what activities were provided. |
## Survivor Peer Support

<table>
<thead>
<tr>
<th>Definition</th>
<th>Personal support, mentoring, advocacy and education provided by a survivor of human trafficking to a trafficked person who is considering leaving the trafficking situation or has recently left the situation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal</td>
<td>Trafficking survivors will benefit from a trusting helping relationship with peers who serve as mentors, role models and bridges to treatment, recovery and other social services, resulting in reduced feelings of stigmatization and a stronger sense of hope.</td>
</tr>
<tr>
<td>Duration</td>
<td>Varies based on individual needs.</td>
</tr>
<tr>
<td>Activities</td>
<td>One-on-one mentoring and peer support that complements services provided by licensed professionals.</td>
</tr>
<tr>
<td></td>
<td>Survivor facilitated support groups, with linkage to trauma-specific services.</td>
</tr>
<tr>
<td></td>
<td>Survivor counsels to inform program design and decision-making.</td>
</tr>
<tr>
<td></td>
<td>Accompanying survivor to appointments.</td>
</tr>
<tr>
<td>Qualifications</td>
<td>Survivor of human trafficking or commercial sexual exploitation whose personal level of healing is strong enough to prevent self-harm and the inadvertent harm of others.</td>
</tr>
<tr>
<td></td>
<td>Must complete Human Trafficking 101 and Advanced training.</td>
</tr>
<tr>
<td></td>
<td>Training on mentoring is strongly encouraged.</td>
</tr>
<tr>
<td></td>
<td>Must be familiar with the dynamics of human trafficking and relevant community resources.</td>
</tr>
<tr>
<td></td>
<td>Because of the risk of vicarious trauma and triggering situations, peer support persons are encouraged work within a structure which prevents harm due to relapse, burnout, or activated trauma.</td>
</tr>
<tr>
<td>Standards</td>
<td>Agency should provide staff and volunteers with comprehensive assistance in ongoing self-care and stress management.</td>
</tr>
<tr>
<td></td>
<td>Program should seek out and make use of survivor input in all aspects of program design and operation.</td>
</tr>
<tr>
<td></td>
<td>Adherence to appropriate Code(s) of Conduct/Ethics; (e.g. NASW Code of Ethics, National Organization for Victim Assistance Code of Professional Ethics for Victim Assistance Providers, etc.)</td>
</tr>
<tr>
<td>Evidence of Compliance</td>
<td>Personnel records indicate compliance with the training and supervision qualifications.</td>
</tr>
<tr>
<td></td>
<td>Staffing schedule demonstrates 24/7 availability for response.</td>
</tr>
<tr>
<td></td>
<td>Non profit organizations are required to provide evidence of non profit status.</td>
</tr>
<tr>
<td></td>
<td>The agency will maintain a system of record keeping/documentation that identifies individuals who receive services and what activities were provided.</td>
</tr>
</tbody>
</table>
# Case Management/Victim Advocacy

<table>
<thead>
<tr>
<th>Definition</th>
<th>Personal support and/or assistance in accessing human trafficking related services.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal</td>
<td>To ensure needed services and adequate support to enhance recovery.</td>
</tr>
<tr>
<td>Duration</td>
<td>Varies based on individual needs.</td>
</tr>
<tr>
<td>Activities</td>
<td>All activities and services are client focused and case specific.</td>
</tr>
<tr>
<td></td>
<td>Ongoing personal support, including outreach calls/visits (including in-patient or residential care settings).</td>
</tr>
<tr>
<td></td>
<td>Practical help as needed; information and referrals which are case specific and client focused.</td>
</tr>
<tr>
<td></td>
<td>Arranging for services to enhance recovery.</td>
</tr>
<tr>
<td></td>
<td>Consulting with others regarding an individual case.</td>
</tr>
<tr>
<td></td>
<td>Assess, plan, implements, coordinate, monitor, and evaluates the services required to meet the client's needs.</td>
</tr>
<tr>
<td></td>
<td>Provides advocacy for the client.</td>
</tr>
<tr>
<td>Qualifications</td>
<td>Background check completed.</td>
</tr>
<tr>
<td></td>
<td>Must complete Human Trafficking 101 and Advanced training.</td>
</tr>
<tr>
<td></td>
<td>Must be familiar with the dynamics of human trafficking and relevant community resources.</td>
</tr>
<tr>
<td></td>
<td>To provide case management, individuals must qualify in one of the following ways:</td>
</tr>
<tr>
<td></td>
<td>1. Victim Advocates: Must be employed at an agency that provides services to crime victims and perform duties consistent with victim advocacy as documented by a job description.</td>
</tr>
<tr>
<td></td>
<td>2. Social Workers: Must have at least a 2 year degree in human services and an Ohio Social Work Assistant license and must be supervised by a Licensed Social Worker or Licensed Independent Social Worker or a person with equivalent professional experience.</td>
</tr>
<tr>
<td></td>
<td>3. Licensed Professional Clinical Counselors: Must have an LPCC license in the state of Ohio.</td>
</tr>
<tr>
<td></td>
<td>4. Nurse Case Managers: Must have an active RN in the state of Ohio.</td>
</tr>
<tr>
<td>Standards</td>
<td>Agency can demonstrate that it has expertise in providing services to trafficked persons.</td>
</tr>
<tr>
<td></td>
<td>Agency should seek out and make use of survivor input in designing and implementing programs.</td>
</tr>
<tr>
<td></td>
<td>Adherence to appropriate Code(s) of Conduct/Ethics; (e.g. NASW Code of Ethics, National Organization for Victim Assistance Code of Professional Ethics for Victim Assistance Providers, etc.)</td>
</tr>
<tr>
<td>Evidence of Compliance</td>
<td>Personnel records indicate compliance with the training and supervision qualifications.</td>
</tr>
<tr>
<td></td>
<td>Staffing schedule demonstrates 24/7 availability for response.</td>
</tr>
<tr>
<td></td>
<td>Non profit organizations are required to provide evidence of non profit status.</td>
</tr>
<tr>
<td></td>
<td>The agency will maintain a system of record keeping/documentation that identifies individuals who receive services and what activities were provided.</td>
</tr>
</tbody>
</table>
# Emergency/Short Term Housing

<table>
<thead>
<tr>
<th>Definition</th>
<th>Temporary housing provides short-term stabilization. Emergency housing, emergency shelter means a facility operated publicly or privately to provide housing for individuals or families who are otherwise homeless and have no immediate living options available to them.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal</td>
<td>Provide short-term shelter to trafficked persons.</td>
</tr>
<tr>
<td>Duration</td>
<td>Less than one month.</td>
</tr>
<tr>
<td>Activities</td>
<td>Provide short term housing, with supportive services such as meals, showers, on-site medical care and advocacy to victims of human trafficking.</td>
</tr>
<tr>
<td></td>
<td>Work in partnership with the lead case manager serving the trafficked person to assist the trafficked person in locating and obtaining suitable housing.</td>
</tr>
<tr>
<td>Qualifications</td>
<td>Shelter will employ a Social Worker or Licensed Professional Clinical Counselor to work on-site at the location. Qualifications for this position include LSW or LPCC in Ohio plus at least two years experience working in the field of housing/homelessness and experience providing trauma-informed care.</td>
</tr>
<tr>
<td></td>
<td>Shelter will ensure that staff coverage is adequate to maintain the safety and well-being of the residents.</td>
</tr>
<tr>
<td>Standards</td>
<td>Agency should seek out and make use of survivor input in designing and delivering services.</td>
</tr>
<tr>
<td></td>
<td>Appropriate housing facility (safe, secure, owned/managed by entity, such as, but not limited to, non-profit, hotel, convent, camp, etc.).</td>
</tr>
<tr>
<td></td>
<td>Shelters must adhere to Ohio Basic Standards for Emergency Shelters.</td>
</tr>
<tr>
<td></td>
<td>Camping facilities must meet American Camping Association accreditation requirements as the standard of care for camps.</td>
</tr>
<tr>
<td></td>
<td>Convents should meet the guidelines outlined in the Legislation as to Convents.</td>
</tr>
<tr>
<td></td>
<td>Hotels must meet quality standards outlined by the Hospitality Association and meet security standards (interior hallways, keys, managed by reputable company) of placement organization.</td>
</tr>
<tr>
<td>Evidence of Compliance</td>
<td>Evidence that program is in compliance and in good standing with the State of Ohio Sheltering standards.</td>
</tr>
<tr>
<td></td>
<td>Personnel records indicate compliance with the training and supervision qualifications.</td>
</tr>
<tr>
<td></td>
<td>Staffing schedule which demonstrates case management coverage.</td>
</tr>
<tr>
<td></td>
<td>All non-profit organizations must provide a copy of their 501-c-3.</td>
</tr>
<tr>
<td></td>
<td>A system of record keeping/documentation defined by the agency that identifies individuals who receive services and what activities were provided.</td>
</tr>
</tbody>
</table>
## Housing Placement Assistance

<table>
<thead>
<tr>
<th>Definition</th>
<th>Assistance, including first month’s rent, security deposits and utility payments designed to place homeless persons into independent Transitional Housing, Direct Housing, or Permanent Supportive Housing units. This applies to the placement of individuals and families into housing units which they will be able to maintain after the completion of services.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal</td>
<td>Obtaining and maintaining housing within their community.</td>
</tr>
<tr>
<td>Duration</td>
<td>3 - 6 months.</td>
</tr>
<tr>
<td>Qualifications</td>
<td>Background check completed. Must complete Human Trafficking 101 training. Must be familiar with the dynamics of human trafficking and relevant community resources. To provide case management, individuals must qualify in one of the following ways: 1. Victim Advocates: Must be employed at an agency that provides services to crime victims and perform duties consistent with victim advocacy as documented by a job description. 2. Social Workers: Must have at least a 2 year degree in human services and an Ohio Social Work Assistant license and must be supervised by a Licensed Social Worker or Licensed Independent Social Worker or a person with equivalent professional experience. 3. Licensed Professional Clinical Counselors: Must have an LPCC license in the state of Ohio. 4. Nurse Case Managers: Must have an active RN in the state of Ohio.</td>
</tr>
<tr>
<td>Standards</td>
<td>Agency should seek out and make use of survivor input in designing and delivering services. Capacity to implement established activities. Provide a safe and adequate residence and allow participants a maximum amount of independence and self-sufficiency.</td>
</tr>
<tr>
<td>Evidence of Compliance</td>
<td>Personnel records indicate compliance with the training and supervision qualifications.</td>
</tr>
<tr>
<td>------------------------</td>
<td>---------------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Staffing schedule which demonstrates case management coverage.</td>
</tr>
<tr>
<td></td>
<td>All non-profit organizations must provide a copy of their 501-c-3.</td>
</tr>
<tr>
<td></td>
<td>A system of record keeping/documentation defined by the agency that identifies individuals who receive services and what activities were provided.</td>
</tr>
<tr>
<td><strong>Definition</strong></td>
<td>Assess needs and then provide material assistance in the form of food, clothing, furniture, utility assistance, transportation, and/or rental assistance.</td>
</tr>
<tr>
<td>----------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Goal</strong></td>
<td>To provide basic needs assistance during short term crisis.</td>
</tr>
<tr>
<td><strong>Duration</strong></td>
<td>Varies based on need.</td>
</tr>
<tr>
<td><strong>Activities</strong></td>
<td>Provision of food, transportation, clothing vouchers, furniture vouchers, utility assistance and/or rental/mortgage assistance.</td>
</tr>
<tr>
<td></td>
<td>Conduct intake.</td>
</tr>
<tr>
<td></td>
<td>Assess needs.</td>
</tr>
<tr>
<td></td>
<td>Link to other services.</td>
</tr>
<tr>
<td><strong>Qualifications</strong></td>
<td>Training in crisis intervention, familiarity with community resources.</td>
</tr>
<tr>
<td><strong>Standards</strong></td>
<td>The agency must provide assistance in accessing basic need services.</td>
</tr>
<tr>
<td></td>
<td>The agency must be able to respond to request for service within 12 hours.</td>
</tr>
<tr>
<td><strong>Evidence of Compliance</strong></td>
<td>Personnel records indicate compliance with the training and supervision qualifications.</td>
</tr>
<tr>
<td></td>
<td>Staffing schedule which demonstrates material assistance coverage.</td>
</tr>
<tr>
<td></td>
<td>All non-profit organizations must provide a copy of their 501-c-3.</td>
</tr>
<tr>
<td></td>
<td>A system of record keeping/documentation defined by the agency that identifies individuals who receive services and what activities were provided.</td>
</tr>
</tbody>
</table>
# Interpretation/Translation

<table>
<thead>
<tr>
<th>Definition</th>
<th>Oral interpretation and written translation services are provided to non-English speaking and hearing impaired clients.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal</td>
<td>To provide interpretation and translation services to clients for whom English is not the primary language.</td>
</tr>
<tr>
<td>Duration</td>
<td>As needed.</td>
</tr>
<tr>
<td>Activities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Written Translation.</td>
</tr>
<tr>
<td></td>
<td>Renders the message.</td>
</tr>
<tr>
<td></td>
<td>Interprets in the first person without changing, omitting, adding, or summarizing and maintains the flow of communication.</td>
</tr>
<tr>
<td></td>
<td>Avoids eye contact with anyone involved in the session, and is invisible.</td>
</tr>
<tr>
<td></td>
<td>Avoids staying with the patient alone if there is no provider.</td>
</tr>
<tr>
<td></td>
<td>Ensures communication.</td>
</tr>
<tr>
<td></td>
<td>Checks that both parties understand what is said.</td>
</tr>
<tr>
<td></td>
<td>Interrupts when does not fully hear or understand the message.</td>
</tr>
<tr>
<td></td>
<td>Maintains transparency.</td>
</tr>
<tr>
<td></td>
<td>Behaves in a culturally appropriate manner.</td>
</tr>
<tr>
<td></td>
<td>Observes the rules of cultural etiquette.</td>
</tr>
<tr>
<td></td>
<td>Shares relevant cultural information of either parties’ culture needed for understanding a message.</td>
</tr>
<tr>
<td></td>
<td>Explores whether factors such as age, gender, or socioeconomic status will affect the communication process.</td>
</tr>
<tr>
<td></td>
<td>Takes action on behalf of the patient outside the bounds of the interpreted interview.</td>
</tr>
<tr>
<td></td>
<td>Observes the rules of cultural etiquette.</td>
</tr>
<tr>
<td></td>
<td>The interpreter may speak out to protect an individual from serious harm.</td>
</tr>
<tr>
<td></td>
<td>On occasions where the interpreter feels strongly that either party’s behavior is affecting access to or quality of service, or compromising either party’s dignity and uses effective strategies to address the situation.</td>
</tr>
<tr>
<td></td>
<td>If the problems persists, knows and uses institutional policies and procedures to pass the information about the incident to the appropriate party.</td>
</tr>
<tr>
<td>Qualifications</td>
<td>At least 24 hours of training in interpretation required. Degree in interpretation preferred.</td>
</tr>
<tr>
<td>Standards</td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Transmit the message with accuracy.</td>
<td></td>
</tr>
<tr>
<td>Interpret everything to ensure completeness.</td>
<td></td>
</tr>
<tr>
<td>Interpreters will treat all information learned during the interpretation as confidential, divulging nothing without the full approval of the client and his/her service provider.</td>
<td></td>
</tr>
<tr>
<td>Remain neutral about the behaviors and statements conveyed by all parties involved in the interpretation process.</td>
<td></td>
</tr>
<tr>
<td>The interpreter should not influence the opinion of clients/ participants by telling them what action to take, or interfere with the client’s ability to make his or her decision.</td>
<td></td>
</tr>
<tr>
<td>Interpreters shall explain cultural differences or practices to social/human service providers and clients/participants when appropriate.</td>
<td></td>
</tr>
<tr>
<td>Develop a relationship of trust and respect at all times with the client/participant by adopting a caring, attentive, yet discreet and impartial attitude toward the client, toward his or her questions, concerns and needs.</td>
<td></td>
</tr>
<tr>
<td>Read and signed confidentiality agreement and memorandum of understanding.</td>
<td></td>
</tr>
<tr>
<td>Must adhere to the National Standards of Practice for Interpreters in Health Care.</td>
<td></td>
</tr>
<tr>
<td>Provide language services through written or oral translation.</td>
<td></td>
</tr>
<tr>
<td>Behave in a trustworthy manner.</td>
<td></td>
</tr>
<tr>
<td>Evidence of Compliance</td>
<td></td>
</tr>
<tr>
<td>Personnel records indicate compliance with the training and supervision qualifications.</td>
<td></td>
</tr>
<tr>
<td>All non-profit organizations must provide a copy of their 501-c-3.</td>
<td></td>
</tr>
<tr>
<td>A system of record keeping/documentation defined by the agency that identifies individuals who receive services and what activities were provided.</td>
<td></td>
</tr>
</tbody>
</table>
# Health Screenings

<table>
<thead>
<tr>
<th>Definition</th>
<th>A screening test is a procedure that is performed to detect the presence of a specific disease.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal</td>
<td>Screening is a process of identifying apparently healthy people who may be at increased risk of a disease or condition. They can then be offered information, further tests and appropriate treatment to reduce their risk and/or any complications arising from the disease or condition.</td>
</tr>
<tr>
<td>Duration</td>
<td>N/A</td>
</tr>
<tr>
<td>Activities</td>
<td>Perform screening test. Make referrals to other healthcare professional if follow-up is necessary. Provide information about screening and/or disease.</td>
</tr>
<tr>
<td>Qualifications</td>
<td>Licensed medical professional. License in good standing with the State Medical Board of Ohio.</td>
</tr>
<tr>
<td>Standards</td>
<td>Initial health screening of sex trafficking victim should be performed within 48 hours. Develop and enhance their professional expertise. Respect the inherent dignity and worth of the person. Recognize the central importance of human relationships. Behave in a trustworthy manner. Practice within their areas of competence. Commitment to Clients. Afford privacy. Respect Confidentiality. Referral for Services when specialized knowledge or expertise is needed to serve clients fully.</td>
</tr>
<tr>
<td>Evidence of Compliance</td>
<td>Personnel records indicate compliance with the training and supervision qualifications. On site evaluation: review personnel records, services documentation, staffing schedule and client records. All non-profit organizations must provide a copy of their 501-c-3. A system of record keeping/documentation defined by the agency that identifies individuals who receive services and what activities were provided.</td>
</tr>
<tr>
<td>Tests for consideration</td>
<td>Screening for chlamydia, gonorrhea, syphilis, HIV, trichomonas</td>
</tr>
<tr>
<td>-------------------------</td>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>TB testing</td>
</tr>
<tr>
<td></td>
<td>Chest X-ray</td>
</tr>
<tr>
<td></td>
<td>Hepatitis B, C</td>
</tr>
<tr>
<td></td>
<td>Pregnancy</td>
</tr>
<tr>
<td>Mental Health Screening</td>
<td>Post traumatic stress disorder</td>
</tr>
<tr>
<td></td>
<td>Suicide</td>
</tr>
<tr>
<td></td>
<td>Need for anti-depressants</td>
</tr>
<tr>
<td><strong>Counseling</strong></td>
<td></td>
</tr>
<tr>
<td>----------------</td>
<td></td>
</tr>
<tr>
<td><strong>Definition</strong></td>
<td>Beneficial activities that apply the therapeutic processes to personal, family, situational or occupational problems in order to bring about a positive resolution of the problem or improved individual or family functioning or circumstances.</td>
</tr>
<tr>
<td><strong>Goal</strong></td>
<td>To identify, understand and ameliorate the effects of human trafficking; to promote healing and to integrate the victim back into society. To build/strengthen/restore the wellness necessary to return to community/societal living in an age-appropriate way, with relatively little to no residual trauma-related symptomatology present at levels that may significantly interfere with adaptive occupational and relational functioning.</td>
</tr>
</tbody>
</table>
| **Duration**    | Varies; typically once a week for one hour for 3 months to several years.  
                 | Intensive treatment; 2-3 times per week of outpatient therapy, or even residential care.  
                 | Crisis intervention; available 24/7.  
                 | Once a week for one hour for 3 months to several years. |
| **Activities**  | Psychosocial history taking.  
                 | Psychosocial testing, or psychiatric evaluation (including mental status exam).  
                 | In-person interviews with victims.  
                 | Collateral contacts, including review of relevant documents, telephone/in-person contact with other providers.  
                 | Report writing.  
                 | Individual, group or family therapy, based on current clinical therapeutic principles generally accepted as being appropriate to sexual abuse/assault.  
                 | In-person visits to office, on location, or by phone.  
                 | Interpretation of findings and expert testimony.  
<pre><code>             | Consultation to other disciplines/systems. |
</code></pre>
<table>
<thead>
<tr>
<th>Qualifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practitioners must complete human trafficking training.</td>
</tr>
<tr>
<td>The agency should seek out and make use of survivor input in designing and delivering services.</td>
</tr>
<tr>
<td>Must be knowledgeable about the principles of sound therapeutic practices with victims of human</td>
</tr>
<tr>
<td>trafficking.</td>
</tr>
<tr>
<td>Practitioners must be licensed psychiatrists or psychologists or be registered or certified</td>
</tr>
<tr>
<td>professionals in the State of Ohio and have a minimum of a master's degree in one or more of</td>
</tr>
<tr>
<td>the following: mental health counseling, marriage and family therapy, social work, psychology</td>
</tr>
<tr>
<td>or related field.</td>
</tr>
<tr>
<td>Practitioners who are completing an internship for a master's degree in any of the fields</td>
</tr>
<tr>
<td>listed above and have completed the training are also eligible providers, as long as they are</td>
</tr>
<tr>
<td>receiving supervision from a person who meets the Qualifications above.</td>
</tr>
<tr>
<td>Therapists, as well as individuals conducting assessments, must have regular supervision,</td>
</tr>
<tr>
<td>consultation and or review of cases, preferably by an Ohio State licensed psychiatrist,</td>
</tr>
<tr>
<td>psychologist or certified therapist.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence of good standing with Ohio licensing body.</td>
</tr>
<tr>
<td>Help people in need to address social problems.</td>
</tr>
<tr>
<td>Develop and enhance their professional expertise.</td>
</tr>
<tr>
<td>Respect the inherent dignity and worth of the person.</td>
</tr>
<tr>
<td>Recognize the central importance of human relationships.</td>
</tr>
<tr>
<td>Behave in a trustworthy manner.</td>
</tr>
<tr>
<td>Practice within their areas of competence.</td>
</tr>
<tr>
<td>Commitment to clients.</td>
</tr>
<tr>
<td>Afford privacy.</td>
</tr>
<tr>
<td>Respect confidentiality.</td>
</tr>
<tr>
<td>Referral for services when specialized knowledge or expertise is needed to serve clients fully.</td>
</tr>
<tr>
<td>Monitor and evaluate policies, the implementation of programs, and practice interventions.</td>
</tr>
<tr>
<td>Promote and facilitate evaluation and research to contribute to the development of knowledge.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Evidence of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel records indicate compliance with the training and supervision qualifications.</td>
</tr>
<tr>
<td>All non-profit organizations must provide a copy of their 501-c-3.</td>
</tr>
<tr>
<td>A system of record keeping/documentation defined by the agency that identifies individuals who</td>
</tr>
<tr>
<td>receive services and what activities were provided.</td>
</tr>
</tbody>
</table>
## Legal Advocacy

