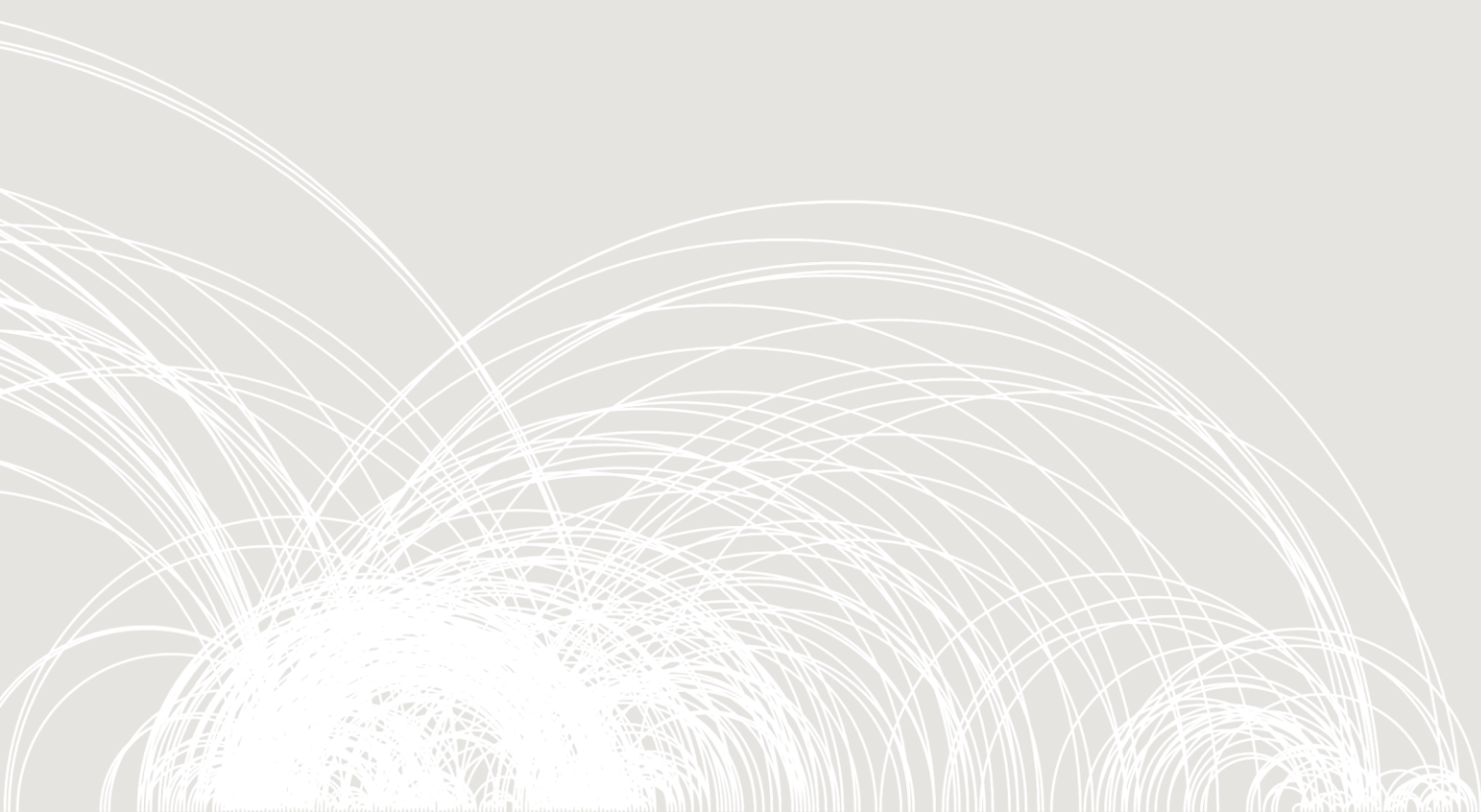


June 2022

# **A Human Trafficking Intervention Court's Metropolitan Network Service Delivery Model: Program and Evaluation Implementation Guide**



**Authors:**

Roy Ahn, ScD (co-PI), Elizabeth A. Mumford, PhD (co-PI), Megan Cotter, MPH, Michelle Dougherty, MPH, Elizabeth Ramirez, BS, Amy Rosenfeld, MPH (Project Director)