<table>
<thead>
<tr>
<th>Definition</th>
<th>Beneficial activities provided by a lawyer, or other person(s) under the supervision of a lawyer, to assist individuals who are in need of legal help.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal</td>
<td>To assist gaining knowledge of the criminal justice system, gain access to avenues of participation in the legal system and to promote the responsiveness of individual legal system participants.</td>
</tr>
<tr>
<td>Duration</td>
<td>Up to several years.</td>
</tr>
<tr>
<td>Activities</td>
<td>All activities and services are client focused and case specific.</td>
</tr>
<tr>
<td></td>
<td>Assistance in making informed decisions about law enforcement reporting and preparations needed.</td>
</tr>
<tr>
<td></td>
<td>Information about the criminal justice systems.</td>
</tr>
<tr>
<td></td>
<td>Support at interviews, trial and sentencing.</td>
</tr>
<tr>
<td></td>
<td>Assistance in preparation for court; informing the victim of her/his rights in legal settings.</td>
</tr>
<tr>
<td></td>
<td>Acting monitoring of case through the legal system.</td>
</tr>
<tr>
<td></td>
<td>Assistance with protective orders and other pertinent documentation.</td>
</tr>
<tr>
<td>Qualifications</td>
<td>Licensed attorney or paralegal, or other person(s) under the supervision of an attorney.</td>
</tr>
<tr>
<td></td>
<td>All volunteers and paid staff must complete human trafficking training.</td>
</tr>
<tr>
<td></td>
<td>The provider must be familiar with the dynamics of human trafficking and relevant community resources.</td>
</tr>
<tr>
<td></td>
<td>Providers must be supervised by a paid staff person who has completed Human Trafficking 101 training.</td>
</tr>
<tr>
<td>Standards</td>
<td>Evidence of good standing with Ohio licensing body.</td>
</tr>
<tr>
<td></td>
<td>Promote improvement of the law and administration of justice.</td>
</tr>
<tr>
<td></td>
<td>Uphold integrity, honor and courtesy in the legal profession and encourage and enforce adherence to high standards of professional conduct.</td>
</tr>
<tr>
<td></td>
<td>Encourage respect for the law and the administration of justice.</td>
</tr>
<tr>
<td></td>
<td>Observe rules governing privileged communications and confidential information.</td>
</tr>
<tr>
<td></td>
<td>Promote and exemplify high standards of loyalty, cooperation, and courtesy.</td>
</tr>
<tr>
<td></td>
<td>Perform all duties of the profession with integrity and competence.</td>
</tr>
<tr>
<td></td>
<td>Pursue a high order of professional attainment.</td>
</tr>
<tr>
<td></td>
<td>The agency must be able to demonstrate the capacity to act on behalf of and in support of victims of human trafficking to ensure their interests are being represented and their rights upheld.</td>
</tr>
<tr>
<td>Evidence of Compliance</td>
<td>Documentation of working relationship with the legal community.</td>
</tr>
<tr>
<td>------------------------</td>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>A system of record keeping/documentation defined by the agency that identifies clients who received legal advocacy and what activities were approved.</td>
</tr>
<tr>
<td></td>
<td>Personnel records indicate compliance with the training and supervision qualifications.</td>
</tr>
<tr>
<td></td>
<td>Staffing schedule which demonstrates legal advocacy coverage.</td>
</tr>
<tr>
<td></td>
<td>On site evaluation: review personnel records, services documentation, staffing schedule and client records.</td>
</tr>
<tr>
<td></td>
<td>All non-profit organizations must provide a copy of their 501-c-3.</td>
</tr>
</tbody>
</table>
### Employment Services

| **Definition** | Activities provided to assist individuals in securing employment or acquiring learning skills that promote opportunities for employment. Services include intake, assessment, development of a career or education plan, job placement, and job retention support. |
| **Goal** | To assist gaining knowledge and skills to be more employable and participate in the workforce. |
| **Duration** | 6 months to a year. |
| **Activities** | Intake/assessment, which may include employability assessments, literacy and English Language Proficiency assessments, psychosocial assessments and aptitude assessments. |
| **Development** | Development of a career or educational plan in conjunction with client. |
| **Job placement.** | Supportive services to enhance job retention. |

| **Qualifications** | A master's degree and one year in workforce development or a bachelor's degree and two years experience in workforce development. |
| **60 hours of additional education over a three year period to maintain the credential awarded through the National Association of Workforce Development professional board.** | Proof of competence in the following 10 areas: |
| **1. History and Structure of the Workforce Development System** |  |
| **2. Career Development Process** |  |
| **3. Labor Market Information** |  |
| **4. Diversity** |  |
| **5. Customer Service** |  |
| **6. Program Management** |  |
| **7. Communication** |  |
| **8. Technology** |  |
| **9. Collaboration and Problem Solving** |  |
| **10. Business and Employer Knowledge** |  |

| **Evidence of Compliance** | Personnel records indicate compliance with the training and supervision qualifications. |
| **Staffing schedule which demonstrates case management coverage.** | All non-profit organizations must provide a copy of their 501-c-3. |
| **A system of record keeping/documentation defined by the agency that identifies individuals who receive services and what activities were provided.** |
**Education Services**

<table>
<thead>
<tr>
<th>Definition</th>
<th>Beneficial activities provided to improve knowledge or daily living skills and to enhance cultural opportunities. This sector comprises establishments primarily engaged in providing instruction and training in a wide variety of subjects. This instruction and training is provided by specialized establishments, such as schools, colleges, universities and training centers.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal</td>
<td>Enable individuals to become literate, productive citizens who can contribute to society --- socially, economically, designing new inventions, etc.... secondary would be to guide learners into a field of interest and then develop their skills so they can be experts within a given field.</td>
</tr>
<tr>
<td>Duration</td>
<td>Varies based on age and level of education.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activities</th>
<th>After school programs</th>
<th>GED Programs</th>
<th>ESOL Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal enrichment, recreation, and socialization.</td>
<td>Attend class.</td>
<td>Students review familiar high-school material.</td>
<td>Assist with communication skills.</td>
</tr>
<tr>
<td></td>
<td>Structured and carefully supervised tutoring sessions.</td>
<td>Get formal instruction in the subjects that they have not covered.</td>
<td>Attend speaking workshops.</td>
</tr>
<tr>
<td></td>
<td>Homework assistance.</td>
<td>Preparation for the GED tests.</td>
<td>Provide training of employable skills.</td>
</tr>
<tr>
<td></td>
<td>Exposure to new activities and opportunities.</td>
<td>Test-taking tips.</td>
<td>Students participate in grammar, listening, speaking, reading, writing, and pronunciation activities.</td>
</tr>
<tr>
<td>Proficiency lessons.</td>
<td></td>
<td>Help students determine areas for improvement.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Assist with instruction geared toward individual learning styles and needs.</td>
<td></td>
</tr>
<tr>
<td>Computer use.</td>
<td></td>
<td>Assist with instruction geared toward individual learning styles and needs.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provide one-on-one assistance in the areas of language, reading, writing, social studies, science, and mathematics.</td>
<td>Provide one-on-one assistance, tutoring and classroom setting learning.</td>
</tr>
<tr>
<td>Activities</td>
<td>Parent involvement.</td>
<td>Assist instructors with other classroom tasks (grading work, paperwork, etc.).</td>
<td>Provide regular feedback to instructors regarding student progress.</td>
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</tr>
<tr>
<td></td>
<td>Knowledgeable about the principles of sound therapeutic practices with victims of human trafficking preferred.</td>
<td>Display sensitivity to the needs of adult learners.</td>
<td>Display sensitivity to the needs of adult learners.</td>
</tr>
<tr>
<td>Qualifications</td>
<td>Practitioners must be certified teachers and have a minimum of a bachelor's degree or be supervised by a certified teacher.</td>
<td>Be flexible and adaptable.</td>
<td>Be flexible and adaptable.</td>
</tr>
<tr>
<td></td>
<td>Possess patience.</td>
<td>GED Training preferred.</td>
<td>Background in education, preferred.</td>
</tr>
<tr>
<td></td>
<td>Earned High School Diploma or GED.</td>
<td>Interest in helping others better their lives through achieving their goal of getting their GED.</td>
<td>Ability to communicate using clear and simple English.</td>
</tr>
<tr>
<td>Standards</td>
<td>Individuals conducting assessments, must have regular supervision, consultation and or review of cases by a licensed professional.</td>
<td>Be open-minded in regard to cultural and social differences.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Close alignment with district curricula through contact with principals and teachers.</td>
<td>Be at least 18 years of age.</td>
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<tr>
<td></td>
<td>Recognized by the State, programs have to be funded by Ohio Board of Regents.</td>
<td></td>
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<tr>
<td>Standards</td>
<td>Aligned with state's academic standards and curriculum benchmarks.</td>
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<tr>
<td></td>
<td>Low staff to child ratios and low staff turnover.</td>
<td></td>
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</tr>
<tr>
<td>Evidence of Compliance</td>
<td>Licensed as early childhood or school age childcare program or registered as day camp.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Individuals able to effectively communicate and express themselves.</td>
<td>Personnel records indicate compliance with the training and supervision qualifications.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>All non-profit organizations must provide a copy of their 501-c-3.</td>
<td>A system of record keeping/documentation defined by the agency that identifies individuals who receive services and what activities were provided.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Individuals gain educational skills that will enable them to be productive members of society.</td>
<td></td>
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</tr>
<tr>
<td><strong>Spiritual Services</strong></td>
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<td>------------------------</td>
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</tr>
<tr>
<td><strong>Definition</strong></td>
<td>Provides spiritual services to individuals, including pastoral counseling.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Goal</strong></td>
<td>Address individual spiritual needs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Duration</strong></td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Activities</strong></td>
<td>Participating in spiritual activities, such as: listening to music; prayer; meditation; reading the Koran, the Torah, the Bible, or other sacred texts; having a deep conversation with a friend; attending a religious service or class; spending time in nature or with animals; holding or looking at a sacred object; singing or chanting, dancing, practicing yoga or tai chi, or another physical practice; creating art of playing a musical instrument; etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Qualifications</strong></td>
<td>Receiving spiritual guidance or knowledge.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Evidence of Compliance</strong></td>
<td>All non-profit organizations must provide a copy of their 501-c-3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Evidence of Compliance</strong></td>
<td>A system of record keeping/documentation defined by the agency that identifies individuals who receive services and what activities were provided.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Assistance with Public Benefit System</strong></td>
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<td></td>
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<tr>
<td>-----------------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Definition</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Offers assistance and support in working with the public benefit system.</td>
<td></td>
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</tr>
<tr>
<td><strong>Goal</strong></td>
<td></td>
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</tr>
<tr>
<td>Provide resources regarding public benefit system.</td>
<td></td>
<td></td>
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<tr>
<td><strong>Duration</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Activities</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplies up-to-date resources.</td>
<td></td>
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<td></td>
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<tr>
<td>Provides linkage to service providers.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Offers technical assistance.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Qualifications</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State or county human services agency employee.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Standards</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provides training, consulting and technical assistance in needed areas.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Evidence of Compliance</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A system of record keeping/documentation defined by the agency that identifies individuals who receive services and what activities were provided.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel records indicate compliance with the training and supervision qualifications.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>On site evaluation: review personnel records, services documentation, staffing schedule and client records.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All non-profit organizations must provide a copy of their 501-c-3.</td>
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<tr>
<td>Ohio Benefit Bank Services</td>
<td></td>
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<td></td>
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<tr>
<td>-----------------------------</td>
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</tr>
<tr>
<td><strong>Definition</strong></td>
<td>The Ohio Benefit Bank (OBB) is a web-based computer program to connect low and moderate-income Ohioans with access to work supports such as tax credits and public benefits.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Goal</strong></td>
<td>To prepare and electronically file public benefit services and income taxes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Duration</strong></td>
<td>2 hours.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| **Activities** | Check potential eligibility of services.  
Complete online application process.  
Submit electronically.  
Set up appointment with Job and Family services if necessary. |
| **Qualifications** | Successfully complete the benefit bank community counselor training program and be a certified benefit bank counselor. |
| **Standards** | Provider prepares and files OBB application as mandated by the program.  
Respect the inherent dignity and worth of the person.  
Recognize the central importance of human relationships.  
Behave in a trustworthy manner.  
Practice within their areas of competence and develop and enhance their professional expertise.  
Commitment to clients.  
Afford privacy.  
Respect confidentiality.  
Referral for Services when specialized knowledge or expertise is needed to serve clients fully. |
| **Evidence of Compliance** | Personnel records indicate compliance with the training and supervision qualifications.  
On site evaluation: review personnel records, services documentation, staffing schedule and client records.  
A system of record keeping/documentation defined by the agency that identifies individuals who receive services and what activities were provided. |
<table>
<thead>
<tr>
<th>Medical Care (Free Clinics)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Definition</strong></td>
</tr>
<tr>
<td><strong>Goal</strong></td>
</tr>
<tr>
<td><strong>Duration</strong></td>
</tr>
<tr>
<td><strong>Activities</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Qualifications</strong></td>
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<tr>
<td><strong>Standards</strong></td>
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<td></td>
</tr>
<tr>
<td>Evidence of Compliance</td>
</tr>
<tr>
<td>------------------------</td>
</tr>
</tbody>
</table>

Uphold the standards of professionalism, be honest in all professional interactions, and strive to report physicians deficient in character or competence, or engaging in fraud or deception, to appropriate entities.

Respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patient.

Respect the rights of patients, colleagues, and other health professionals, and shall safeguard patient confidences and privacy within the constraints of the law.

Continue to study, apply, and advance scientific knowledge, maintain a commitment to medical education, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health professionals when indicated.

Recognize a responsibility to participate in activities contributing to the improvement of the community and the betterment of public health.

Adhere to existing recommendations in the WHO Ethical and Safety Recommendations for Interviewing Trafficked Women.

Treat all contact with trafficked persons as a potential step towards improving their health.

Prioritize the safety of trafficked persons, self and staff.

Provide respectful, equitable care that does not discriminate.

Be prepared with referral information and contact details for trusted support persons.

Collaborate with other support services.

Ensure the confidentiality and privacy of trafficked persons and their families.

Provide information in a way that each trafficked person can understand.

Obtain voluntary, informed consent.

Respect the rights, choices, and dignity of each individual.

Avoid calling authorities, such as police or immigration services, unless given the consent of the trafficked person.

Maintain all information about trafficked person in secure facilities.

Support access to medical care for all people.

Practice within their areas of competence.
## Residential Program

<table>
<thead>
<tr>
<th>Definition</th>
<th>Standards for programs caring for trafficking victims in a residential setting for periods of 3 months or longer.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal</td>
<td>To establish the highest level of care and rehabilitation for victims of human trafficking.</td>
</tr>
<tr>
<td>Duration</td>
<td>Three (3) months or longer.</td>
</tr>
</tbody>
</table>

### Activities

- Case Management Services.
- Assessment of education level achieved.
- Provision of education through high school level if necessary for minors.
- Individual Counseling (at least once per week).
- Group Counseling (at least once per week).
- Life skills training.
- Mentoring.
- Training on transition out of residential treatment.
- Incentives for meeting personal goals.
- Journaling
- Recreational activities, selected with survivor input

### Qualifications

- Licensed by the State of Ohio if caring for minors, and as necessary per Ohio Code of Regulations.
- Licensed Social Worker - State of Ohio or Bachelors degree in Social Work/related field with 2 years case management experience.
- Counselors licensed by the State of Ohio.
- Teachers licensed by the State of Ohio.
- Staff and volunteers trained on trauma care.

### Standards

- Program should seek out and make use of survivor input in all aspects of program design and operation.
- Appropriate housing facility which is safe, secure and managed by entity.
- The residential home shall be operated by a nonprofit organization, recognized under section 501(c)(3) of the Internal Revenue Code.
- The facility shall not require clients to participate in religious services or other forms of religious expression.
- The facility shall not discriminate on the basis of race, religion, color, sex, national origin, disability, age, or ancestry. Homes serving families with children shall also not discriminate on the basis of the sex or age of the children or the size of the family. Provision shall be made in such cases to maintain the family as an intact unit.
- The residential home organization shall be run by a Board of Directors and maintain full financial accountability as required by the IRS for 501c(3) organizations.
- The home shall have secure storage space for confidential documents relating to clients and personnel.
<table>
<thead>
<tr>
<th>Standards</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>The home shall develop and implement procedures to ensure the confidentiality of records pertaining to any individuals provided family violence prevention or treatment services.</td>
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</tr>
<tr>
<td>The home shall have a policy manual, which includes the home’s purpose, population served, program description, non-discrimination policy, and confidentiality statement and home regulations, rules and procedures.</td>
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<tr>
<td>The home shall provide for an evaluation of the effectiveness of the services offered at least annually.</td>
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<tr>
<td>The home shall have a table of organization of all paid staff working in the home. There shall be written position descriptions for each position type that includes job responsibilities and qualifications.</td>
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</tr>
<tr>
<td>The home shall have written policies for the selection of all paid personnel in conformance with the EEO guidelines.</td>
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</tr>
<tr>
<td>The residential home shall have adequate, trained, on-site staff coverage 24 hours a day if caring for minors, and as necessary if caring for adults.</td>
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</tr>
<tr>
<td>All residential staff shall receive training regarding emergency evacuation procedures and agency operating procedures.</td>
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<tr>
<td>All relevant direct service staff shall receive additional training in at least the following: non-violent crisis intervention techniques; referral procedures to relevant community resources; first aid procedures and protocol for intervention with suicidal individuals.</td>
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<tr>
<td>The home shall comply with applicable local fire, environmental, health, and safety standards and regulations.</td>
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<tr>
<td>The home shall be clean and in good repair.</td>
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<tr>
<td>The home shall have reasonable access to transportation services.</td>
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<tr>
<td>The home shall provide a bed for each client.</td>
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<tr>
<td>The maximum number of clients per room should be no more than 2, unless all are within the same family and are minors.</td>
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<tr>
<td>The home shall provide showers/baths, washbasins and toilets that are in proper operating condition for personal hygiene. These should be adequate for the number of people served, according to Ohio Code of Regulations. Clean towels, soap and toilet tissue shall be available to each client.</td>
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<tr>
<td>The home shall have private space to meet with clients.</td>
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<tr>
<td>The home shall have laundry facilities available to clients or a system available for like services.</td>
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</tr>
<tr>
<td>The home shall have a fire safety plan which includes at least the following: posted evacuation plan; fire drills, conducted at least quarterly; fire detection systems which conform to local building and fire codes; adequate fire exits; and adequate emergency lighting.</td>
<td></td>
</tr>
<tr>
<td>The home shall have adequate provision of the following services: pest control services; removal of garbage; proper ventilation and heating/cooling systems; and MEANS to ensure that entrances, exits, steps and walkways are kept clear of garbage and other debris, ice, snow and other hazards.</td>
<td></td>
</tr>
<tr>
<td>Standards</td>
<td>The home shall provide adequate natural or artificial illumination to permit normal indoor activities and to support the health and safety of occupants. Sufficient electrical sources shall be provided to permit the use of essential electrical appliances while assuring safety from fire.</td>
</tr>
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<tr>
<td></td>
<td>There shall be an accounting system which is maintained in accordance with Generally Accepted Accounting Principles (GAAP) and which uses fund accounting methods.</td>
</tr>
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<td></td>
<td>The home shall have a record of accountability for clients' funds or valuables the home is holding.</td>
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<td></td>
<td>A home which receives $300,000 or more of federal funds shall receive an annual independent audit or audit review.</td>
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<tr>
<td></td>
<td>The home shall have internal fiscal control procedures, which are reviewed and approved by the Board of Directors.</td>
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<tr>
<td></td>
<td>The home shall have a written policy regarding the possession and use of controlled substances as well as prescription and over the counter medication.</td>
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<tr>
<td></td>
<td>The home shall have a written policy regarding the control of infectious diseases, such as HIV, tuberculosis, etc.</td>
</tr>
<tr>
<td></td>
<td>The home shall provide a locked place for the storage of medications.</td>
</tr>
<tr>
<td></td>
<td>The home shall only require clients to perform duties directly related to daily living activities within the home.</td>
</tr>
<tr>
<td></td>
<td>The home shall post and read, or otherwise make known, the rules, regulations and procedures of the home.</td>
</tr>
<tr>
<td></td>
<td>The home shall post and read, or otherwise make known, the rights and responsibilities of home clients that shall include a grievance procedure for addressing potential violations of their rights.</td>
</tr>
<tr>
<td></td>
<td>The home shall maintain a list of all residents which includes, at least, the name and sex of each person residing in the home.</td>
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<tr>
<td></td>
<td>The home shall assure that at least one staff person on duty is trained in emergency first aid procedures.</td>
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<tr>
<td></td>
<td>The home shall have a procedure for making referrals to appropriate medical providers.</td>
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<tr>
<td></td>
<td>The home shall have adequate provision for the sanitary storage and preparation of foods.</td>
</tr>
<tr>
<td></td>
<td>Homes providing food for infants, young children and pregnant mothers shall make provisions to meet their nutritional needs.</td>
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<tr>
<td></td>
<td>The home shall have available at all times first aid equipment and supplies in case of a medical emergency.</td>
</tr>
<tr>
<td></td>
<td>All staff on duty shall have access to a telephone. Emergency telephone numbers shall be posted conspicuously near the telephone.</td>
</tr>
<tr>
<td></td>
<td>The home shall make provision for the sanitary storage and preparation of foods.</td>
</tr>
<tr>
<td></td>
<td>The home shall provide a written policy for intake of clients and criteria for admitting people to the home. The intake policy should be available for all adult clients to review.</td>
</tr>
<tr>
<td></td>
<td>The home shall provide access to a public or private telephone for use by home clients to make and receive calls as least once a week and as needed for emergencies.</td>
</tr>
<tr>
<td></td>
<td>The home shall provide a procedure for referrals to medical providers.</td>
</tr>
<tr>
<td></td>
<td>The home shall have written policies for intake of clients and criteria for admitting people to the home. The home shall maintain a list of all residents which includes, at least, the name and sex of each person residing in the home.</td>
</tr>
<tr>
<td></td>
<td>The home shall post and read, or otherwise make known, the rules, regulations and procedures of the home.</td>
</tr>
<tr>
<td></td>
<td>The home shall post and read, or otherwise make known, the rights and responsibilities of home clients that shall include a grievance procedure for addressing potential violations of their rights.</td>
</tr>
<tr>
<td></td>
<td>The home shall report child abuse and endangerment as required by law.</td>
</tr>
<tr>
<td></td>
<td>The home shall only require clients to perform duties directly related to daily living activities within the home.</td>
</tr>
<tr>
<td></td>
<td>The home shall provide regular access to a public or private telephone for use by home clients to make and receive calls as least once a week and as needed for emergencies.</td>
</tr>
<tr>
<td>Standards</td>
<td>Evidence of Compliance</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------</td>
</tr>
<tr>
<td>The home shall maintain records to document services provided to each client.</td>
<td>Evidence that program is in compliance and in good standing with the State of Ohio licensed housing standards.</td>
</tr>
<tr>
<td>The home shall provide accommodations for clients to store personal belongings.</td>
<td>Personnel records indicate compliance with the training and supervision qualifications.</td>
</tr>
<tr>
<td>The home shall provide a safe, secure environment and have policies to regulate access.</td>
<td>All non-profit organizations must provide a copy of their 501-c-3.</td>
</tr>
<tr>
<td>The home shall have a no weapons policy within the facility and grounds.</td>
<td>A system of record keeping/documentation defined by the agency that identifies individuals who receive services and what activities were provided.</td>
</tr>
<tr>
<td>The home shall encourage the involvement of residents in the decision-making processes of the home. This can be accomplished in a variety of ways, including having resident advisory councils to provide input into the operations of the home.</td>
<td></td>
</tr>
</tbody>
</table>
## Trauma-Specific Therapy

<table>
<thead>
<tr>
<th>Definition</th>
<th>Beneficial activities that apply the therapeutic process to achieve the successful performance of mental functions, in terms of thought, mood, and behavior that results in productive activities, fulfilling relationships with others, and the ability to adapt to change and to cope with adversity. Services to fully recover. Trauma specific services are those services likely to be found in specialty mental health programs or providers. They are generally accessed by referral to those doing clinical work.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal</td>
<td>Help survivors find their path to wellness and recovery.</td>
</tr>
<tr>
<td>Duration</td>
<td>Varies. Treatment and consultation are individually based on the specific needs and preferences of each client.</td>
</tr>
</tbody>
</table>
| Activities | Conduct psychosocial needs assessment with victims of human trafficking.  
Conduct trauma-focused psychological evaluations of human trafficking victims.  
Develop service plans for clients.  
Detailed integrated clinical report, including basic history, clinical formulation, treatment recommendations, and assistance with referrals to local specialty providers.  
Additional testing may include: Intelligence and Academic Achievement Psycho educational Testing, Personality and Projective Psychological Testing, and Psychopharmacological Evaluation.  
Utilize an integrative approach to treatment that draws on psychodynamic, cognitive-behavioral, interpersonal/relational, experiential, family systems, and other clinical frameworks.  
Evidence-based practices: A variety of specialized treatment modalities for all ages, including Eye Movement Desensitization and Reprocessing (EMDR - Level II); Dialectical Behavior Therapy (DBT) - based Individual & Group Interventions & Coaching, Expressive Art Therapy, Cognitive-Behavioral Therapy approaches to trauma treatment; Sensorimotor Psychotherapy; Accelerated Experiential Dynamic Psychotherapy (AEDP); Structured approaches to the Treatment of Clinical Dissociation, including Internal Family Systems (IFS) and Ego-State therapy; Yoga Services; and Neurofeedback. For children/families: Attachment, Self regulation & Competency (ARC); and Parent-Child Interaction Therapy - Adaptations (PCIT-A). |
<p>| Qualifications | Bachelor’s degree in social, behavioral, or human services and have current Ohio licensure as a LSW or LPC. |</p>
<table>
<thead>
<tr>
<th>Standards</th>
<th>Evidence of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Master's degree in Social Work or Counseling is highly preferred.</td>
<td>Personnel records indicate compliance with the training and supervision qualifications.</td>
</tr>
<tr>
<td>Ability to conduct psychosocial assessment based on the DSM V.</td>
<td>Non profit organizations are required to show evidence of non-profit status.</td>
</tr>
<tr>
<td>Ohio driver's license and a reliable vehicle preferred.</td>
<td>A system of record keeping/documentation defined by the agency that identifies individuals who receive services and what activities were provided.</td>
</tr>
<tr>
<td>Background check.</td>
<td></td>
</tr>
<tr>
<td>Human Trafficking 101 training required.</td>
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<tr>
<td>Bilingual skills are a plus.</td>
<td></td>
</tr>
<tr>
<td>Training in trauma and treatment services required.</td>
<td></td>
</tr>
<tr>
<td>Must meet Ohio Department of Mental Health provider qualifications and be skilled in the coordination of care and services with providers of various disciplines from other programs and organizations.</td>
<td></td>
</tr>
<tr>
<td>At least one year of professionally supervised experience in mental health services.</td>
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<tr>
<td>Evidence of good standing with Ohio licensing body.</td>
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</tr>
<tr>
<td>Adhere to professional ethical standards.</td>
<td></td>
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<tr>
<td>Referral for services when specialized knowledge or expertise is needed to serve clients fully.</td>
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</tr>
<tr>
<td>Monitor and evaluate policies, the implementation of programs, and practice interventions.</td>
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</tr>
<tr>
<td>Agency should seek out and make use of survivor input in program design and delivery.</td>
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<tr>
<td>Promote and facilitate evaluation and research to contribute to the development of knowledge.</td>
<td></td>
</tr>
</tbody>
</table>
## Alcohol and Drug Treatment

<table>
<thead>
<tr>
<th><strong>Definition</strong></th>
<th>Individual psychotherapy and pharmacological intervention of drug and/or alcohol abuse.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal</strong></td>
<td>Individual will have control of acute withdrawal and negative consequences of recent drug use. (detoxification), and mood enhancements.</td>
</tr>
<tr>
<td><strong>Duration</strong></td>
<td>Varies; mostly lasting at least 6 months. Still, brief periods of individual or group counseling in a gender specific/competent program can produce long-lasting reductions in drug use.</td>
</tr>
<tr>
<td><strong>Activities</strong></td>
<td>Motivational interviewing to capitalize on the readiness of individuals to change their behavior.</td>
</tr>
<tr>
<td></td>
<td>Biopsychosocial Screening</td>
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<tr>
<td></td>
<td>Highly structured program including: weekly meetings, support group, and a 24/7 response system. It sets specific, measurable goals, such as a quit date or limits on drug use.</td>
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<tr>
<td></td>
<td>Cognitive-behavioral therapy to help patients recognize, avoid, and cope with the situations in which they are most likely to abuse drugs.</td>
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<tr>
<td></td>
<td>Removal of drug or alcohol reminders from home and workplace.</td>
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<td></td>
<td>Positive reinforcement.</td>
</tr>
<tr>
<td></td>
<td>Long-term follow up care.</td>
</tr>
<tr>
<td><strong>Qualifications</strong></td>
<td>Knowledge of alcohol and other drug dependencies.</td>
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<tr>
<td></td>
<td>Ability to recognize unusual or threatening conditions and take appropriate action, including trauma sensitive techniques to diffuse consumer crisis with use of EBP.</td>
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<td></td>
<td>Ability to write meaningful, concise and accurate reports.</td>
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<td></td>
<td>Experience in observing and diagnosing alcohol and drug and trauma issues.</td>
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<td></td>
<td>Chemical Dependency Counselor credential recognized by Ohio Department of Alcohol &amp; Drug Addiction Services or other Ohio licensing authority with jurisdiction over professionals authorized to provide counseling services.</td>
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<tr>
<td></td>
<td>Biannual continuing education requirement of forty hours. Certification must be maintained.</td>
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<tr>
<td></td>
<td>Employee training of agency policies and procedures relative to alcohol and drug dependency counseling.</td>
</tr>
<tr>
<td></td>
<td>Valid drivers license.</td>
</tr>
<tr>
<td><strong>Standards</strong></td>
<td>Evidence of good standing with Ohio licensing body.</td>
</tr>
<tr>
<td><strong>Evidence of Compliance</strong></td>
<td>Personnel records indicate compliance with the training and supervision qualifications.</td>
</tr>
<tr>
<td></td>
<td>A system of record keeping/documentation defined by the agency that identifies individuals who receive services and what activities were provided.</td>
</tr>
<tr>
<td></td>
<td>All non-profit organizations must provide a copy of their 501-c-3.</td>
</tr>
</tbody>
</table>
Section III
Protocol Template for Emergency Response
With Survivors of Human Trafficking
Purpose
The purpose of this template is to provide Ohio communities with a generic protocol for responding to the needs of human trafficking survivors. Because Ohio communities are diverse in their existing capacity to serve human trafficking survivors, this protocol is designed to be customized to fit the unique needs of each community. This protocol outlines a progression of services from the time a survivor leaves the trafficking situation until they reach self sufficiency.

Human Trafficking in Ohio
According to the Ohio Trafficking in Persons Study Commission Research and Analysis Sub-Committee Report on the Prevalence of Human Trafficking in Ohio (Williamson et al., 2010), Ohio is a destination state for international victims of sex and labor trafficking and an origin state for domestic victims of sex and labor trafficking. This study estimates that at least 3,437 foreign born persons are at risk of labor and/or sex trafficking in Ohio, 783 of whom are believed to be trafficked today. Additionally, the study estimates that 2,879 youth are at risk of domestic minor sex trafficking, and 1,078 have been victimized by sex trafficking over the past year. Thus, it is anticipated that Ohio communities may encounter American youth and adults who have been trafficked in the sex trade and foreign born youth and adults who have been trafficked in sex and/or labor settings. Because of the diversity of potential trafficking situations, communities should take steps to prepare to meet a wide range of needs presented by survivors.

Confidentiality
Maintaining strict confidentiality about survivors and trafficking situations is critical to the safety and wellbeing of trafficking survivors and their advocates. Communities engaging in anti-trafficking emergency response and long-term care for survivors should take steps to ensure that providers understand and practice confidentiality.

Preparation for Serving Trafficking Survivors
Having immediate services available for trafficking survivors is critical. Because of the nature of human trafficking, the need for services may arise with short notice. Throughout Ohio, few systems of service delivery exist that are designated specifically for trafficking survivors. In communities where no designated services are present, existing service providers can be trained to understand the unique dynamics of human trafficking. One approach to mobilizing existing services is to develop a service matrix of existing providers in key areas, such as emergency response, case management, housing, basic needs assistance, interpretation/translation, medical care, counseling/mental health treatment, legal advocacy, residential treatment and spiritual care. Through advance preparation, communities ensure that providers are trained and prepared to respond when a trafficking case is identified.

An anti-trafficking coalition is an effective vehicle for developing such a matrix. New coalitions should begin developing a system or package of services and a resource reference manual that can be readily used, especially in an emergency, to avoid resorting to ad hoc service provision when a victim is identified on short notice. In communities where a large coalition is not feasible, a smaller group of organizations and individuals can work together to develop a plan for Emergency Response. For the purposes of this protocol template, the term coalition will be used to refer to the body that has assumed responsibility for developing an Emergency Response System for trafficking victims. The Coalition should assign a Point Person to serve as the first point of contact for responding to trafficking emergencies. Having a single point of contact simplifies the process for those seeking assistance.

A sample service matrix is provided below, noting the types of service needs typically encountered by trafficking survivors.
## Sample Service Matrix

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Provider</th>
<th>Contact Person</th>
<th>Contact Person Phone</th>
<th>Contact Person Email</th>
<th>Provider Address</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>24 Hour Emergency Response</td>
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<tr>
<td>Case Management</td>
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<tr>
<td>Basic Needs</td>
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<tr>
<td>Residential Treatment</td>
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<tr>
<td>Survivor Peer Support</td>
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<tr>
<td>Short Term Housing</td>
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<tr>
<td>Permanent Housing</td>
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<tr>
<td>Interpretation</td>
<td></td>
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<tr>
<td>Medical Care</td>
<td></td>
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<tr>
<td>Trauma-Specific Counseling</td>
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<tr>
<td>AOD Treatment</td>
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<tr>
<td>Legal Advocacy</td>
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<tr>
<td>Spiritual Care</td>
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</tbody>
</table>

### Responding to Trafficking in Persons

The Point Person may become aware of a trafficking situation requiring service for survivors in a variety of ways. In some cases, coalitions may be contacted directly by trafficking survivors seeking help. In other cases, community based organizations, Good Samaritans or medical providers may contact the coalition about a survivor needing services. In other cases, law enforcement may identify a trafficking situation and contact the coalition about providing services for a survivor. Guidelines for responding to each situation are outlined below. The steps and partners identified in the flow chart represent the ideal working partnerships to best serve survivors. Depending on a community’s unique situation, the steps may be modified.
A. Adult Survivor: Discovery by Self-Referral, Community Based Organization, Good Samaritan, Medical Providers, Social Services

- **Self-Referral, CBO, Good Samaritan, Medical, Social**

  - **Point Person**

    - **Law Enforcement**
      - Officers/Agents
      - Victim Specialists
      - Rapid reporting to LE is key to effective investigation. 72 hour window for evidence retrieval.

    - **Case Manager**

      - **Immediate Response:** Day 1
        - Basic Needs & Medical Care
        - Emergency Housing
        - Begin Safety Planning
      
      - **Several Weeks**
        - Continue Intake
        - Conduct Trafficking Assessment
        - Begin Assessing Eligibility for Benefits & Services
        - Explain Rights & Procedures
        - Continue Safety Planning
      
      - **Six Months to Three Years**
        - Develop a Service Plan
        - Implement Service Plan
          - Based on individual situation, but may include: Residential Treatment, Permanent Housing, Mental Health Services, Drug and Alcohol Treatment, Educational Services, Employment Training and Placement, Legal Services, Medical Services, Cultural/Community Orientation, Life Skills Education, Referral to Public Benefits, Interpretation and Translation Services
1. Once a case is identified, the Point Person should follow the steps outlined below to help the adult survivor from the point of rescue through long term rehabilitation.

2. In some systems, the Point Person will also serve as the case manager, working with the survivor from the point of rescue through long term care. In other systems, the Point Person will contact/assign the most appropriate case manager to provide long term care. Ideally, the person responding at the time of rescue would continue working with the survivor in a case management role, to facilitate trust building and reduce the potential for retraumatization.

3. Once the Point Person/Case Manager is established, he or she will:
   a. Arrange safe shelter for the survivor.
   b. Assess and meet the survivor’s basic and immediate needs.
   c. Arrange for interpretation and translation if necessary.
   d. Locate a legal advocate.
   e. Conduct intake (may take place over several visits)
      i. The person doing intake should be from a social services agency or a legal services organization. S/he must understand the confidentiality issue involved with receiving intake. A Standardized Intake Form should be utilized by all service providers on the Coalition and only limited/basic information should be included.
      ii. Case/client details will not be shared with the Coalition; however, members of the Coalition may be contacted for resources needed for a particular case/client.
      iii. It is important to assess the survivor’s initial willingness to report the crime to law enforcement. Rapid reporting is critical to effective investigations. Law enforcement typically has a 72 hour window in which to collect biological and other evidence that will assist in prosecuting the trafficker(s).

4. Next Steps: Over Next Few Days, Case Manager will:
   a. Begin to assess eligibility for social services and other benefits
   b. Explain rights, procedures and rules the survivor will need to follow
   c. Develop a safety plan
   d. Develop a service plan.

5. The Case Manager will provide comprehensive, long term case management with the survivor to meet goals identified on the service plan, such as:
   a. Residential Treatment
   b. Permanent Housing
   c. Counseling/Mental Health Services
   d. Employment Training and Placement
   e. Educational Services
   f. Legal Services
   g. Medical Services
   h. Cultural/Community Orientation
   i. Life Skills Education
   j. Referral to Public Benefits
   k. Interpretation and Translation Services

6. For cases under investigation by law enforcement, the Case Manager may facilitate a Team Meeting of key people involved with supporting the recovery of the survivor and investigating the crime. Participants may include the Case Manager, Law Enforcement, residential program staff, the survivor’s therapist and others. The purpose is to promote effective communication, coordinate services and best prepare the survivor to serve as a credible witness.
B. Adult Survivor: Discovery by Law Enforcement

- **Law Enforcement**
  - Officers/Agents
  - Victim Specialists

- **Point Person**

- **Case Manager**

- **Interpretation/Translation**

---

**Immediate Response: Day 1**

- **Basic Needs & Medical Care**
- **Emergency Housing**
- **Begin Safety Planning**
- **Legal Advocacy**
- **Begin Intake**

---

**Several Weeks**

- **Continue Intake**
- **Conduct Trafficking Assessment**
- **Begin Assessing Eligibility for Benefits & Services**
- **Explain Rights & Procedures**
- **Continue Safety Planning**
- **Develop a Service Plan**

---

**Six Months to Three Years**

- **Implement Service Plan**
  - Based on individual situation, but may include: Residential Treatment, Permanent Housing, Mental Health Services, Drug and Alcohol Treatment, Educational Services, Employment Training and Placement, Legal Services, Medical Services, Cultural/Community Orientation, Life Skills Education, Referral to Public Benefits, Interpretation and Translation Services
A. When feasible, law enforcement will call a meeting with the Point Person to give notice prior to a raid. In order to prepare the appropriate services, law enforcement will detail the needs of the possible victims. The basic information given should include:
   a. When to expect the survivors.
   b. How many survivors to expect.
   c. Languages spoken.
   d. Any potential health issues/concerns.
B. During the initial referral process between law enforcement and the Point Person, survivors may need temporary housing (e.g., shelter). The Point Person will work with local shelters to secure emergency housing.
C. Because of the sensitive nature of these investigations, early notice is not always possible. In order to ensure that the needs of possible survivors are best met under the circumstances, the Point Person and services providers will provide the best up-to-date information to law enforcement about resources that are available on a regular basis so that law enforcement can take into account the support available following a raid.
D. The Coalition Point Person will follow steps two through six of the discovery by CBO/Good Samaritan (see page 4) in responding to a raid.
C. Domestic Minor Survivor: Discovery by Self-Report, Community Based Organization, Good Samaritan, Medical Providers, Social Services

Implement Service Plan

Based on individual situation, but may include: Individual and group therapy, life skills training, GED or High School Diploma completion, Vocational Training, Drug and Alcohol Treatment, Educational Services, Medical Services.
1. When a domestic minor trafficking survivor is discovered and reported to the Point Person, the Point Person will immediately involve the county Child Welfare agency as they are the only legal entity with the authority to take temporary custody of a minor.
2. The Point Person should contact Law Enforcement immediately after Child Welfare to facilitate the opening of an investigation.
3. The Child Welfare Agency and/or Law Enforcement will make contact with the county Juvenile Court. The Juvenile Judge or Magistrate will decide whether the minor is sent back home or made a ward of the state.
4. If the child is made a ward of the state, then the Child Welfare agency will determine the final placement of the child.
5. In the case of kidnapped minors or other unusual circumstances, Juvenile Court may decide to send the child back home.
6. The Child Welfare agency may choose to enlist the support of a case manager from the local anti-trafficking coalition to provide trafficking specific services for the youth. If a case manager is engaged, he or she will assist with meeting the child’s immediate needs, safety planning, linking them with legal assistance and coordinating a safe, therapeutic placement for the child, in foster care, residential treatment or a safe house.
7. Once the child is in a safe, therapeutic setting, the case manager in conjunction with treatment providers will coordinate the services the child needs to begin rebuilding his or life, such as individual and group therapy, life skills training, GED or High School Diploma completion, vocational training, drug and alcohol treatment, educational services and medical services.
8. For cases under investigation by law enforcement, the Case Manager may facilitate a Team Meeting of key people involved with supporting the recovery of the survivor and investigating the crime. Participants may include the Case Manager, Children Services Worker, Law Enforcement, residential program staff, the survivor’s therapist and others. The purpose is to promote effective communication, coordinate services and best prepare the survivor to serve as a credible witness.
D. Domestic Minor Survivor: Discovery by Law Enforcement.