**Acknowledgements:**

Points of views in this document are those of the authors and do not necessarily represent the official position or policies of the U.S. Department of Justice or any other organization. This study was funded by the National Institute of Justice (Grant # 2019-VT-BX-0036) and we are grateful for this funding. We thank our Program Officer Mary Carlton and our Grants Management Specialist Abby Hannifan for their support. We would like to express our sincere gratitude to all human trafficking survivors and Buffalo-area partner organizations who participated in this research. We would like to thank our expert partners at the Buffalo City Human Trafficking Intervention Court and International Institute of Buffalo who collaborated on the development of all interview materials, connected us with service providers in the region, helped us gain access to court data, and for helping us learn about the very important work of the Buffalo network (Judge Amy Martoche, Judge JaHarr Pridgen, Alicia Tabliago, Annette Parisi, Amy Fleischauer, and Marissa MacTurk). At NORC, Eva Bahrami was instrumental in setting up aspects of the project. We would also like to thank our expert consultant, Sue Green, at the University of Buffalo Institute on Trauma and Trauma-Informed Care, who helped ensure our work was always guided through a trauma-informed lens, helped develop all our interview materials, and conducted our survivor interviews.

# Table of Contents

- Introduction ..... 1
  - Background ..... 1
  - Evaluability Assessment Overview ..... 2
  - Implementation Guide Overview ..... 3
  
- The Buffalo Network Service Delivery Model ..... 5
  - Overview of the Buffalo Network Service Delivery Model ..... 5
    - Goals of the HTIC Program ..... 8
  - Case Process and Data Management ..... 8
  - Partner Organizations ..... 12
    - Partner Communications Structure ..... 13
    - Referral mechanisms for services ..... 13
    - Documentation and data systems ..... 14
  - Facilitators and Barriers to Providing Support Services ..... 15
    - Facilitators for Providing Support Services ..... 16
    - Barriers to Providing Support Services ..... 16
  - Facilitators and Barriers to Partnerships ..... 17
    - Partnership Facilitators ..... 17
    - Partnership Barriers ..... 18
  - HTIC Feedback and Experience ..... 18
  
- Evaluability Assessment Lessons Learned ..... 19
  - Data availability and accessibility (secondary data, primary data) ..... 19
    - BCC HTIC Data ..... 19
    - Data Quality ..... 20
    - Descriptive Analysis – *Demographics* ..... 22
    - Descriptive Analysis – *Treatment Activity* ..... 23
  - Partner Readiness to Collaborate on Evaluation ..... 24
  - Recruiting and Interviewing Survivors ..... 24

Evaluation Considerations ..... 25

- Suggested Evaluation Tools..... 25
- Data Sources ..... 28
  - Survivor Evaluation Participation ..... 28
  - Measures ..... 29

Survivor Perspectives from within the Buffalo Network ..... 31

- Service Descriptions..... 32
- Service Awareness..... 32
- Service Facilitators ..... 33
- Service Barriers..... 34

References ..... 35

Appendices ..... 37

- Partner Interview Guide..... 37
- Survivor Interview Guide ..... 42
- Information Provided to Survivors Volunteering for Interviews ..... 48
- Trauma-Informed Guidance for Interviewers ..... 51

# Introduction

## Background

**Defining the Problem.** Human trafficking is the illegal use of deception, coercion, and often violence to strip another human being of their basic human right to autonomy, otherwise known as modern day slavery (see Exhibit 1). The practice may involve but does not require movement across geographic areas and/or borders.<sup>2,3</sup> There are many challenges (for policymakers, researchers, and victim service agencies) to understanding the needs of human trafficking survivors, including but not limited to: minimal visibility [of the crime]; victims cannot or may not be willing to self-identify as victims; definitions [of human trafficking] exist across a spectrum and therefore can take many forms; and victims may be at first assessed as offenders themselves.<sup>1,4,5</sup> Given the inadequate recognition of trafficking, limited access to victims, and barriers to data sharing practices between service provision agencies, there is still no consensus regarding U.S. trafficking rates overall or for vulnerable subgroups,<sup>1,5,6</sup> which further highlights the challenges at the service delivery level.

### Exhibit 1. Trafficking Victims Protection Act

The TVPA of 2000 classified human trafficking in two parts: (1) sex trafficking, “in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age;”<sup>1, p. 827</sup> or (2) labor trafficking, where “the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, [is achieved] through the use of force, fraud, or coercion.”<sup>1, p. 827</sup> Both conditions of trafficking can occur independently or in conjunction with one another, as evidenced by the Palermo Protocol’s inclusive definition of all “non-consensual, economic-exploitative, slavery like conditions and relations of work and life at any stage in the migration process.”<sup>2, p.65</sup>

**Survivor Needs.** Human trafficking is an exceedingly complex and nuanced crime; as such, its survivors require comprehensive services (health, legal, housing, clothing, child welfare, substance abuse treatment, trauma and mental health counseling, employment assistance, public benefits, and more<sup>7-9</sup>) with more intensity and over a longer period of time than other subgroups of victims.<sup>5,8</sup> Services may be sought directly by the survivor, facilitated under the control of a trafficker, or initiated by the public sector (e.g., in a child welfare or a criminal justice case). Gaps in service provision remain despite persistent efforts from victim services organizations.<sup>10</sup> By comparison, in the field of intimate partner violence, systematic assessments of domestic violence survivors’ needs (i.e., through lethality assessment tools) has been associated with improved outcomes among survivors, underscoring the potential value of and need for similar tools in the field of human trafficking.<sup>11</sup>