Implement Service Plan

Based on individual situation, but may include: Individual and group therapy, life skills training, GED or High School Diploma completion, Vocational Training, Drug and Alcohol Treatment, Educational Services, Medical Services.
1. When a domestic minor trafficking survivor is discovered by law enforcement, the law enforcement agency will immediately involve the county Child Welfare agency as they are the only legal entity with the authority to take temporary custody of a minor.

2. The Child Welfare Agency and/or Law Enforcement will then make contact with the county Juvenile Court. The Juvenile Judge or Magistrate will decide whether the minor is sent back home or made a ward of the state.

3. If the child is made a ward of the state, then the Child Welfare agency will determine the final placement of the child.

4. In the case of kidnapped minors or other unusual circumstances, Juvenile Court may decide to send the child back home.

5. The Child Welfare agency may choose to enlist the support of a case manager from the local anti-trafficking coalition to provide trafficking specific services for the youth. If a case manager is engaged, he or she will assist with meeting the child’s immediate needs, linking them with legal assistance and coordinating a safe, therapeutic placement for the child, in foster care, residential treatment or a safe house.

6. Once the child is in a safe, therapeutic setting, the case manager in conjunction with treatment providers will coordinate the services the child needs to begin rebuilding his or life, such as individual and group therapy, life skills training, GED or High School Diploma completion, vocational training, drug and alcohol treatment, educational services and medical services.

7. For cases under investigation by law enforcement, the Case Manager may facilitate a Team Meeting of key people involved with supporting the recovery of the survivor and investigating the crime. Participants may include the Case Manager, Children Services worker, Law Enforcement, residential program staff, the survivor’s therapist and others. The purpose is to promote effective communication, coordinate services and best prepare the survivor to serve as a credible witness.
E. Foreign National Minor Survivor: Discovery by Self-Report, Community Based Organization, Good Samaritan, Medical Providers, Social Services

- **Case Manager**
  - **Safety Planning**
  - **Basic Needs & Medical Care**
  - **Safe House**
  - **Foster Care**
  - **Residential**
  - **Legal Advocacy**

**Implement Service Plan**

Based on individual situation, but may include: Individual and group therapy, life skills training, GED or High School Diploma completion, Vocational Training, Drug and Alcohol Treatment, Educational Services, Medical Services.

- **Self-Referral, CBO, Good Samaritan, Medical, Social Services**
  - **Point Person**
  - **HHS/ORR and/or County Child Welfare**

- **Law Enforcement**
  - **Officers/Agents**
  - **Victim Specialists**

  - Rapid reporting to LE is key to effective investigation. 72 hour window for evidence collection.

- **County Juvenile Court**

  - **Home**
1. When a foreign national minor trafficking survivor is discovered and reported to the Point Person, the Point Person will immediately contact the Child Protection Specialist at Health and Human Services/Office of Refugee Resettlement. HHS/ORR can issue interim assistance and/or an eligibility letter that would allow an unaccompanied child victim of trafficking to access services/benefits, including the Unaccompanied Refugee Minor Program. Additional information can be accessed through the following link: http://www.acf.hhs.gov/trafficking/about/ATIP_Request_Assistance_Child_Victims_Trafficking.pdf.

2. In states such as Ohio where the Unaccompanied Refugee Minor Program is not present, HHS/ORR will work with the county Child Welfare agency as they are the only legal entity with the authority to take temporary custody of a minor.

3. The Point Person should contact Law Enforcement immediately after contacting HHS/ORR to facilitate the opening of an investigation. Law Enforcement will work with HHS/ORR and/or the Child Welfare Agency.

4. The Child Welfare Agency will then make contact with the county Juvenile Court. The Juvenile Judge or Magistrate will determine the child’s legal status and whether the child will be made a ward of the state.

5. If the child is made a ward of the state, then the Child Welfare agency will determine the final placement of the child.

6. In the case of kidnapped minors or other unusual circumstances, Juvenile Court may decide to return the child to his or her parents.

7. The Child Welfare agency may choose to enlist the support of a case manager from the local anti-trafficking coalition to provide trafficking specific services for the youth. If a case manager is engaged, he or she will assist with meeting the child’s immediate needs, linking them with legal assistance and coordinating a safe, therapeutic placement for the child, in foster care, residential treatment or a safe house.

8. Once the child is in a safe, therapeutic setting, the case manager in conjunction with treatment providers will coordinate the services the child needs to begin rebuilding his or her life, such as individual and group therapy, life skills training, GED or High School Diploma completion, vocational training, drug and alcohol treatment, educational services and medical services.

9. For cases under investigation by law enforcement, the Case Manager may facilitate a Team Meeting of key people involved with supporting the recovery of the survivor and investigating the crime. Participants may include the Case Manager, HHS/ORR representative, Law Enforcement, residential program staff, the survivor’s therapist and others. The purpose is to promote effective communication, coordinate services and best prepare the survivor to serve as a credible witness.
F. Foreign National Minor Survivor: Discovery by Law Enforcement.

Implement Service Plan

Based on individual situation, but may include: Individual and group therapy, life skills training, GED or High School Diploma completion, Vocational Training, Drug and Alcohol Treatment, Educational Services, Medical Services.
1. When a foreign national minor trafficking survivor is discovered by Law Enforcement, Law Enforcement will immediately contact the Child Protection Specialist at Health and Human Services/OFFice of Refugee Resettlement. HHS/ORR can issue interim assistance and/or an eligibility letter that would allow an unaccompanied child victim of trafficking to access services/benefits, including the Unaccompanied Refugee Minor Program. Additional information can be accessed through the following link: http://www.acf.hhs.gov/trafficking/about/ATIP_Request_Assistance_Child_Victims_Trafficking.pdf.

2. In states such as Ohio where the Unaccompanied Refugee Minor Program is not present, HHS/ORR will work with the county Child Welfare agency as they are the only legal entity with the authority to take temporary custody of a minor.

3. The Child Welfare Agency and/or Law Enforcement will then make contact with the county Juvenile Court. The Juvenile Judge or Magistrate will determine the child’s legal status and whether the child will be made a ward of the state.

4. If the child is made a ward of the state, then the Child Welfare agency will determine the final placement of the child.

5. In the case of kidnapped minors or other unusual circumstances, Juvenile Court may decide to send the child back home.

6. The Child Welfare agency may choose to enlist the support of a case manager from the local anti-trafficking coalition to provide trafficking specific services for the youth. If a case manager is engaged, he or she will assist with meeting the child’s immediate needs, linking them with legal assistance and coordinating a safe, therapeutic placement for the child, in foster care, residential treatment or a safe house.

7. Once the child is in a safe, therapeutic setting, the case manager in conjunction with treatment providers will coordinate the services the child needs to begin rebuilding his or her life, such as individual and group therapy, life skills training, GED or High School Diploma completion, vocational training, drug and alcohol treatment, educational services and medical services.

8. For cases under investigation by law enforcement, the Case Manager may facilitate a Team Meeting of key people involved with supporting the recovery of the survivor and investigating the crime. Participants may include the Case Manager, HHS/ORR representative, Law Enforcement, residential program staff, the survivor’s therapist and others. The purpose is to promote effective communication, coordinate services and best prepare the survivor to serve as a credible witness.


This protocol was adapted from existing protocols developed and used by the following anti-human trafficking coalitions and organizations:

CA Central Coast Coalition To Stop Enslavement (CA-CCC-SE)
http://www.stopenslavement.org/index2.html

Central Ohio Rescue and Restore Coalition
www.centralohiorescueandrestore.org
Michelle Hannan, MSW, LISW-S
The Salvation Army in Central Ohio
966 East Main Street
Columbus, OH 43205
614-437-2149

Gracehaven
http://www.gracehavenhouse.org/
Dr. Jeffrey Barrows, DO, MA (Bioethics)
P. O. Box 541
Dublin, OH 43017
937-210-1503

South Bay Coalition to End Human Trafficking
http://www.sbcteht.com/

Additional contributions were made by the following:
Central Ohio Rescue and Restore Coalition
Chrystal Alexander, Office of Criminal Justice Services, Ohio Department of Public Safety
Amy Allen, Immigration and Customs Enforcement
Jake Hardie, Special Agent, FBI, Northwest Ohio Violent Crimes Against Children Task Force
Jeff Barrows, Gracehaven House
Jeanette Bradley, 2nd Chance Ministries, Judah Christian Church
Christina Conrad, The Salvation Army, Central Ohio Rescue and Restore Coalition
Megan Crawford, Gracehaven House
Theresa Flores, Gracehaven House
Vicki Germann, Ohio Attorney General’s Office
Michelle Hannan, The Salvation Army, Central Ohio Rescue and Restore Coalition
Deborah Ingemansen
Pastor Jerry Miller, Columbus Metropolitan Area Church Board
Anne Mullooly, US Conference of Catholic Bishops Anti-Human Trafficking/Per Capita Program
Sarah Russell, State Refugee Coordinator, Ohio Department of Job and Family Services
Trisha Smouse, The Salvation Army, Central Ohio Rescue and Restore Coalition
Section IV
Assessing the Needs of Human Trafficking Awareness, Services and Barriers to Access in Ohio

Study Conducted by Trisha Smouse, MSW
as part of a Master’s Thesis at The Ohio State University
College of Social Work
June 2010
Assessing the Needs of Human Trafficking Awareness, Services, and Barriers to Access in Ohio

Abstract

Human trafficking, a form of modern day slavery, is alive, well and thriving around the world. In fact, human trafficking is the fastest growing international criminal industry and it is happening in Ohio. There has been no research regarding the level of human trafficking awareness among service providers in Ohio, nor the existence of services for victims of human trafficking in the area. Thus, an exploratory study was conducted by the Ohio Attorney General’s Trafficking in Persons Study Commission, Victim Services Committee to identify Ohio’s current levels of awareness and capacity to serve trafficked persons.

Data collection consisted of a survey comprised of both of open and closed-ended questions. The survey was comprised of several sections: agency demographics, human trafficking awareness, services to trafficked persons, barriers to service provision and access, and collaborative efforts. These were examined in an effort to identify education and service gaps in order to increase awareness, service capacity, and effectiveness to victims of human trafficking. Survey design is consistent with an existing IRB approved survey and the scrutiny of The Ohio Attorney General’s Trafficking In Person’s Study Commission (TIPSC) and the Central Ohio Rescue and Restore Coalition (CORRC). The survey was intended to answer the study’s research questions: (1) What is the level of human trafficking awareness amongst service providers in the Ohio area; (2) What services currently exist for trafficked victims; (3) According to service providers, what are the barriers to providing services to trafficking victims; and (4) What assistance or support do service providers need to effectively serve trafficking victims?

The sample size was 138, which included agencies that offer the services needed by victims of human trafficking, as well as trafficking-specific service providers. Sampling strategies used in the study included: availability, snowballing, and purposive sampling. A broad spectrum of potential agency representatives from organizations offering a variety of services was represented in the sampling frame.

Overall the study found that while the majority (55%) of service providers is aware that human trafficking is a problem in Ohio, only 19% of all respondents indicated that human trafficking in Ohio is a serious problem. However, there is a need for training regarding identification, needs of trafficking persons, and response protocols.

Furthermore, the TIPSC, Research and Analysis Sub-Committee estimated 1,861 foreign born persons and domestic youth were trafficked over the course of a year in Ohio. Nonetheless, only 118 identified human trafficking cases are being served by service providers statewide. Likewise, despite the prevalence of human trafficking in Ohio, services for victims are greatly lacking.

Especially interesting is that of 60 agency representatives, only 20% of organizations have knowingly encountered trafficked persons and of 15 agencies only 12 agencies are currently providing services to victims of human trafficking. The study further discovered that there is only one service provider targeting services to minor victims of human trafficking as opposed to
four agencies targeting adult victims in Ohio. Since so few anti-trafficking specific agencies exist in Ohio, barriers to service for both the provider and client were examined.

In addition, the study found that there are many obstacles for both service providers and trafficked persons in Ohio. Interestingly, aside from the lack of funding and resources; barriers for both service providers and clients centered on knowledge attainment. Trafficked persons often present complex and challenging needs, thus the need for services may arise with short notice. Given the vast array of needs presented by victims of human trafficking in Ohio, collaborative efforts are necessary to adequately provide immediate and effective needed services.

This needs assessment only begins to systematically explore levels of human trafficking awareness, service availability, and barriers of service provision in Ohio for trafficked persons. Through this needs assessment, gaps have been identified concerning current human trafficking awareness and services and recommendations have been made for Ohio.
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Chapter 1: Problem Statement

Purpose of the Study

The main purpose of the study is a needs assessment regarding the provision of social services to victims of human trafficking. This study will assess the level of human trafficking awareness, service availability, and barriers of service provision through the use of a survey distributed via a secure online tool to those agencies providing needed services, such as healthcare, legal services, shelter to victims of human trafficking.

The needs assessment will have three major aims. The first aim is to determine the awareness of human trafficking in the Ohio community. The study seeks to gather data about this knowledge in order to determine the education needs of service providers in the Ohio area. There were two previous attempts to investigate knowledge about Ohio. One study was aimed at law enforcement agencies and the other, a general assessment, was locally done. However, the first did not target service providers, which this study does. And the second one was done before local coalitions were formed and may not have covered areas of awareness that this study attempts to do. Additionally, this study will provide a baseline for determining the change in knowledge needed so that providers are adequately trained to meet the needs of victims.

The second aim is to identify the availability of services to victims of human trafficking in order to increase Ohio’s capacity to serve this population. This will be ascertained by compiling a list of organizations offering needed services to trafficked persons. The list will include both services specific to human trafficking and existing services adapted for the population through training based on best practices. By establishing a network of existing services available to victims, the study will identify the current capacity and gaps in services.

The third aim is to compile and determine the general impediments of offering services for victims of human trafficking with the intention of promoting inter-agency collaboration. Barriers to service will be explored at the client and provider levels. The study aims to discover the overall needs of providers so that these organizations can effectively serve trafficking victims.

Multiple participants were asked to participate in this study, including department and agency heads, program managers and directors, and practitioners. It is important to include as many types of participants as possible so as to capture a broad understanding of human trafficking awareness and services in Ohio. As previously noted, survey findings offer a rich source of information to provide recommendations for future research and recommendations for increased awareness and services in Ohio.

Research Questions

This study will assess the following research questions:

- What is the level of human trafficking awareness amongst service providers in the Ohio area?
- What services currently exist for trafficking victims?
• According to service providers, what are the barriers to providing services to trafficking victims?
• What assistance or support do service providers need to effectively serve trafficking victims?

Limitations of the Study

Although human trafficking is the second largest and fastest growing criminal industry in the world (Hodge & Lietz, 2007; Hughes, 2000; Mameli, 2002; Polaris Project, 2009; Ryf, 2002; Shrik & Webber, 2004; United States Department of Health and Human Services, 2009; Vayrynen, 2003) it is a relatively new area of research and service provision. The unavailability of research limits the knowledge of the specific needs of trafficked persons. This also means that the level of research is at a basic exploratory level.

Additionally, the relative newness of the topic impacts such things as operationalization and specification of the concepts involved. Due to the lack of specific anti-trafficking programs in Ohio, it is difficult to select potential service providers for the sample. Thus, the study includes a wide range of service providers including those that may have a limited potential of interacting with communities and individuals impacted by human trafficking. Furthermore, due to the indiscriminate nature of human trafficking, it is difficult to generalize the data across all communities and individuals vulnerable to this contemporary form of human exploitation.
Chapter 2: Methodology

The study is exploratory in nature because of the lack of basic information regarding the service needs of victims and/or the knowledge of the social problem amongst potential service providers located in Ohio. Data collection consisted of a survey composed of open and close-ended questions. Additionally, the study analyzes the community’s ability to meet the needs of trafficked persons by comparing identified needs of victims and the availability of needed services. The study identifies a minimum network of services that should be available in every community to help victims of trafficking escape traffickers and restore their lives. Additionally, by identifying the existing services, the study will identify gaps in services to trafficked persons. Moreover, the study examines methods of bridging those gaps based on participant responses to service provision barriers and collaboration.

Sample

A combination of availability, snowballing, and purposive sampling strategies were used to obtain the sample. Through anti-trafficking specific service groups, such as the Central Ohio Rescue and Restore Coalition (CORRC) and/or the Ohio Attorney General’s Trafficking in Persons Study Commission (TIPSC), the committee selected the sample group using purposive sampling. Purposive sampling is the selection of participants based on the purpose of the study (Rubin & Babbie, 2008). These agencies were selected because of their existing services to victims of human trafficking.

Members of the Ohio Attorney General’s Trafficking in Persons Study Commission serving the Ohio community were invited to participate in the survey. Other organizations were recruited through local directories identifying agencies offering services needed by trafficked persons. Some types of agencies include: refugee/immigrant agencies, homeless shelters, children service organizations, legal offices, medical offices, social service agencies, etc. Furthermore, recruitment also included word-of-mouth or snowballing in an attempt to locate other service providers in Ohio.

Research Design

Upon selection and consent of the organizations, agency representatives were asked to participate in a 45 minute online survey. The survey was a needs assessment of human trafficking in Ohio outlining several categories, such as: awareness, services, barriers and collaboration. The recruitment letter was electronically mailed one week prior to the survey launch to potential subjects explaining the purpose and importance of the survey. Participants were provided with a description of the research project and the address to the online questionnaire to access the survey. The survey was sent out both by the committee and the Ohio Attorney General’s Office in order to elicit a greater response rate. The number of Ohio agencies invited to participate totaled 138.

The survey window was open for one month. One week after the first e-mail, a second e-mail followed to encourage subjects to complete the online survey. Individual consent was obtained
via the website prior to beginning the survey; in order to access the questionnaire participants had to agree to participate in the study. The advantage of an online survey is that it was available on any computer with internet capabilities and at anytime during the open window time.

The survey was e-mailed to a total of 205 service providers in Ohio offering services needed by victims of human trafficking as identified by research (Aron, Zweig, & Newark, 2006; Caliber, 2007; Clawson & Dutch, 2007; Clawson, Small, Go, & Myles, 2003; Office of Justice Assistance, 2008). According to Clawson et al. (2003), the greatest needs of trafficking victims include: housing, medical, advocacy, legal services, transportation, outreach, food, info/referral, mental health, service coordination, employment, and protection. Hence, potential sites included agencies that offer the above mentioned services. To reiterate, the sampling frame included a broad spectrum of potential agency representatives from organizations offering a variety of services.

Data Collection

Measurement/Instrumentation

Agency representatives were asked to participate in a 45 minute online needs assessment survey. Due to the little research conducted on the issue of human trafficking awareness and capacity to serve, few surveys exist to measure this. This study’s main data collection instrument was adapted from the Needs Assessment for Service Providers and Trafficking Victims scale (Clawson, Small, Go, and Myles, 2003) and Baseline Survey of Human Trafficking in Wisconsin (Office of Justice Assistance, 2008). These surveys were selected because both instruments underwent rigorous internal and external review in order to increase understandability, transparency, and appropriateness. Moreover, the Central Ohio Rescue and Restore Coalition Pre/Post test was incorporated into the survey to gage levels of human trafficking in Ohio. The survey, including demographic questions, consisted of multiple-choice, true and false items, and open ended questions and resulted in a total of 61 items. Prior to its launch, members of the Central Ohio Rescue and Restore Coalition and the Ohio Attorney General’s Trafficking in Persons Study Commission, Victim Service Committee had an opportunity to provide feedback on the questions in order to ensure relevancy of the items being asked. Comments and suggestions from the coalition and committee were incorporated into the survey. Thus, question items were modified to better reflect the issues and needs of Ohio service providers. For example, when asking participants the multiple-choice question, “In general, what services have human trafficking victims needed?” the list of choices was taken from a list of needed services identified by the Ohio Attorney General’s Trafficking in Persons Study Commission and the Central Ohio Rescue and Restore Coalition.

The original scales included several sub-sections, which were used in this study. The sub-sections included: Demographic Information, Human Trafficking Awareness, Service Provision, Barriers to Service, and Collaborative Efforts. Each category consisted of five to 30 questions, both closed and open-ended. The sub-categories helped to clarify for both subjects and committees important sub-topics regarding awareness and needs of victims of human trafficking.
The first set of questions focused on basic demographic information about the organization in order to decrease the probability of duplication of results. Additionally, items requesting information regarding types of services offered by the agency were included. This section consisted of nine questions; four open-ended questions and five multiple-choice questions. For example, some open-ended questions included: “What is your job title?” and “What target populations does your agency serve?” An example of a multiple-choice question was: “What type of agency do you represent?” with a selection of 15 choices to check off, with the option to select more than one.

The next section addressed the agency's level of human trafficking awareness. These items focused on the amount of human trafficking knowledge possessed by each respondent. The items included a set of true and false questions originally used by the Central Ohio Rescue and Restore Coalition in a pre/post human trafficking awareness test. This test is used prior to and at the conclusion of the Human Trafficking 101 training offered by CORRC in order to assess the increase in knowledge as a result of the training. For example, “To be considered a victim of human trafficking one must be transported across state or country borders” and, “Human trafficking and smuggling humans are considered to be different” and, “For a person to be convicted of sex/labor trafficking they must use physical force/brutality against their victim.”

In addition to the eight true and false questions, the human trafficking awareness section included 4 multi-choice questions; for a total of 12 questions. An example of a multiple-choice question is: “In your opinion, how serious of a problem is human trafficking in the community that you serve?” participants could choose from a list of Likert scale options ranging from not a problem to a very serious problem.

Questions about the actual services, both general and trafficking specific, provided by the participant’s organization followed. This portion was composed of 30 items four of which were open-ended. The remaining 26 questions were multiple-choice questions; with three of those asking for further specification based on the original response to the previous item. For example, participants were asked: “What types of human trafficking services does your agency offer?” Participants were also asked, “Has your agency encountered a case involving human trafficking victims (that is, provided direct services and/or consultation)?” An example of an open-ended question in this section was “In what ways are the needs of human trafficking victims different and/or similar to other victims of crime? (List similarities/differences in: length of services, presence of support networks, level of isolation, level of fear, level of trust, ability to communicate with service providers, types of services, etc).”

Subsequently, participants were asked questions that focused on barriers to providing services to victims of human trafficking. This sub-section was composed of six questions; four of which were multi-choice and two open-ended. For example, participants were given a list of multiple choice responses from which they could chose when answering “What are the most critical barriers/challenges you face in providing services to victims of human trafficking?” and “Based on what you know about victims of human trafficking, what are the reasons some human trafficking victims DO NOT seek out services?” Agency representatives were also asked two open-ended questions: “What does your organization need to help you do a better job in providing services to victims of human trafficking?” and “Based on your experiences, what
assistance would other agencies need to improve the service(s) they provide to trafficking victims?"

The final sub-section of the survey focused on collaborative activities. This section consisted of four multiple-choice and two open-ended questions. An example of a multiple-choice question was: “Other than sending and receiving referrals, what agencies or individuals do you collaborate with?”

**Detailed Study Procedures**

The consent materials contained a statement of the purpose of the research project, procedures for participating, time required for participation, investigator contact info, and a statement that participation is voluntary. The study used an online consent process (with a click to agree to participate). The online site included SSL Encryption to ensure the confidentiality of responses. The data was de-identified, so that information identifying subjects or agencies was removed when analyzing the results. Additionally, the data collected during the survey was kept confidential, only viewed by the researcher, and only reported in aggregate form.

Involvement in this research study was voluntary and participants were informed that they could withdraw from participation at any time during the process. The risks related to this study were minimal. The questions were broad in nature and were not intended to elicit sensitive information, and participants could choose how much and what information they wanted to share. Likewise, no personal information was gathered about the subjects. The study was reviewed and received IRB approval through The OSU Behavioral & Social Sciences Institutional Review Board.

The online survey began by briefly outlining the purpose of the study and the importance of completing the survey. The overview was followed by statements of confidentiality and voluntary participation, reiterating the importance of the study. Then participants were provided with an opportunity to consent to the study by checking a box, which directed them to the study survey.

**Internal Validity**

As previously stated the study survey is based on the previous work of Clawson et al., (2003) and Office of Justice Assistance (2008), which gathered similar information in other areas of the US. While neither scale tested for psychometric properties, such as internal validity, construct validity, and test-retest reliability; both were designed to have at least face validity. The Needs Assessment for Service Providers and Trafficking Victims Scale (Clawson, Small, Go, & Myles, 2003) was piloted with five service providers. A computerized pilot survey was tested for skip patterns, recording, and storing data. Once this pilot survey was completed, revisions were made to the instrument. Additionally, the pilot survey was tested for clarity, item wording, and appropriateness of response categories. This feedback was used to revise the scale for use by Caliber’s Institutional Review Board (IRB). Once reviewed and approved by the IRB the instrument was submitted and approved by the Office of Management and Budget (Clawson, Small, Go, & Myles, 2003).
The Human Trafficking Baseline Survey (Silver, 2008) underwent a similar process. This survey was pilot-tested and internally reviewed by the Human Trafficking Committee and the OJA Public Relations Specialist. It was evaluated to determine clarity and appropriateness of used language (Silver, 2008).

Data Analysis

Data analysis included simple summation of information as well as basic analyses for frequencies, measures of central tendency and dispersion. Survey results were automatically compiled by Survey Gizmo (http://www.surveygizmo.com/s/197719/human-trafficking-in-centralohio) and exported to Microsoft Excel 2007 for analysis. The results were divided into two main areas: human trafficking awareness in Ohio and the capacity to effectively serve victims in the area.

The analysis of service capacity is a multi-faceted approach. First, it is imperative to determine the demographic makeup of the victims in order to provide effective services. Thus, the committee ascertained information regarding the population of trafficked persons in Ohio. Second, the needs of trafficked persons were analyzed by revealing frequency distributions for those needs reported by clients to agencies serving clients. The reported needs of trafficked persons were compared to the types of services being provided in the community, both internally and externally in order to determine gaps in services. Further, information regarding the average length of services and ability to serve were analyzed by measures of central tendency. Establishing the existence of services for trafficking victims were analyzed by revealing frequency distributions for those services provided by agencies. Both internal and external services offered were also examined. Additionally, the types of services offered to clients were summed. Lastly, discovering patterns around barriers, collaborative activities and perceived agency needs to provide services enabled the committee to deduce the assistance and support needed to effectively serve trafficking victims. Collectively, this information revealed the capacity to serve trafficked persons in Ohio.

In an effort to determine the level of human trafficking awareness in Ohio, averages were calculated in regards to the perception of the problem locally. The study also calculated the percentage of persons with correct answers to the eight true and false questions surrounding the issue of human trafficking. Another method for analyzing awareness of modern day slavery in Ohio is through the number of anti-human trafficking events attended by agencies, requests for training, materials, and increased involvement in anti-human trafficking activities.

Chapter 3: Findings

Sample Characteristics

The survey was distributed to 205 Ohio agencies offering services congruent with research identified needs of trafficked persons. Of those 138 agencies completed the survey for a response rate of approximately 67%.
The study participants represent a wide variety of agencies serving Ohio, including health care providers, social service agencies, domestic violence services, sexual assault services, refugee/immigrant services, law enforcement agencies, legal assistance providers, etc. Figure 2 is a depiction of the different types of agencies represented in the study. There is overlap because more than one characteristic was designated to describe some agencies. The other category consisted of a variety of organization types, such as housing, media, and specialized services.

As illustrated in Figure 2, there is little representation from those serving ethnic minority communities. Only 6% of study participants provide refugee/immigrant services and migrant worker/labor rights services. Additionally, only 3% offer interpreting services. It is also important to note that approximately 15% of respondents are targeting children and youth services and another 18% are targeting victims of crime and domestic violence.

Figure 1: Type of Agency

Figure 3 shows the number of respondents by geographic area. The high number of Central Ohio participants may be a result of the survey being conducted by a Central Ohio Agency.

Respondents by Geographic Areas (N=64)

<table>
<thead>
<tr>
<th>Region</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statewide</td>
<td>18</td>
</tr>
<tr>
<td>Northeast</td>
<td>7</td>
</tr>
<tr>
<td>Northwest</td>
<td>5</td>
</tr>
<tr>
<td>Southeast</td>
<td>1</td>
</tr>
<tr>
<td>Southwest</td>
<td>5</td>
</tr>
<tr>
<td>Central Ohio</td>
<td>28</td>
</tr>
</tbody>
</table>
Figure 2: Respondents by Geographic Areas

Furthermore, the average length of time of employment for those agency representatives who participated in the study was 3.8 years, with a standard deviation of 5.4. This suggests that the majority of staff who contributed to the study were new and may not accurately represent the organization’s levels of awareness or service provisions. Inexperience among participants may play a role in identifying human trafficking awareness and services because respondents are unaware of clients served prior to involvement with the agency.

Moreover, the majority of respondents are from large organizations, with more than 30 people working for the organization. The lack of communication/information-sharing in large organizations may result in a lack of awareness regarding services rendered by other departments. For example, The Salvation Army of Central Ohio offers services in six main program areas in several counties. However, as an employee in the food pantry, the caseworker may not be aware of services offered in other departments, such as the Anti-Human Trafficking Program or housing programs. Further, the lack of respondent experience may affect their awareness concerning agency contact with trafficked persons. First, client confidentiality prohibits co-workers from discussing case information. Second, the signs of human trafficking are not easily distinguishable without further assessment due to the clandestine nature of human trafficking (A. Allen, personal communication, January 14, 2010). “While any one of these signs (trauma, fatigue, injuries, poor care, withdrawn behavior and communication) might not constitute a situation of trafficking, they can serve as indicators to alert you to the possibility of this crime” (International Association of Chiefs of Police, 2007, p. 5).

Figure 4 illustrates the target populations of the agencies that participated in the study. As noted in the figure the contributing organizations serve a diverse range of populations, with only 4.84% of agencies offering trafficking specific services. The largest area represented was other (15%). The other category is made up of specific populations, such as those individuals with mental health illnesses, substance abuse issues, HIV, etc. Additionally, low-income communities (16.13%) were identified as a target population among many providers. Other areas of high concentration include: ethnic communities (11.29%) and children/adolescents (11.29%).
Figure 3: Agency Target Population
These are the study questions.

- What is the level of human trafficking awareness amongst service providers in Central Ohio?
- What services currently exist for trafficking victims?
- According to service providers, what are the barriers to providing services to trafficking victims?
- What assistance or support do service providers need to effectively serve trafficking victims?

The study’s questions are addressed by a variety of sub-sections. Therefore, Table 2 provides an overview of the sub-sections designed to answer each research question.

<table>
<thead>
<tr>
<th>Research Questions</th>
<th>Sub-sections designed to answer research questions and address hypotheses</th>
</tr>
</thead>
</table>
| What is the level of human trafficking awareness amongst service providers in Central Ohio? | Section 1: Human Trafficking Awareness  
Section 2: Services to Trafficked Persons  
Section 3: Barriers to Service Provision to Trafficked Persons |
| What services currently exist for trafficking victims? | Section 2: Services to Trafficked Persons |
| According to service providers, what are the barriers to providing services to trafficking victims? | Section 3: Barriers to Service Provision to Trafficked Persons |
| What assistance or support do service providers need to effectively serve trafficking victims? | Section 2: Services to Trafficked Persons  
Section 4: Collaboration |

Table 1: Survey Sub-Sections Designed to Answer Study Questions

Level of Human Trafficking Awareness amongst Service Providers in Ohio

The study’s first question addresses the level of human trafficking awareness amongst service providers in Ohio. The study found that while human trafficking awareness is increasing, there is still an overwhelming lack of education concerning identification, needs of trafficked persons, and response protocols. Because this is the first ever assessment of levels of human trafficking
awareness in Ohio, there are no previous studies with which to compare the results of this study. Thus, the findings regarding increases in knowledge are tentative.

However, a recent survey aimed at identifying the training needs and law enforcement agencies’ level of awareness on the topic of human trafficking can be used as a comparison. This was conducted by the Central Ohio Rescue and Restore Coalition in coordination with the Ohio Attorney General’s Office in August of 2009. The goal of the survey was to better prioritize efforts to support law enforcement efforts to prevent and combat human trafficking. Given the responses, law enforcement agencies expressed a need for training, indicating they are both unaware of the problem in their communities and how to recognize signs of a victim of sex and/or labor trafficking and/or a human trafficking business or entity. Additionally, law enforcement said that they do not understand the effects of human trafficking nor do they know how to link victims to local social service providers. Furthermore, the study revealed that law enforcement do not understand the criminal justice system procedure pertaining to human trafficking, and are unfamiliar with both Ohio and Federal laws.

Another study providing insight of the baseline levels of human trafficking awareness in Ohio is “Human Trafficking in Ohio: Markets, Responses, and Considerations’ (Wilson & Dalton, 2007). In the study the authors state, “lack of awareness, coupled with lack of resources, lack of local and federal law enforcement collaboration, lack of dedicated staff or a dedicated unit to handle trafficking cases, and lack of systematic community service provider partnerships, leads to handling potential human trafficking victims as offenders, which may partly lead to the lack of identified human trafficking cases in the jurisdiction” (Wilson & Dalton, 2007, pp. 41-42). One must take into consideration that this study was completed prior to the formation of the Central Ohio Rescue and Restore Coalition, the local response network to human trafficking in Central Ohio. Additionally, since this study, The Salvation Army of Central Ohio has developed an Anti-Human Trafficking Department offering comprehensive case management to adult victims of human trafficking and Gracehaven House serving minor victims.

Nonetheless, this study was able to assess perceptions of the seriousness of the problem, which were calculated by percentage, which is a part of gauging human trafficking awareness. Figure 6 depicts a high level of awareness; 55% of service providers are aware that human trafficking is a problem; 19% of all respondents indicated that human trafficking in Ohio is a serious problem. However, it is important to note that 25% of participants expressed that they “don’t know” whether or not human trafficking is a problem in Ohio. Additionally, 2% of respondents reported that human trafficking was not a problem in their community. As evidenced by research, there are more people enslaved today than at the height of the Trans-Atlantic Slave Trade (Lovejoy, 1989); however only 52.94% were aware that more people are enslaved today because of the hidden nature of modern day slavery. This shows that providers’ awareness of human trafficking is basic, especially in regards to the scope of the problem.
Another method for analyzing awareness of modern day slavery in Ohio is through the number of human trafficking events attended by agencies. Of the 64 respondents who answered this question, 43 have attended at least one event since 2000. The study also revealed that more than half of the participants are currently participating in anti-human trafficking activities and another nine are planning to engage. There were no responses indicating that agencies neither were currently engaged or planning to participate in activities. This suggests an elevated level of awareness toward human trafficking in the Ohio area. Twenty-three answered with “other” but no specifications were designated, thus no conclusive findings can be based on that response. This means that agencies were involved with something to do with human trafficking, but not a specific event. Thus, the response does suggest that agencies are doing other things to increase their awareness of modern day slavery or engagement with human trafficking.

Lastly, levels of human trafficking awareness can be measured by the amount of requests by agencies about training, materials, and increased involvement. Results demonstrated that most study participants are interested in receiving a variety of materials and trainings. Nearly half of respondents are interested in activities on human trafficking. Of those 64 agency representatives, 66% want to receive training and/or training materials. Furthermore, 48% are interested in being part of a network of service providers assisting trafficking victims and 23% sought to be part of a working group with law enforcement. Moreover, 74% of participants expressed interest in being
informed of upcoming workshops, lectures, symposia, and conferences on human trafficking. An increase in awareness concerning human trafficking can be ascertained.

The study question was further addressed in the examination of a lack of education around identification, needs of trafficked persons and response protocols. First, the committee explored the idea of educational needs concerning victim identification. The study found that 97% of participants (N=66) are aware that human trafficking can take many forms and victims may fall in multiple categories. Likewise, 82.35% of providers understand that human trafficking does not require movement across National or International borders. Moreover, 78.43% of respondents noted that human trafficking is not only an International issue and 68.63% agree that victims are not only immigrants from other countries.

Conversely, only 56.86% recognize the differences between smuggling and human trafficking. “Knowing how to differentiate between the two is important...because persons involved solely in smuggling are not eligible for the special immigration relief and services authorized by the TVPA” (The Salvation Army, 2010, p. 51). Smuggling is the illegal transport of persons across international borders, usually for work (The Salvation Army, 2010).

While 73.17% of respondents realize that physical force is not necessary for a person to be convicted of sex or labor trafficking; only 41 providers answered this question. This suggests that the additional ten participants did not know how to respond. With those ten providers added to the “I don’t know” responses, only 58.82% were informed that physical brutality is not a necessary component of human trafficking.

Moreover, the need for education regarding the needs of trafficked persons was examined. The results found that service providers reported that trafficking victims have multiple and wide-ranging service needs. The greatest identified needs, in order of prevalence, (N=5) were education, counseling, employment, interpretation, material assistance, housing placement (emergency and long-term), case-management, drug treatment, childcare, victim compensation, protection, emergency response, mental health, transportation, medical, legal, and 24 hour response.

The study further examined needs of trafficking victims as compared to other victims of crime. The findings (N=4) showed that while victims of human trafficking have similarities among other victims of crime, trafficked persons have unique experiences, thus needs, which should be considered when providing specific services to this population. The following depicts respondent opinions regarding the similarities and differences between needs of human trafficking victims and other victims of crime. Subjects acknowledge similarities regarding inaccessibility to care, history of physical and/or sexual abuse, neglect, and psychological issues, such as self-blame, culpability and fear. Some differences include: longer histories and increased levels of abuse and neglect, and lengths of services, language barriers, and trust issues. One participant said “because of the unique trauma experienced by victims of human trafficking, length of service may be much longer, and existing services, such as shelters, may not be appropriate.” This is important because it notes that unique services, including longer service periods and increased sensitivity, may be required because of prolonged and amplified traumatization.
Given that a small number of respondents answered these questions, the answer to the study questions needs to be further explored in other sections of the survey. In sub-section three of the survey: Barriers to Service Provision, providers were asked to identify barriers to providing services to trafficked persons. In response to this question, respondents (N=48) identified among other things a lack of knowledge about the services trafficking victims need.

The study question was further tested in section three, Barriers to Service Provision, in order to determine training needs around response protocols. Approximately 35% of service providers (N=32) expressed that the lack of organizational policies and procedures prohibited them from offering services to trafficked persons in Ohio. Furthermore, in the Collaboration Section of the survey, 9.5% of agency respondents (N=21) identified a need for developing appropriate protocols and coordinating effective first response protocols. As a whole; despite an increased level of awareness, there is a lack of education concerning victim identification, needs of trafficked persons, and response protocols.

Existing Service for Victims of Human Trafficking in Ohio

The second study question proposed by the committee addressed the lack of service providers offering anti-trafficking specific services in Ohio. The survey found, in the Service to Trafficked Persons section, that of the 45 agency representatives, only 22% of organizations have knowingly encountered trafficked persons and only 18% are currently providing services to victims of human trafficking.

The study further examined the types of services being offered to victims of human trafficking to determine specificity of services. Subject participation on this section of the survey significantly dropped after these questions. As previously noted, many of the study participants had not knowingly provided direct services to victims of human trafficking. Thus, this decline in respondents was expected as the questions became more exclusive to anti-trafficking specific services.

Nonetheless, the prevalence of services for trafficking victims was further analyzed by asking subjects about the types of services being offered internally and externally by each respondent. In order to standardize responses, participants were provided a definition for each type of general service. According to the survey, prevention includes information and awareness raising campaigns, health and other specific prevention measures. Basic Assistance was defined as low threshold services: social assistance and inclusion, vocational guidance and training/work insertion, local community work, and specific return and reintegration measures. Lastly, the training of key-players, measures aimed at the organizational structure, self-evaluation, networking and research were included in the professional development category. Participants were asked to select the type(s) of services being offered by their agency to trafficked persons: prevention, basic assistance, and professional development. Only twelve participants responded to the question concerning types of services being offered in Ohio. Several providers offer services in more than one category of service provision, thus totals do not equal 100% or ten. Of the respondents, 80% provide direct assistance, 30% prevention, and 20% professional development.
In response to anti-trafficking specific services to victims in Ohio, the response rate decreased to five respondents. Consequently the survey results may not provide an accurate representation of services available to victims of human trafficking in Ohio. The survey results showed that there is only one service provider targeting services to minor victims of human trafficking while there are four agencies targeting adult victims in Ohio.

The decrease in respondents coupled with the study results evidence that there are not enough service providers in Ohio equipped to meet the specific needs of human trafficking victims. With each question the number of participants decreased; 12 agencies encountered victims, 10 organizations served trafficked persons, and only 5 offered anti-trafficking specific services in Ohio.

The study question aimed at addressing existing services to trafficked persons was further tested by comparing the identified needs of trafficked persons to those services being offered by agencies to determine gaps in services for victims of human trafficking in Ohio. According to the findings (N=5), the most needed services with the fewest resources available are (in no particular order): 24 hour response line, spiritual services, legal advocacy, public benefits, residential programs, transportation, drug treatment, self-help groups, case management, emergency housing, material assistance, interpretation, and employment services.

**Barriers to Service Provision for Trafficked Persons**

Respondents identified key barriers to their ability to provide services to trafficked persons, as well as victims’ ability to access services. As noted below, there are many obstacles for both service providers and trafficked persons in Ohio. The key barriers identified by respondents (N=48) are listed in order of prevalence: lack of funding/resources (60%), lack of training/information about human trafficking (52%), lack of knowledge about the services trafficking victims need (52%), not knowing how to identify victims (50%), lack of knowledge how to identify victims (44%), and lack of organizational policies or procedures (35%).

On the other hand, agency representatives were asked to report barriers for clients to access services based on field experience. Respondents (N=48) identified lack of knowledge about available services as the greatest barriers to receiving services. In order of most common responses, the following were acknowledged barriers lack of knowledge of available services (98%), fear of violence against self or family, lack of community human trafficking awareness, and shame/embarrassment (92%), held in captivity (90%), and lack of knowledge of victim’s rights (90%). As exemplified in the findings, victims of human trafficking in Ohio face many barriers to accessing services. Thus, based on the survey findings, there are two types of service barriers in providing assistance to trafficked persons in Ohio; provider and client based obstacles are present.
Barriers to Service Provision for Trafficked Persons

<table>
<thead>
<tr>
<th>Service Providers</th>
<th>Client</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Lack of funding/resources</td>
<td>• Lack of community awareness about the issue of human trafficking</td>
</tr>
<tr>
<td>• Inability to identify victims</td>
<td>• Lack of knowledge of victim’s rights</td>
</tr>
<tr>
<td>• Lack of knowledge about the services trafficking victims need</td>
<td>• Lack of support</td>
</tr>
<tr>
<td>• Lack of information/training about human trafficking</td>
<td>• Shame/embarrassment</td>
</tr>
<tr>
<td>• Lack of organizational policies/procedures</td>
<td>• Language barriers</td>
</tr>
<tr>
<td>• Inadequate staffing</td>
<td>• Safety concerns</td>
</tr>
<tr>
<td></td>
<td>• Location/Transportation</td>
</tr>
<tr>
<td></td>
<td>• Lack of trust in the system</td>
</tr>
</tbody>
</table>

Table 2: Barriers to Service Provision for Trafficked Persons

Needed Assistance to Provide Effective Services to Human Trafficking Victims

Given the needs of trafficked persons coupled with the barriers to services the study is focused on whether agencies collaborate with other providers. To determine the need for multi-disciplinary collaborative efforts in effectively serving trafficked persons in Ohio two questions were asked.

First, according to respondents (N=21) organizational needs were outlined in order to provide successful services to victims of human trafficking in Ohio. Table 4 reflects the responses of the needs among agency representatives to alleviate obstacles to service provision. When asked about the needs of service providers to better help trafficked persons, the committee identified some common themes. Approximately, 52% of respondents requested increased education and training. Through increased education and awareness, service providers will be able to identify victims of human trafficking and understand their needs which will afford better services. Additionally, with education to victims, clients will become aware of their rights and available services in the community. Moreover, 29% stated the need for greater awareness, while 19% asked for more funding and resources.
<table>
<thead>
<tr>
<th>Question 1: What does your organization need to help you do a better job in providing services to victims of human trafficking? (N=21)</th>
<th>Question 2: Based on your experiences, what assistance would other agencies need to improve the service(s) they provide to trafficking victims? (N=21)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal training and coordination</td>
<td>I haven't had that much experience outside of my office</td>
</tr>
<tr>
<td>I would like to work public awareness into our programming, especially since we are a community organization that serves a neighborhood that is recognized for its chronic poverty.</td>
<td>More training on cultural and victim issues. More staffing to address problem and more coordination between agencies.</td>
</tr>
<tr>
<td>Education</td>
<td>Awareness, money, patience.</td>
</tr>
<tr>
<td>More awareness in student body of immediate actions they can take.</td>
<td>I don't have enough knowledge on trafficking victims' needs or current services provided to respond to this question.</td>
</tr>
<tr>
<td>Information on how to identify potential victims who present for treatment.</td>
<td>To be aware and alert that it is happening closer than they realize.</td>
</tr>
<tr>
<td>Organize a team to raise awareness about the issue.</td>
<td>Financial, trafficking being defined as a higher priority than it currently is.</td>
</tr>
<tr>
<td>Awareness is a big start. Information!</td>
<td>Funds for training</td>
</tr>
<tr>
<td>Coordination of law enforcement awareness of human trafficking and prosecution of human trafficking. Public awareness for reporting suspected human trafficking.</td>
<td>Technical assistance training from Salvation Army and Gracehaven House to address the aforementioned needs in the earlier question. We need to address one of the roots of human trafficking in relation to oppression centering on power.</td>
</tr>
<tr>
<td>Funds for training</td>
<td>More education, knowledge of needs of trafficked victims and who they really are.</td>
</tr>
<tr>
<td>Send me to more trainings by CORCC/other organizations on how to provide culturally sensitive advocacy services to survivors of human trafficking, how to coordinate an effective first response to survivors of human trafficking, and how to develop appropriate services and protocols.</td>
<td>Most agencies need training on recognition and how to meet the unique needs of trafficking victims.</td>
</tr>
<tr>
<td>We are not aware of the issue or how it impacts the lives of Deaf people in America. Any information about this would be helpful.</td>
<td>More knowledge and training on victims' rights</td>
</tr>
<tr>
<td>Learning about role this state agency can play to support efforts</td>
<td>Trainings</td>
</tr>
<tr>
<td>Safer location and building</td>
<td>More awareness.</td>
</tr>
<tr>
<td>Greater funding so that we can open our shelter and hire the necessary staff.</td>
<td>Identification and letting the victim know they will be safe and hopefully not deported. Even though efforts are great on spreading the work of what human trafficking is, I still feel a lot of people do not fully understand and thus are not willing to self-identify.</td>
</tr>
<tr>
<td>More training on how to define and assist trafficked individuals</td>
<td>HT 101 training, trauma informed services training, cultural competency training, access to best practices and resources.</td>
</tr>
<tr>
<td>More time spent in the community in order to recognize human trafficking victims. Training. How to spot it. More training on this topic.</td>
<td></td>
</tr>
<tr>
<td>Educate on what human trafficking is so people could help identify potential victims.</td>
<td></td>
</tr>
<tr>
<td>Funding for case management staffing, access to residential treatment, access to trafficking/trauma-informed counseling, legal services for clients</td>
<td></td>
</tr>
</tbody>
</table>

Table 3: Agencies’ Needs to Provide and Improve Services
Similar to the trends identified in barrier alleviation, Table 4 shows that agency representatives noted some ideas that may be helpful in providing services to victims of human trafficking. Forty-eight percent of participants requested training on the issue of human trafficking, as well as ways to recognize victims and respond to situations. Moreover, 24% of respondents commented that greater resources and funding would be helpful in providing services. Ten percent also noted the need for coordination between social services agencies and law enforcement to overcome barriers and provide effective services to trafficked persons.

In addition, in the sub-section regarding services to trafficked persons, the results (N=5) showed that most respondents find that with their existing resources coupled with the help of other service providers, adequately meet the needs of trafficking victims. Two reported having difficulty meeting the needs of trafficked persons and one said they were able to meet some needs but not others.

The ability to adequately meet the needs of trafficked persons through stabilization among the five Ohio organizations providing specific services to this population was accomplished through a variety of services. The respondents were asked to report the percentages of individuals stabilized through agency programs. These percentages are summed in the following findings. According to the survey findings, stabilization was achieved through safe housing (55%), permanent resident status (23%), employment/education (5%) and other methods (17%). The stabilization methods used demonstrate the need for multi-disciplinary collaboration. For example, without the contribution of lawyers, clients would not be able to attain permanent resident status. Similarly, education is not possible devoid of teachers, tutors, and other educators.

This multi-discipline approach was further explored by asking respondents about any collaborative efforts occurring across service providers. A list of agencies/organizations and the proportion of respondents reporting collaborating with such entities for the purpose of better serving trafficking victims are shown in Figure 6. The primary collaborative partners among respondents (N=18) are advocacy organizations (67%), followed by faith communities (61%) and social workers (56%).
Based on the key findings depicted in Table 5, recommendations concerning future research and practice can be made in order to adequately and effectively meet the unique needs of trafficked persons. With increased knowledge comes increased responsibility; understanding the scope of the problem of human trafficking requires action. As denoted in the study, human trafficking awareness has increased, but service providers are in need of training in order to increase capacity to serve trafficked persons. Additionally, the survey identified only five service agencies in Ohio currently providing services to trafficked persons, exposing a large gap in services. Moreover, the study found that barriers to service provision exist for both the service provider and the client. Lastly, the study indicated the need for multi-disciplinary collaboration is essential for effectively serving trafficked persons in Ohio.

Figure 5: Collaborative Partners
Key Findings

While human trafficking awareness is increasing, there is still an overwhelming lack of education concerning identification, needs of trafficked persons, and response protocols.

There are not enough service providers in Ohio equipped to meet the specific needs of human trafficking victims.

There are two types of barriers: provider and client based.

There is a need for multi-disciplinary collaboration in order to effectively meet the needs of trafficked persons in Ohio.
Chapter 4: Discussion and Implications

To reiterate, the main purpose of this study was to assess the levels of human trafficking awareness, service availability, and barriers to service provision in the Ohio region. The needs assessment only begins to systematically explore the purposes of the study. Through this study, gaps have been identified concerning human trafficking awareness and services. The results will enable Ohio communities to better prioritize efforts to better serve victims of human trafficking.

Level of Human Trafficking Awareness amongst Service Providers in Ohio

The study’s findings provide information about the current level of awareness among a sample of Ohio service providers. There were two prior similar studies, as previously noted in the Literature Review. One study (Wilson & Dalton, 2007) found that there was little knowledge of human trafficking in Ohio in regards to awareness, resources, collaboration, staff and systematic community service provider partnerships. The second study (Central Ohio Rescue and Restore Coalition & Ohio Attorney General, 2009) aimed at law enforcement awareness, discovered that law enforcement personnel are unaware of human trafficking, as well as how to recognize or respond to the problem. Based on this study’s findings, it appears that there was an increase in awareness as compared to what those studies found.
It was determined that while the majority (55%) of service providers is aware that human trafficking is a problem in Ohio, there is a need for training regarding identification, needs of trafficked persons, and response protocols. This is evidenced in the human trafficking awareness, barriers, and collaboration sections of the survey. Of particular note is that 20% of participants stated that they didn’t know whether or not human trafficking is a problem in Ohio. This is an indication of the lack of awareness about the issue of human trafficking. Additionally, 2% of respondents reported that human trafficking was not a problem in their community. Human trafficking is a growing problem and research (Huckleberry House, 2008, National Runaway Switchboard, 2008; The Salvation Army Database 2010, Williamson, 2010) suggests that many victims of this insidious crime reside in Ohio. Thus, service providers need to be aware of its existence in order to fight the injustice and bring about recovery and support in Ohio communities. Turning a blind eye (as a result of ignorance and silence) to the problem only encourages this type of vicious behavior. It is imperative to recognize that children, men, and women are being exploited by means of force, fraud and coercion in Ohio in order to put an end to this horrific crime. In addition, the results demonstrate the need for training concerning the magnitude of the problem. Until funders and providers view the enormity of human trafficking in Ohio, there will continue to be a lack of funding and resources, including a lack of anti-trafficking specific service providers in the community.

Identifying Victims of Human Trafficking in Ohio

A little over a half of the respondents recognize the differences between smuggling and human trafficking. This indicates a need for additional training regarding such differences. “Smuggling is a criminal activity whereby persons illegally transport others across international borders for work or other reasons” (The Salvation Army, 2010, p. 51). Numerous individuals agree to be smuggled into a country, often paying a fee. However, once these persons are held against their will and the use of force, fraud, and/or coercion is present to retain them for the purpose of exploitative sexual or labor services, they become victims of human trafficking (The Salvation Army, 2010).

On the other hand, the majority of participants are aware that human trafficking can take many forms and victims may fall in multiple categories. Likewise, the majority of providers (N=67) understand that human trafficking does not require movement across National or International borders. This is important for identifying domestic trafficking victims. “It is critical to note that any individual can be trafficked; victims of trafficking are not always undocumented immigrants. They may be immigrants here legally, on work or student visas for instance, or they may be U.S. citizens. U.S. Citizens who are recruited and enslaved within the United States are considered trafficking victims” (International Association of Chiefs of Police, 2007, p.5). For example, a victim can grow up on the East side of Columbus, never move, and be trafficked on the East side of Columbus. These victims are often overlooked because of the lack of movement, thus the participants’ understanding of this is critical in identifying domestic victims of human trafficking.

While 79% of respondents realize that physical force is not necessary for a person to be convicted of sex or labor trafficking; only 67 providers answered this question. This suggests
that the additional ten participants did not know how to respond. With those ten providers added to the “I don’t know” responses, only 58.82% were informed that physical brutality is not a necessary component of human trafficking. This is crucial for identifying victims of human trafficking because many service providers may overlook a person if there are no signs of physical abuse, when in fact; this is not a necessary component of human trafficking. As outlined in the TVPA (2000), the three key elements of human trafficking are force, fraud, and coercion. These are methods used by persons to exert power and control over victims. While force is the most powerful and obvious method to control and exploit trafficking victims (The Salvation Army, 2010), fraud and coercion are also utilized through deception, false promises, and emotional manipulation. To reiterate, it is not necessary to have all three elements to be considered a human trafficking case, only one must be present. Therefore, in order to successfully identify victims of human trafficking, service providers must be trained to recognize fraud and coercion as well.

These findings are important for two reasons. First, understanding that human trafficking takes many forms, at times even, including human smuggling will enable providers to better identify persons being exploited for labor or sexual purposes (International Association of Chiefs of Police, 2007). Second, it will help providers to effectively serve trafficked persons individually rather than using a universal protocol (Clawson & Dutch, 2007; Zimmerman & Watts, 2003). Given the clandestine nature of human trafficking, it is important to provide education on the nature of the trafficker. In American entertainment, pimps can be viewed as role models and heroes, but the reality is that pimps are traffickers; 51% of participants understand that the terms are synonymous. Traffickers use a variety of control tactics, including physical abuse, isolation, sexual abuse, financial control, emotional abuse, dynamics, and intimidation tactics. Nonetheless, victims “cope by instilling an emotional dependence (on the trafficker), which effectively prevents a victim from leaving the situation” (The Salvation Army, 2010, p. 56). Moreover, traffickers coach victims to tell fake stories in order to protect themselves from legal ramifications. As a result of the rehearsed stories, many victims go undiscovered. However, education about the nature of the trafficker may provide further insight into suspicious activity resulting in the identification of hidden, frightened, and dissociative victims. Furthermore, by identifying traffickers more victims may be discovered because most traffickers have more than one victim under their control.

Existing Services for Victims of Human Trafficking in Ohio

The survey results were inconclusive when examining current services for victims of human trafficking in Ohio because of the low response rate for this section of the study. This low response rate may be due, in part, to the design of the online survey instrument. As mentioned above, the service provision section was only open to service providers with direct experience consciously working with victims of human trafficking. Thus, only five agencies reported providing specific anti-human trafficking services to trafficked persons. The findings demonstrate that there are vast service gaps for providers in Ohio. Five organizations cannot fill the dearth of services needed to effectively serve trafficked persons in the Ohio area. According to Clawson, Small, Go, & Myles (2003), “trafficking victims’ case take longer than domestic violence victims’ cases; one trafficking case is about as much work at 20 domestic violence cases” (p. 19). That is, with only five organizations providing assistance to trafficked persons in
the Ohio area, there is clearly a large gap in service opportunities for victims. According to the Ohio Attorney General’s Human Trafficking Study Commission Report there are approximately 1,800 victims identified as residing in Ohio (Williamson, et.al, 2010). Further, since 2008, 52 victims have been served in the Ohio area alone.

Thus, given the small number of agencies responding to the needs of trafficked persons in the Ohio area, the majority of victims are not being helped to start a process of recovery and support. It is imperative to increase service capacity for trafficked persons to ensure needed services and to ensure that adequate supports are provided to enhance the recovery process for victims of this traumatic crime.

*Increasing Capacity with Existing Services*

The study shows that only 7.14% of respondents provide services specific to ethnic communities in Ohio. This is an important finding given that immigrant communities are at great risk of being trafficked (Davis, 2006; Silver, 2008; The Salvation Army, 2010; Williamson, 2010). Concurrently, the study revealed that only 5.36% of survey participants offer interpreting services, which are essential when serving foreign victims as well as members of many immigrant groups (M. Hannan, personal communication, January 9, 2010). The provision of human trafficking training to organizations currently serving ethnic communities in Ohio may increase capacity to serve trafficked persons.

Additionally, the study demonstrates that there is only one trafficking-specific minor service provider in Ohio. Nonetheless, agencies reported that their agency worked with children and youth (16%). While not a large percentage of providers, this demonstrates the potential for expanding such services with necessary human trafficking training. Thus, more agencies could play an integral role in providing needed services to minor victims of human trafficking in Ohio. According to Mary Richie, a member of the Kentucky Rescue and Restore Coalition, although it would be ideal to have specific providers with a primary focus on human trafficking, targeted training to other agencies can help fill present service gaps (M. Richie, personal communication, June 21, 2009). Agencies that provide services for adult victims of human trafficking understand that these adults entered the sex industry as a minor (U.S. Department of Justice Child Exploitation and Obscenity Section, 2008). Service providers can learn from this and place a higher priority on youth focused prevention, which can eliminate the need for assistance when children progress into adulthood. Additionally, prevention measures are the most cost effective. Education about the dangers of trafficking ideally generates enough awareness that keeps youth away from situations that result in trafficking, thus eradicating the need for later spending on basic needs, housing, education, job training, and counseling. Moreover, both adults and children are funneled into the criminal and juvenile justice systems, costing the local and state government resources. Rather, if offered restorative services, these victims can be offered an opportunity to contribute to society.

Similarly, this study found that 18% of respondents were from organizations offering services to victims of crime and domestic violence. Such agencies can also be trained to serve trafficked persons in Ohio communities. This would potentially double the capacity to serve trafficked persons from 18% to nearly 36%. Research (Clawson, Small, Go, & Myles, 2003; The Salvation Army, 2010).
Army, 2010) indicates that while many differences exist, victims of human trafficking and domestic violence have several similarities. Therefore, the transition to include services to trafficked persons for domestic violence agencies may be easier than among other service providers.

By comparing provided assistance with needed services, disparities are revealed. The identified gaps enable Ohio communities to determine the capacity to serve trafficked persons. As noted in the study and research (Clawson, 2007; Silver 2008; The Salvation Army, 2010), the needs of trafficked persons are diverse and wide-spread. Thus, incorporating existing service providers is an effective method for increasing capacity to adequately address the diverse needs of trafficked persons.

**Varying Needs of Victims Based on Characteristics**

Client needs vary based on trafficking situations and client demographics. This is important for identifying the needs of trafficked persons and providing effective training to service providers. One study question focused on potential needs for such training. By examining varying needs of victims of human trafficking based on characteristics, service providers will be able to both identify and adequately meet individual needs.

For instance, minors have different needs than adults. According to Dr. Jeff Barrows, founder of Gracehaven House, an organization founded to provide shelter and rehabilitation to girls under the age of 18 who have been victims of commercial sexual exploitation, minors have a greater need for residential programming since children are unable to live independently (J. Barrows, personal communication, March 13, 2010). Furthermore, minors may need educational services in order to attain a High School Diploma, whereas adult victims may have a greater need for vocational training and job placement services (M. Hannan, personal communication, March 13, 2010).

Likewise, country of origin can have a major impact as to what kinds of services are needed by clients. The study identified the percentages of U.S. citizens (83%) served by Ohio agencies as compared to foreign nationals (17%). Therefore, service providers will need to be equipped to provide services appropriate for U.S. citizens. For example, U.S. citizens may need help in attaining a driver’s license or birth certificate rather than immigration legal documents. Moreover, domestic victims may need assistance in accessing public benefits, such as food stamps or Medicaid as compared to refugee benefits for foreigners (M. Hannan, personal communication, April 12, 2010). Moreover some ethnic groups refuse treatment that includes Western medicine or therapy and would rather receive treatment through other means that replicate services in their home countries. Understanding these differences are critical in providing effective services to trafficked persons.

The study also provides insight into the types of services that may be most needed in Ohio when working with foreign victims of human trafficking. For example, while respondents reported that the majority of clients have legal permanent residency or a T-Visa indicating legal status in the United States, 50.33% of victims are in need of legal representation. Hence, foreign nationals will most likely be in need of legal services, interpretation, translation, and access to refugee benefits. Foreigners may also benefit from services concerning legal rights and cultural
education. Additionally, foreign national victims are in need of legal services to attain legal status in the United States and documentation (M. Hannan, personal communication, April 12, 2010).

Another demographic attribute that alters the services needed by a victim of human trafficking is gender. Males and females have distinctive mindsets, motivations, and unique needs. Therefore, services specific to male victims of human trafficking differ from females. Moreover, because of past abuses, service providers of the opposite sex often trigger one another, which may delay client restoration if gender specific treatment is not considered (M. Hannan, personal communication, May 2, 2010).

Additionally, demographic characteristics may determine the mode of stabilization used for an individual. The study found that the most common means of stabilization was safe housing (55%); which is expected since safe housing is an immediate need and is to providing restorative services to trafficked persons in Ohio (Clawson, 2007; The Salvation Army, 2010). Furthermore, the study found that the majority of clients served by Ohio providers have been adult, domestic victims. This population is more likely to have rent and employment history, as well as identification enabling them to be stabilized more easily and quickly through housing placement, as opposed to foreign victims stripped of all identification.

Likewise, respondents reported that stabilization is attained by permanent resident status for 23% of clients served, which is imperative for foreign victims to remain in the country (A. Allen, personal communication, April 28) and is therefore a logical means of stabilization. Additionally, subjects reported “other” (17%) and employment/education (5%) as ways to achieve stabilization. Respondents did not specify approaches to stabilization under “other”. However based on identified needs and services from previous questions, it is assumed that organizations used services such as material assistance, advocacy, and life skill training. A low response rate selecting stabilization through employment/education was anticipated given that the majority of victims have a previous criminal history (because of their activities when involved with human trafficking) making it difficult to employ. Moreover, locating employment for foreign victims can be difficult given language and cultural barriers coupled with lack of proper paper work and societal prejudices. Thus, because victims of human trafficking are from all ethnic and cultural backgrounds and present with varying needs that require individualized attention and service planning, providers must be equipped to offer a myriad of services for a variety of populations.

**Types of Trafficking and Specific Needs of Potential Clients**

The type of trafficking situation alters the kinds of services needed by clients, too. The study identified the percentages of clients served in Ohio by type of trafficking situation. According to the survey respondents, sex trafficking is the most common type of human trafficking in Ohio. Of the clients served by respondents, 48.2% were sex trafficking victims, 28% were labor trafficking victims, and 3% were trafficked for both labor and sex purposes. While all victims experience acts of violence, the types of abuse can vary across situations. For example some victims experience psychological abuse, where as other encounter physical abuse and others are sexually abused. Clawson (2008) found that sex trafficking victims were in the greatest need for
legal, medical, and information/referral services, whereas, labor trafficking victims identified advocacy and medical services as the greatest needs. Additionally, sex trafficking victims suffer different health and mental health consequences than labor trafficking victims. According to Aron, Zweig, & Newmark (2006), when interviewed immediately after a rescue, “sex trafficking victims needed gynecological care and often treatment” (p.12), this may be less the case for labor trafficking victims. Thus, based on this study’s results it is clear that there is a need for a wide spectrum of services given the various types of human trafficking that potential clients have experienced.

**Amount of Services Needed across Types of Victim**

Lengths of services for victims of human trafficking also vary based on demographic attributes and types of human trafficking (Clawson, 2007; The Salvation Army, 2010). This study found that the overwhelming majority of respondents indicated “don’t know” to the question “What is the average length of service provided to victims of human trafficking?” This could be due to several factors. First, it could be that respondents have not dealt with any or with very few victims of human trafficking. Second, the response suggests a general lack of knowledge around the issue, especially given that services to trafficked persons are relatively new in Ohio. Therefore, representatives may be unsure as to how long clients need services.

**Barriers to Service Provision for Trafficked Persons**

In determining the barriers to service for trafficked persons, the committee examined barriers both for service providers and clients. As theorized, lack of funding and resources were the greatest barriers for service providers. Additionally, lack of knowledge of services and basic human trafficking information were identified barriers to service. “Shared Hope International (2002) found misidentification of the victims to be the primary barrier to the rescue and response... (this) causes a chain reaction of negative outcomes (p.5).” The article further states that only awareness and education coupled with appropriate treatment and approach can remedy this misidentification (Shared Hope International, 2002). Therefore, by educating service providers about the realities of human trafficking and providing them with a matrix of available services, barriers may be reduced.

Conversely, this study did not indicate lack of staffing because only 28% identified this as a barrier to service provision. The survey identified the greatest client barriers as lack of knowledge about available services, victims’ rights, and community awareness about the issue of human trafficking. These identified barriers support the idea that there is a lack of service providers in Ohio offering trafficking specific services. Once there are more service providers in Ohio, future research could test if barriers continued to exist. Likewise, it is possible that, fear of deportation and of traffickers, as well as shame, and cultural issues contribute to this situation.

**Needed Assistance to Provide Effective Services to Human Trafficking Victims**

The above mentioned barriers to service provision will play a significant role in determining the assistance needed to effectively serve trafficked persons. More than half of this study’s respondents indicated the lack of funding and resources as the greatest barrier to providing
services to trafficked persons. Therefore, increased funding and resources for agencies and clients is one type of needed support. Another recognized barrier is the lack of organizational policy and procedure around encountering victims of human trafficking. Thus, creation and implementation of such procedures and policies are needed to provide adequate services to trafficked persons.

Lastly, increased coordination is required to assist persons who have been exploited for sexual or labor purposes because of the complex needs demonstrated by this population (Aron, Zweig, & Newmark, 2006; Caliber, 2007; Clawson, 2008; The Salvation Army, 2010). While not directly found in the survey results, many services being provided to victims of human trafficking are cross disciplinary in nature. For example, there is a need for a case manager, lawyer, and law enforcement personnel to pursue legal matters. The study discovered a need for collaborative partners in effectively serving trafficked persons in Ohio.

Limitations

There are several limitations of the study. First, as previously discussed, a combination of sampling methods was used including availability sampling. Moreover, snowballing was utilized, which is subject to biases, such as the committee’s ability to network, and the lack of definite knowledge concerning the service provider population. Furthermore, snowball sampling does not necessarily represent accurate representation of all service providers who might have contact with victims of human trafficking (Rubin & Babbie, 2008).

An additional limitation is the construction of the survey by the committee. The lack of research and psychometrically created survey instruments affords more chance for committee error in developing the tool. A more rigorously psychometrically tested instrument would have provided more accurate information about sample respondents, provided clearer guidelines for responding, and shed greater insight into the needs and services of Ohio providers with regard to human trafficking. Specifically, the service subsection of the survey was designed only for subjects presently offering services to trafficked persons. Thus, results are very limited and may result in an inaccurate representation of services available to victims of human trafficking in Ohio and identified needs of trafficked persons.

The type of study, an exploratory study, is also a limitation. According to Rubin & Babbie (2008), “the chief shortcoming of exploratory studies is that they seldom provide satisfactory answers to research questions. They can only hint at the answers and give insight into the research methods that could provide definitive answers” (p. 137). In other words, the study provides recommendations, areas for future research, and information concerning awareness of human trafficking and services to trafficked persons. However, it does not provide concrete action steps to increase human trafficking awareness, decrease barriers to service, and increase collaboration among service providers.

Lastly, the committee’s personal experience in working with victims of human trafficking biased the study. Although the questionnaire was adapted from other sources, it was changed to reflect the needs of Ohio based on the committee’s field experience. Moreover, the discussion, recommendation, and areas for future research sections of this paper reflect the examiners
personal familiarity of the issues and needs of service providers in the community. To minimize committee bias, a quantitative study was conducted. Nonetheless, anecdotal information and practice wisdom from service providers are useful resources in informing what kinds of questions and surveys should be included (Clawson, Small, Go, & Myles, 2003; Silver, 2008).

**Recommendations**

As the study demonstrates there is a need for increased levels of awareness and service provision for persons impacted by human trafficking in Ohio. Table 6 illustrates the committee’s recommendations based on the study findings. First, it is suggested for those agencies currently providing services to victims of human trafficking to create an advanced training program for other providers in the community interested in serving this population. Such training needs to include several components, such as: human trafficking “basics” and the red flags of human trafficking. Providers must be knowledgeable about common indicators of human trafficking in order to identify and service victims. According to the International Association of Chiefs of Police (2007), “in situations of possible human trafficking, victim identification can be one of the most challenging tasks for law enforcement” (p.5). Further, once identified, it is imperative to equip service providers with the knowledge to assess and assist trafficked persons. Therefore, the trainings need to incorporate information on conducting comprehensive assessments of victims, accessing help, and knowledge of existing response and service protocols. Moreover, the importance of collaboration and existence of a service matrix in order to meet the complex needs of victims should be discussed in the training. The trainings should be offered to service providers in order to increase identification and service capacity, as well as to, ensure effective services.

Parallel to training, it is recommended that communities develop a response protocol, service matrix, and standards for practice. These tools will enable providers to monitor the availability and effectiveness of service. A response protocol outlines steps of service provision from the point of discovery through the implementation of a service plan, which would include a multi-disciplinary team. An existing service matrix will further increase the ability to meet the needs of trafficked persons more quickly. Due to the diversity of potential trafficking situations, Ohio agencies should take steps to prepare a wide range of service provisions given the numerous and various needs that survivors often present with. Additionally, because of the nature of human trafficking, the need for services may arise with short notice, thus having immediate services available for trafficking victims are critical. Moreover, it is critical to determine the number of trafficked persons in Ohio in order to increase capacity and effectiveness, while securing funding and community support. Thus, it is recommended that a human trafficking database be created in order to count the number of victims of human trafficking who are identified and served in Ohio.

Third, funding for safe, therapeutic, trauma-informed services for survivors of sex and labor trafficking and direct client assistance funds (for rent assistance in supportive housing centers and counseling sessions) are crucial in meeting the complex needs of survivors. However, with limited funding streams, it is important to note the most-effective, least-expensive type of anti-trafficking specific service; anti-trafficking specific case management services. According to research (Aron, Zweig, & Newmark, 2006; Caliber, 2007; Clawson & Dutch, 2006; Council of Europe, 2008), case management provides benefits not only to the victim, but also to the stakeholders involved. Furthermore, the primary objective of a case management program is to
assist trafficked persons in stabilization and restoration (Clawson & Dutch, 2007; The Salvation Army, 2010). Case management programs provide personal support and assistance in accessing human trafficking related services. According to the United States Council of Catholic Bishops (2009), “service needs of survivors of trafficking are best met through a multi-disciplinary approach, coordinated by the client’s case manager” (p.4). Therefore, it is imperative for the anti-trafficking case management program to be effectively linked with a multi-disciplinary team trained to provide specific services to victims of human trafficking. The goal of case management programs is to offer freedom from abuse and exploitation while offering restoration to the victims through enhanced dignity and positive view of self (The Salvation Army, 2010). An increase in funding and resources will enable service providers to better advertise services and have comprehensive and consistent services available for clients.

### Recommendations

#### Advanced Training

- Human trafficking basics
- Red flags of human trafficking
- Identification characteristics
- Strategies for assessing and assisting victims

#### Equip Providers with Needed Tools

- Response protocol
- Service matrix
- Practice standards
- Create human trafficking database in order to better count victims

#### Funding/Resources

- Safe, therapeutic, trauma-informed services for survivors
- Case management
- Direct client assistance

Table 5: Recommendations

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**Future Research**

Through this study, it has been made evident that allocating resources to organizations providing services to trafficked persons needs greater prioritization in Ohio. However, due to the lack of respondents in the service sub-section of the survey, it is difficult to determine which types of services are of greatest need. Thus, future research will need to have a larger sample of respondents, including both service providers and survivors of human trafficking, in order to
better determine needed services and existing services. Such information can assist communities to identify the current capacity and gaps in services and is invaluable for determining the appropriate allocation of future funding.

Moreover, future research regarding such services will help to clarify what types of trafficking situations exist and demographic characteristics exist, and what kinds of services are needed in Ohio. As previously noted, it is important to understand that trafficked persons come from a variety of situations, with different socio-economic statues, histories, states of physical health and mental health, and cultures. However, over time trends begin to emerge among population subgroups within victims of human trafficking in Ohio. For that reason, future research needs to focus on specific subgroups and circumstances known to exist across those victimized by human trafficking. Additionally, it would provide greater insight into service prioritization by these subgroups of trafficked persons. Future research about such subgroups is critical in developing successful program models specific to certain populations in Ohio at risk for human trafficking.

Another area of future research centers on the issue of barriers to service for both the service provider and the client. Given that most agency representatives who completed the barriers section of the survey have not provided trafficking specific services, further exploration of barriers identified by trafficking service providers would provide greater insight into the mindset of the victim. Moreover, the results may offer understanding regarding many agencies’ apprehension to providing services to this population. Additionally, the survey participants should be expanded to include survivors of trafficking in order to better represent the barriers of service provision based on their personal experiences.

Lastly, future research should focus on methods of stabilization for victims. Such research would afford awareness of interventions that are effective means of restoration and enhanced dignity. This study only briefly touches on means of stabilization for trafficked persons. However, future research exploring thriving stabilization techniques would positively impact service utilization in Ohio.
References


Appendix: Survey Questions

**Human Trafficking in Ohio**

The main purpose of the study is a needs assessment regarding human trafficking. This study will assess the level of human trafficking awareness, service availability, and barriers of service provision to better prioritize and improve services to those impacted by human trafficking. The results from this survey will help to identify existing services to victims of human trafficking in Ohio and identify gaps in services.

Your participation is voluntary, you can refuse to participate or withdraw at any time without penalty or repercussion and your answers will be kept completely confidential. All your information is anonymous and will be complied to help further our research about human trafficking.

The researchers will assure the following in order to protect confidentiality of the information you provide. Only Dr. Joe Guada and Trisha Smouse will have access to information that could identify individuals. Your responses to these questions will be reported only in aggregate and will never identify you as an individual. Your participation in this evaluation is completely voluntary. You may decline to participate in the study or withdraw your participation from the study at any time without consequences or penalties. The survey will take approximately forty-five minutes to complete.

**Thank you for your interest in our study.**

If you have any questions during or after the study, please contact us: Dr. Joe Guada at 614.247.8967 or guada.1@osu.edu or Trisha Smouse at 937.207.3914 or smouse.3@buckeyemail.osu.edu.

Please check the box below if you would like to continue with this survey.

☐ I willingly consent to taking this survey.

Thank you for participating in our survey. Your feedback is important.
Section 1: Demographic Information

The following questions focus on basic demographic information about your organization. Please answer the following questions as completely as possible.

1  What is your job title?

2  What is the name of your agency?

3  How many years have you worked at this agency?

4  What type of agency do you represent? (please check all that apply)
   - Refugee/Immigrant Services and/or Advocacy
   - Domestic Violence Services and/or Advocacy
   - Sexual Assault Services and/or Advocacy
   - Health Care Provider
   - Community Based Organization
   - Ethnic Community-based Organization
   - Religious Organization
   - Social Service Agency
   - Immigration Legal Assistance Provider
   - Interpreter Services
   - Migrant Worker/Labor Rights
   - Homeless Shelter
   - Children Services Organization
   - Youth Organization
   - Crime Victims Services
   - Other (please specify)

5  How many people work for your agency? (please check one answer only)
   - 1-5
   - 6-10
   - 11-30
   - 31+

6  What areas of the state do you serve?
   - Statewide
   - Multiple counties
   - Single county
   - City/Town
   - Community
6a If not statewide, please list counties/communities that you serve

7 How do you inform the community of your programs and/or services? (please check all that apply)

☐ Media Advertising
☐ Informational Poster/Brochures
☐ Word-of-mouth
☐ Local 211
☐ Outreach in community events
☐ No information/outreach activities
☐ Other (please specify)

8 What languages do your agency staff speak? (please check all that apply)

☐ English
☐ Spanish
☐ Chinese
☐ Russian
☐ Vietnamese
☐ Somali
☐ Other (please specify)

9 What target populations does your agency serve?
Section 2: Human Trafficking Awareness

This section addresses your agency's level of human trafficking awareness.

1. In your opinion, how serious of a problem is human trafficking in the community that you serve?
   - Not a Problem
   - Not So Serious
   - Serious
   - Very Serious
   - Don't Know

2. In your opinion, are the following individuals’ victims of human trafficking? Select Yes, No, or Not Enough Information
   - An under-aged girl forced into prostitution
   - A factory worker laboring in unsafe conditions
   - An agricultural worker earning slave wages
   - A prostitute working off her debt to her pimp
   - A domestic helper forced to work 14-hour days
   - A foreign worker smuggled into the country
   - An individual traded by a family member for goods or services

3. Since 2000, have you participated (either attended or presented) in any of the following? (please check all that apply)
   - Training on Human Trafficking
   - Conference/Symposium on Human Trafficking
   - Outreach event focused on Human Trafficking
   - Anything else related to Human Trafficking (please describe)

4. Does your agency currently provide services for victims of human trafficking or participate in anti-human trafficking activities/initiatives?
   - Yes - provide services
   - Yes - participate in anti-human trafficking activities/initiatives
   - No - but we're planning to provide services in the future
   - No - but we're planning to engage in anti-human trafficking activities in the future
   - No - we have no plans in this area
   - Other (please specify)
5 Are you interested in the following? (please check all that apply)

☐ To receive training/training materials in identifying and assisting Human Trafficking Victims
☐ To become part of a service provider network assisting Human Trafficking Victims
☐ To be informed of upcoming workshops, lectures, symposia and/or conferences on Human Trafficking
☐ To be part of a Service Provider - Law Enforcement Working Group
Section 3: Services to Trafficked Persons

This section addresses questions about the actual services your organization provides to victims of human trafficking.

1. What types of human trafficking services does your agency offer?
   - Prevention (information and awareness raising campaigns, health and other specific prevention measures)
   - Basic Assistance (low threshold services, social assistance and inclusion, vocational guidance and training/work insertion, local community work, specific return and reintegration measures)
   - Professional Development (training of key-players, measures aimed at the organizational structure, self-evaluation, networking and research)

2. Has your agency encountered a case(s) involving individuals who have engaged in the following activities? Please answer Yes or No.
   - Commercial sex act(s) induced by force, fraud or coercion, if the individual is 18 or older
     - Yes
     - No
   - Commercial sex act(s) where the individual is under 18 years old
     - Yes
     - No
   - Any form of labor, work, or service that can be classified as involuntary servitude, peonage, debt bondage or slavery and was induced through the use of force, fraud or coercion
     - Yes
     - No

3. Has your agency encountered a case(s) involving human trafficking victims (that is, provided direct service and/or consultation)?
   - Yes
   - No (go to section Barriers to Provide Services)
   - Not sure (go to section Barriers to Provide Services)

4. If yes, approximately how many cases involving human trafficking victims has your agency handled since 2000?
   - 1
   - 2-5
   - 6-10
   - 11+
   - Not sure
5 Approximately how many total cases has your agency handled since 2000?

- 1
- 2-5
- 6-10
- 11+
- Not sure

6 What percentage of your clients identify as:

- Females
- Males

7 What percentage of your clients are:

- Sex
- Labor
- Both

8 Do you primarily work with victims of human trafficking who are: (please check all that apply - specify age at the time client entered the system)

- Adults: specify age range
- Children: specify age range

9 What percentage of your clients are:

- Adults
- Children

10 What percentage of your clients are:

- US Citizens
- Foreign Nationals

11 What percentage of your foreign clients are:

- Immigrants (please identify status)
- Permanent resident
- T visa
- Refugee (status; legal vs. personal classification)
- Other (please specify)

12 Which countries do your human trafficking victims represent?
13 What languages are spoken by most of your human trafficking victims?

14 Are interpreters available for human trafficking victims?

☐ Yes, for all languages
☐ Yes, for some languages (specify)
☐ No

15 In what ways are the needs of human trafficking victims different and/or similar to other victims of crime? (list similarities/differences in: length of service, presence of support networks, level of isolation, level of fear, level of trust, ability to communicate with service providers, types of services, etc)

16 In what ways are the problems of human trafficking victims different and/or similar to other victims of crime? (list similarities/differences in: length of service, presence of support networks, level of isolation, level of fear, level of trust, ability to communicate with service providers, types of services, etc)

17 In general, what services have human trafficking victims needed? (please check all that apply)

☐ 24 Hour Response Line
☐ Emergency Response
☐ Case Management
☐ Emergency Housing
☐ Housing Placement
☐ Material Assistance (Food, Clothing)
☐ Interpretation Translation
☐ Counseling
☐ Employment Services
☐ Education
☐ Spiritual Services
☐ Legal Advocacy
☐ Public Benefits
☐ Medical Care
☐ Residential Program
☐ Advocacy
☐ Transportation
☐ Outreach
☐ Info/Referral
☐ Mental Health
☐ Protection
☐ Crisis Intervention
☐ Victim's Compensation
☐ Life Skills
☐ Child Care
What services has your organization been able to provide human trafficking victims internally? (please check all that apply)

- Drug Treatment
- Self-help groups
- Other (please specify)

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

- 24 Hour Response Line
- Emergency Response
- Case Management
- Emergency Housing
- Housing Placement
- Material Assistance (Food, Clothing)
- Interpretation Translation
- Counseling
- Employment Services
- Education
- Spiritual Services
- Legal Advocacy
- Public Benefits
- Medical Care
- Residential Program
- Advocacy
- Transportation
- Outreach
- Info/Referral
- Mental Health
- Protection
- Crisis Intervention
- Victim's Compensation
- Life Skills
- Child Care
- Drug Treatment
- Self-help groups
- Other (please specify)
☐Counseling
☐Employment Services
☐Education
☐Spiritual Services
☐Legal Advocacy
☐Public Benefits
☐Medical Care
☐Residential Program
☐Advocacy
☐Transportation
☐Outreach
☐Info/Referral
☐Mental Health
☐Protection
☐Crisis Intervention
☐Victim's Compensation
☐Life Skills
☐Child Care
☐Drug Treatment
☐Self-help groups
☐Other (please specify)

20 What is the name of the referred agency?

Name:
Contact Person:
E-mail Address:

Name:
Contact Person:
E-mail Address:

21 What is the average length of the service your agency provides to human trafficking victims?

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

22 For those services that your organization does provide to its human trafficking victims, 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

23 What is the number of staff (including the Director) who work with trafficking victims?
☐ Full-time
☐ Part-time
☐ Volunteer

24 Do you have formal procedures/protocols in place for how to serve/treat human trafficking victims?
☐ Yes (please describe the procedures/protocols.)
☐ No (skip to question 27)

25 Do you think the procedures/protocols are useful?
☐ Not useful
☐ Not So useful
☐ Useful
☐ Very useful
☐ Don't know

26 Do you think procedures/protocols are necessary? (please explain)
☐ Yes
☐ No

27 Do you charge human trafficking victims a fee for your services?
☐ Yes
☐ No

28 Do you have a recording system for the services you provide to human trafficking victims?
☐ Yes (please explain the system)
☐ No (please explain why not)

29 What is most likely to happen to the human trafficking victims you serve? (please check all that apply - specify percentage of cases for each category)
☐ Deported: % of cases
□ Permanent resident status: % of cases
□ Employment: % of cases
□ Don't know: % if cases
□ Other: % of cases

30 How do the human trafficking victims learn about your agency? (please check all that apply)

□ Referrals - For those services, with which agencies have you primarily worked?
□ Brochures or other written materials in other offices
□ Community outreach
□ Informational letter
□ Newspaper ads
□ Radio announcements
□ TV announcements
□ Walk-in
□ "Word of mouth"
□ Other (please specify)
Section 4: Barriers to Service Provision to Trafficked Persons

The questions in the following section focuses on barriers to providing services to victims of human trafficking.

1. What are the most critical barriers/challenges you face in providing services victims of human trafficking? (please 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
- Lack of in-house procedures
- Lack of knowledge about victims' rights
- Language concerns
- Safety concerns
- Other (please specify)

2. Based on what you know about victims of human trafficking, what are the reasons some human trafficking victims DO NOT seek out services? (please check all that apply)

- Fear of deportation/legal status
- Fear of retaliation to self and/or family
- Lack of social support (i.e., isolated)
- Feelings of shame or embarrassment
- 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
- Other (please specify)

3. In your opinion, what barriers exist for your agency in providing services to human trafficking victims? (please check all that apply)

- Lack of support/coordination with federal agencies
- Lack of support/coordination with other Ohio service providers/Law Enforcement agencies
- Lack of funding/resources
- Lack of knowledge about the services trafficking victims need
- Lack of training/information about human trafficking
Lack of organizational policy or procedures for addressing the needs of trafficked victims

Language barriers

Issues of safety

Victim's legal status

Inadequate staffing

Knowing where or how to local victims

Don't know/unsure

Other (please specify)

4 What barriers do you feel exist in Ohio for human trafficking victims seeking services? (please check all that apply)

Fear of deportation

Fear of violence against self or family if seeking help/safety concerns

Isolation/no support

Shame/embarrassment

Lack of trust in the system

No knowledge of available services

Not recognizing self as victim/no knowledge of victim's rights

Lack of transportation/geographical isolation

Language barriers

Lack of community awareness about the issue of human trafficking

Held in captivity

Culturally inappropriate services

Don't know/unsure

Other (please specify)

5 What does your organization need to help you do a better job in providing services to victims of human trafficking?

Based on your experiences, what assistance would other agencies need to improve the service(s) they provide to trafficking victims?
Section 5: Collaboration

This section addresses collaborative activities.

1 Other than sending and receiving referrals, what agencies or individuals do you collaborate with? (please check all that apply)

☐ Advocacy groups
☐ Business and private sector
☐ Clergy working outside of faith community
☐ Community of attorneys or correction
☐ Community of leaders
☐ Consulate
☐ Court-appointed special advocates
☐ Department of Justice (DOJ)
☐ District attorney/Prosecution
☐ Domestic violence agencies
☐ Educational institutions
☐ Faith community
☐ Family crisis centers
☐ Health services
☐ Homeless shelters
☐ Hospitals/Emergency medical
☐ Housing services
☐ Local government (mayor's office)
☐ Media Advertising
☐ Mental health services
☐ Police department
☐ Probation
☐ Public defender’s office
☐ Sexual assault coordinators
☐ Social workers
☐ Substance abuse agencies
☐ U.S. Attorney's Office
☐ Victim’s assistance agencies
☐ Victims advocate
☐ Witness protection program
☐ Other (please specify)

2 Are these organizations primarily: (please mark all that apply)

☐ International
☐ National
☐ Federal
☐ Statewide
Local government

3 For the organizations indicated above, please describe the primary purpose of your collaboration:

- Providing training and technical assistance
- Receiving training and technical assistance
- Sharing information
- Sharing resources (e.g., financial, material, building space)
- Sharing staff
- Other (please specify)

4 Additional comments/questions

5 Can you refer us to other agencies or individuals we should contact for this study?

- Yes
- No

6 If yes, can you provide contact information? (please list as many as possible)

Agency: 
Contact person: 
Telephone number: 

Agency: 
Contact person: 
Telephone number: 

Agency: 
Contact person: 
Telephone number: 

Agency: 
Contact person: 
Telephone number: 

Agency: 
Contact person: 
Telephone number:
Section V
Gaps in Services to Victims of Human Trafficking in Ohio
Based on a review of the survey results and relevant literature on service provision to victims of human trafficking, the Victim Services and Safe Locations Committee identified key gaps in service to Ohio trafficking victims. The gaps listed below reflect services that are not sufficiently present in Ohio to meet demand. Recommendations on filling the gaps are discussed in Section VI.

The Service Standards and Matrix described in Section II identifies a wide range of services likely to be needed to help victims restore their lives. Many of these services, such as basic needs assistance, workforce development training or medical care, can effectively be provided by existing, non-trafficking specific programs that meet the standards and have received training and preparation. However, the service gaps listed below are best provided by trafficking-specific programs because they are central to victim recovery and utilize specific evidence-based practices for serving human trafficking victims. Additionally, where related services exist, they are not adequate in number to meet the need.

1) Training on the scope, incidence and impact of human trafficking and response protocols.

An underlying weakness in Ohio’s capacity to serve trafficking victims is service providers’ lack of awareness and understanding of the crime of human trafficking. Although service providers play an important role in victim identification and rescue, the lack of general awareness in Ohio suggests that victims passing through the doors of social services agencies may go unidentified. Second, once aware of the crime, service providers lack comprehensive training on the unique needs of victims and evidence-based approaches to service delivery. Fifty-two percent of survey respondents indicated a need for additional training and education on human trafficking.

Several efforts to train service providers are taking place around Ohio. The Central Ohio Rescue and Restore Coalition’s Public Education program has trained over 4,600 individuals on human trafficking, many of whom are service providers. CORRC’s annual Unlocking the Chains conference provides advanced skill building for professionals. Likewise, Central Ohio’s Gracehaven has conducted training on domestic minor sex trafficking with schools, youth service providers and foster parents throughout Ohio. In Northeast Ohio, the Collaborative Initiative to End Human Trafficking has conducted extensive human trafficking training. In Northwest Ohio, Dr. Celia Williamson and Second Chance offer the annual Prostitution Conference as well as frequent community trainings. In Southwest Ohio, the End Slavery Cincinnati coalition conducts an annual conference on human trafficking.

These and other efforts in Ohio are largely unfunded and insufficient to address the broad training needs around the state. For example, only the Central Ohio Rescue and Restore Coalition has a position solely dedicated to public education (15 hours per week).

2) Emergency response and comprehensive case management for victims of trafficking.

Case management has been identified as a critical and effective approach to serving victims of trafficking (Clawson & Dutch, 2006; Clawson, Dutch, Salomon & Grace, 2009; Smith, 2010). However, in Ohio, formal, funded programs outside of law enforcement agencies exist only in Central Ohio and Toledo. Several law enforcement agencies, including the Federal Bureau of
Investigation and Immigration and Customs Enforcement, employ Victim Witness Advocates to provide emergency response and case management to victims of human trafficking. While effective, these services are not available to victims who were not discovered by law enforcement or currently working with law enforcement.

3) **Short and long term residential programs for victims of trafficking.**

In working with newly identified and rescued victims of trafficking, one of the primary challenges faced by advocates is finding safe, trauma-sensitive, stable shelter or housing for the victim (Clawson, Dutch, Salomon & Goldblatt Grace, 2009). Currently, no residential programs specific to trafficking victims exist in Ohio. Advocates make use of homeless shelters, domestic violence shelters, hotels, foster care and private homes to house victims. However, many barriers exist in accessing these services. These settings may not have capacity to house the victim on short notice or may lack the training they need to provide trauma-sensitive care.

Even with training, the operating procedures at these facilities may not be conducive to victim recovery. For example, some shelters are designed to house residents in congregate, dorm-like settings. For victims who have endured severe trauma, living in close quarters with strangers may trigger flashbacks, panic attacks and other symptoms of PTSD. Shelters often require residents to leave the facility during the day. For victims of human trafficking, for whom quiet rest is critical to healing, these policies are damaging.

Because funding for anti-human trafficking programs is scarce, anti-human trafficking programs may lack the direct client assistance dollars needed to pay for a hotel stay for victims. Even with funding, hotels may be inadvisable due to safety issues and the need for 24 hour care. Thus, each time a victim is identified, advocates are faced with the challenge of finding short term housing for victims, often with very little notice.

Trafficking victims often present with drug and alcohol addiction issues (Clawson, Dutch, Go & Myles, 2003; Clawson, Dutch, Solomon & Goldblatt Grace, 2009). Often, traffickers will use drugs as a control technique with victims, and victims may also voluntarily use drugs to escape the trauma of their daily lives. Once they are rescued, many victims will require drug and alcohol treatment in order to stabilize and restore their lives. While drug and alcohol treatment programs exist in Ohio, nearly all have a waiting list and require weeks or months of waiting before a victim can enter. Without safe, therapeutic housing options, victims are at risk of running or returning to the trafficker during this waiting time.

Particularly with juveniles, victims may in fact be incarcerated to keep them safe in the absence of therapeutic residential programming. Incarceration creates a great risk of retraumatization and further potential harm to the victim.

4) **Trauma-Specific Therapy**

Because of the repeated trauma they endure, victims of trafficking often experience severe, lasting mental health issues such as post traumatic stress disorder, anxiety, depression, and traumatic bonding with the perpetrator (Clawson, Dutch, Salomon & Goldblatt Grace, 2009).
Specific symptoms may include sleeplessness, nightmares, panic attacks, difficulty concentrating, physical pain, dizziness, feelings of hopelessness, suicidal thoughts, hyper-alertness and dissociation (Clawson, Dutch, Salomon & Goldblatt Grace, 2009, Department of Health and Human Services, 2010).

Trauma therapy has been recognized as a key strategy in helping victims recover (Clawson, Dutch, Salomon & Goldblatt Grace, 2009, Smith, 2010). However, Ohio is lacking in the number of trafficking-trained trauma therapists available to serve victims of trafficking. Additionally, many trafficking victims are unable to access benefits to pay for counseling. As a result, many victims go untreated.

5) Legal Assistance

Trafficking victims may have complex and multi-dimensional legal issues ranging from securing immigration remedies, accessing federal and local victim benefits, securing T and U Visas, regaining custody of children and accessing other civil and criminal remedies (Bruggeman & Keyes, 2009). Access to trafficking-trained attorneys is a key barrier for victims. Funding streams that provide direct client assistance dollars, such as the United States Conference of Catholic Bishops Anti-Human Trafficking Per Capita Program, are prevented by federal regulation from funding legal assistance for human trafficking victims. Advocates typically rely on the recruitment of pro bono attorneys to address the needs of victims. Recruiting and training attorneys is a time consuming process for understaffed anti-human trafficking programs. Even with these efforts, the need for legal representation far outweighs the availability.


Section VI
Recommendations for Addressing Priority Service Needs Through Training, Program Development and Other Strategies
For the purpose of this report, the Victim Service and Safe Locations Committee utilized the following map dividing Ohio into five geographic regions, including Central Ohio, Southwest Ohio, Northwest Ohio, Southeast Ohio and Southeast Ohio. The geographic divisions were chosen because they mirror those in use by the Ohio Department of Alcohol and Drug Addiction Services and thus are already familiar in statewide service delivery networks.
To address the five major gaps in Ohio’s capacity to serve victims of trafficking, the Victim Services and Safe Locations Committee recommends the following strategies. We recognize the challenging fiscal situation facing the state, and thus have grouped the strategies by priority. The first priority items provide the most cost effective and rapidly mobilized community responses, including building local anti-trafficking coalitions, expanding training to social services providers and increasing the number of trafficking-specific case management programs around the state.

Next, we identify a need for trafficking-specific residential programs around the state. While this model is effective and much needed, this strategy will take greater resources and time to implement.

Lastly, we identify a need for trafficking-trained trauma therapists and attorneys in Ohio.

**First Priority**

1) **Build local anti-trafficking coalitions around the state to improve local capacity to identify and respond to victims.**

Anti-trafficking coalitions are an important foundation for a community response to human trafficking. First, coalitions are an effective means of raising awareness about human trafficking. Through efforts such as organizing a trained speakers bureau and holding an annual conference, coalitions provide a cost effective way to increase Ohio’s overall awareness of human trafficking and thus increase the number of victims identified and rescued.

Second, coalitions are useful in coordinating emergency response and long term care to victims of trafficking. Because of the nature of human trafficking, the need for services may arise with short notice. Communities without a coalition may be unprepared to effectively serve victims once they are identified. It is recommended that new coalitions utilize the Service Standards and Matrix included in Section II and the Emergency Response Protocol Template included in Section III to develop a response protocol, service matrix, and standards for practice. These tools will enable providers to monitor the availability and effectiveness of service. A response protocol outlines steps of service provision from the point of discovery through the implementation of a service plan, which would include a multi-disciplinary team. An existing service matrix will further increase the ability to meet the needs of trafficked persons more quickly. In communities where a large coalition is not feasible, a smaller group of organizations and individuals can work together to develop a plan for Emergency Response.

Coalitions located in areas with a human trafficking law enforcement task force should work closely with the task force to provide services to victims as they are identified and rescued. In turn, task forces should utilize the existing coalition emergency response structure to access aid for victims. In communities where a task force is not present, coalitions should build relationships and work closely with local, state and federal law enforcement personnel who are identifying victims.
2) Provide training on human trafficking to all of the major social services systems and networks in the state.

According to the survey, 52% of social services providers requested training on human trafficking, and lack of knowledge about human trafficking was one of the primary barriers identified in the study.

To address this need for training, the committee supports the work of the TIPS Commission Prevention and Education Committee in identifying curricula for Human Trafficking 101 for Social Services Providers, Human Trafficking 101 for Medical Providers and Advanced Training in Serving Victims of Trafficking. We envision a statewide speakers bureau where local communities can be trained to provide accurate, effective training on human trafficking using consistent, up to date materials. Coalitions and others around the state who are currently providing training would continue and expand their work. As new coalitions are developed throughout Ohio, we recommend they strongly consider training as a primary function.

Training should be provided to all major social services networks and systems in Ohio, including but not limited to child welfare, foster care, schools, juvenile justice and other youth services, homelessness and housing services, domestic violence programs, alcohol and other drug treatment providers, mental health providers, basic needs providers and victim advocates throughout the state.

3) Build capacity for emergency response and comprehensive case management in all five geographic areas of the state.

While case management in the absence of residential programming, trauma therapy and legal assistance is challenging, research supports this function as a critical foundation to all work with victims of trafficking (Clawson & Dutch, 2006; Smith, 2010; US Conference of Catholic Bishops, 2009). Case management is the process by which victims identify their needs, access help, build the skills and resources to meet their needs and develop long term skills for stabilization. Through case management, victims can effectively overcome barriers and access the broad array of needed services. Without this service, victims are often unable to understand and negotiate our complex social services systems. Case management has the additional advantage of cost effectiveness in comparison to residential programming.

Building capacity for emergency response and comprehensive case management around Ohio will require action in several areas. First, potential providers of trafficking-specific social services need to be identified, recruited and trained on the scope, incidence and impact of human trafficking and response protocols. The types of training needed are consistent with the curriculum materials being developed by the Prevention and Education Committee of the Trafficking in Persons Study Commission. However, in addition to the Human Trafficking 101 curriculum, Advanced Training on evidence-based response practices consistent with this report should be developed and offered throughout Ohio. The Advanced Training would include implementing a response protocol, understanding the impact of trafficking on victims, conducting comprehensive assessments and accessing help for victims’ unique needs. Moreover,
the importance of collaboration and existence of a service matrix in order to meet the complex needs of victims should be discussed in the training.

Second, funding to support the administration, staffing and direct client assistance needed to effectively operate case management services must be available. Direct client assistance is critical to success in working with trafficking victims, who are frequently not eligible for benefits such as medical care and mental health care. Potential sources of funding include federal assistance to trafficking victims, Victims of Crime, Violence Against Women Act, Justice Assistance Grant funds, support from private foundations, United Ways, the faith community and the general public. We recommend that wherever possible, state agencies work to increase access to funding for case management services.

The Victim Services and Safe Locations Committee recommend that Ohio increase the number of trafficking-specific case management programs from two to at least ten (2 per geographic area). We must ensure that services are available for all types of human trafficking victims, including adults and minors, sex and labor, males and females and international and national.

To estimate the number of case managers needed to serve Ohio’s 1,861 human trafficking victims, we are proposing that 52 case managers be dedicated to serving trafficked persons in Ohio. This number is derived from several factors, including estimates of the time needed to effectively serve victims of trafficking. Clawson, Small, Go and Miles (2003) note that serving one human trafficking case is equal in time and staff resources to serving about 20 domestic violence cases. Given this complexity, an ideal number of new cases per month per case manager is three. Thus, 52 case managers working throughout Ohio could effectively meet the current need. We estimate that approximately $4 million is necessary to achieve this goal.

The case management services should be provided in accordance with the Case Management section of the Service Standards.

Second Priority

4) Develop trafficking-specific, trauma-sensitive residential programs throughout Ohio.

Currently, no trafficking-specific residential programs exist in Ohio, and few programs exist in the United States. Gracehaven House, a long-term residential treatment program for female victims of domestic minor sex trafficking, is expected to open in Central Ohio in late 2010. Once open, this program will serve up to 10 girls at a time for anywhere between 6 and 24 months, depending on their individual needs, using an evidence-based model for trafficking victim recovery. Despite the great advantage represented by the opening of Gracehaven, the program’s capacity is dwarfed by the potential need. The TIPS Commission Research Committee report estimates that 1,000 children are victimized by sex trafficking in Ohio today.

At present, no residential, trafficking-specific programs for adults exist in Ohio today. To address the gap in service to both youth and adults, the committee proposes two strategies. First, while we acknowledge that developing residential programming is a time-consuming process requiring significant resources, the benefits in victim recovery are significant. Thus, we propose that trafficking-specific programs should be developed in each of the five geographic areas in
Ohio, with a capacity to serve at least 20 victims in each location at a given time. Because it is not always possible or effective to house different types of trafficking victims in one location, programs designed for different trafficking victim populations, such as domestic minor victims, domestic adult victims, international victims, males and females, should be developed. All categories of trafficking victims should have access to residential programming in Ohio. The residential programs should be consistent with the Residential Program section of the Service Standards.

Wherever possible, minor victims of human trafficking should be placed in therapeutic residential programming or trained foster care homes. Every effort should be made to avoid incarcerating and thus retraumatizing minor victims.

Second, agreements with existing domestic violence shelters, substance abuse treatment programs and permanent supportive housing programs should be developed to ensure that trafficking victims have immediate access to these services upon rescue. To ensure effective, trauma-sensitive service, these providers should receive specific training on human trafficking as part of the agreement.

Third Priority
5) Increase the number of trafficking and trauma-trained therapists available to treat victims of trafficking.

Support efforts to raise awareness and provide specific human trafficking training to licensed therapists in Ohio. Build a network of trained therapists willing to provide low-cost or pro bono counseling for victims. Provide funding to pay for low-cost therapy for trafficking victims.

6) Increase the number of human trafficking trained attorneys in Ohio available to represent victims of trafficking.

Support efforts to raise awareness and provide specific human trafficking training to attorneys in Ohio. Build a network of trained attorneys willing to provide low-cost or pro bono legal representation for victims. Provide funding to pay for low-cost legal representation for trafficking victims.
Section VII
CASE EXAMPLES
The following three case examples are provided to illustrate the human impact of existing gaps and resources in Ohio. All of the examples are based on real cases that took place in Ohio during the last two years. Some details of the cases have been changed to protect the identity of the survivors.

1) Casey, a 14 year old American girl lived in a rural county of Ohio with her father and older brother. Casey’s father worked third shift and her mother was not involved with the family. Casey and her friend Kaitlyn were at the mall one day after school when they were approached by a 28 year old man. This man talked with Casey and her friend, and over time befriended the girls and began manipulating them. Casey fell in love with this man and began to see him as her boyfriend. At this point, he began trafficking Casey in motels in a nearby large city.

Casey was able to escape the trafficker when police caught her in a hotel with an older man. She was arrested for violating curfew and placed in Juvenile Detention. The man in the hotel room did not face criminal charges.

Casey’s Probation Officer has attended training on human trafficking and recognized what was happening to her. The Probation Officer called the local human trafficking provider who visited with Casey in detention. The human trafficking advocate was shocked to see that Casey was both handcuffed and wearing shackles for the interview. The advocate began looking for a therapeutic residential program for Casey, both within and outside of Ohio. She also explored placement in a trained foster family for Casey. Unfortunately, because no programs or trained foster care existed, she was unable to help Casey, who disappeared when she was released from detention.

2) Tina, a young woman from Guatemala, met the man who would become her husband Steve through her family’s connections with him in the United States. When Steve flew to Guatemala to meet her, Tina fell in love with the charming American man. Steve courted Tina over the internet for several months, and eventually asked her to marry him and move to a small community in Ohio.

Once Tina arrived, she found that the situation was not what she had expected. Although Steve told Tina they were married, they never participated in any kind of ceremony. Steve demanded that she work long hours in domestic service in his home and provide care for children she not been aware existed. Her freedom and access to family were controlled by Steve, who told her that she would be deported if she did not remain “married” to him. After years of enduring this abuse, Tina sought help from a social services agency while Steve was out of the house. The agency recognized the signs of human trafficking and called the closest anti-trafficking coalition for help.

The advocates from the coalition worked with law enforcement to help Tina escape. Because no trafficking-specific residential programs existed in Ohio and out of state resources were all full, the advocates placed Tina in a domestic violence shelter. Unfortunately, this shelter had not received training on human trafficking and was not prepared to meet her unique needs. Without training on anti-trafficking response protocols for their community, the shelter was reluctant to
allow Tina to participate in case management with the anti-trafficking advocates. Eventually, Tina became so dissatisfied that she fled and returned to the trafficker.

3) Kristin, a young American woman, was homeless in a large city in Ohio when she met a man who thought he could help her. Kristin had lost her housing due to a personal crisis and had been struggling in shelters for months. Then she met Al, a seemingly kind man from another country, who offered to share his house with her and help her get an education. At first, this arrangement worked well. Kristin was so happy to have housing and to be able to pursue her degree. However, over time, Al began making demands on Kristin, forcing her into domestic servitude, requiring her to work 14 hours a day in his home and business, raping her and insisting that she marry him. He controlled every aspect of Kristin’s life and threatened to kill her if she left. Eventually, he forced Kristin to get a marriage license, but when the time came to legally marry him, Kristin turned to her school for help in desperation.

Fortunately, the guidance counselor had attended training on human trafficking offered by her local coalition. She quickly recognized the signs and contacted the coalition. Advocates were able to work with law enforcement to get her to safety. The helped her develop a safety plan, including a protection order against Al, who continued to stalk her and threaten the school she had attended. Then, the advocates worked with Kristin to develop a service plan that included permanent housing and completing her education. Today, Kristin is living in her own apartment attending school and doing well.