Victim services organizations play a crucial role in serving human trafficking survivors, who have a variety of short-term needs (e.g., transitional housing, health care) and long-term needs, such as

mental health care, substance use disorder treatment, safety planning, legal services, child welfare services, case management, housing, and vocational training.<sup>1,5,12</sup> Although organizations are increasingly working to meet survivors' needs, there are few evaluations of how program services translate to outcomes and that explore how service providers are working together to meet these needs.<sup>13</sup> Measuring how the provision of these services translates to changes in survivors' well-being is essential to knowing how to best serve clients on an individual and programmatic level; however, measuring outcomes for survivors is challenging for myriad reasons.<sup>7,12</sup> Program effectiveness can take numerous forms and differs from case to case, making it challenging to measure outcomes in a standardized way.<sup>3,14,15</sup> Collection of quality data is lacking and there is little literature on how service programs impact the lives of survivors.<sup>12,13,15</sup> Standardized, validated, reliable measures that holistically assess survivor well-being could help programs understand the effectiveness of their services.<sup>13</sup>

**Survivors within the Criminal Justice System.** Individuals who have been trafficked may be arrested and arraigned in the criminal justice system. For example, someone who has been trafficked may not have control of their own money and may be arrested for shoplifting; may be involved in drug sales; or may be charged with prostitution in a locale where sex work is not legal. **Human trafficking intervention courts (HTICs)** are designed to address the needs of the individual survivor of human trafficking rather than moving directly to case disposition without consideration of the circumstances. Like other problem-solving courts, HTICs are designed to balance the provision of services with the provision of justice.<sup>16,17</sup> However, as a relatively new form of problem-solving court, HTICs have yet to be evaluated to the same degree as other courts, such as drug treatment, domestic violence, mental health treatment, veterans, and community courts,<sup>18</sup> in terms of whether the court is successful in connecting "clients" to the services they need.

## Evaluability Assessment Overview

### *Study Purpose*

The purpose of this study was to conduct a formative evaluability assessment of a novel, metropolitan systems network model in the greater Buffalo, New York region designed to connect probable human trafficking victims (identified through the criminal justice system) with social and victim services, and to determine if sufficient, high-quality data is accessible to evaluate the impact of this approach. In addition, the goal of the evaluability assessment was to develop foundational materials that could help support and inform an eventual outcome evaluation of this human trafficking victim service delivery model. For the purposes of our study, these materials included the development of an interview guide for key court and service provider personnel as well as an interview guide that assessed feasibility of future research for trafficked survivors.

The study set out to answer several broad research questions, which included:

- 1) How is the Greater Buffalo network structured, in terms of relative formality, governance, communication, data systems, and tracking referrals?
- 2) What (network) data are available regarding the case history of each survivor served and what are the data access mechanisms and burden to provide data? What is the potential for developing secure protocols to recruit and interview survivors to investigate services received and outcomes?
- 3) Is there an implementation plan for this network model of victim services that can be documented for replication in other metropolitan areas?
- 4) What are the key measures necessary to conduct a rigorous outcome evaluation of this and similar network models of victim service programs?

### *Evaluability Assessment Methods*

The NORC study team worked with the Buffalo City Court's Human Trafficking Intervention Court (BCC HTIC) and the International Institute of Buffalo (IIB), a key social services agency partnering with the HTIC, to identify partner organizations and agencies who are the most common referral sources for survivors of trafficking in the Buffalo region. The teams worked collaboratively to develop the list which included the most consistent and frequently referred network partners, ultimately identifying 41 partners. NORC divided outreach to these partner organizations into two phases: the first phase included law enforcement and legal service providers, and the second phase of outreach included other victim service providers, treatment services, medical care, housing, and education/job training. Due to unexpected complexities resulting from the COVID-19 pandemic which began in March 2020, the timeline for study outreach had to be extended. During the beginning months of the pandemic, many service providers in the Buffalo network, including BCC HTIC and IIB, either shut down for a period or were operating in a limited capacity. This resulted in delays for study outreach and conducting interviews and made it challenging to reach all network partners.

## Implementation Guide Overview

The purpose of this implementation guide is to describe the process of evaluating a human trafficking court and its network of social service providers. This guide is intended for anyone planning to evaluate a human trafficking court model or who is considering creating and implementing such a model. We use the BCC HTIC and its network of social service providers as a case study to provide context and background for our evaluation recommendations. We use the Consolidated Framework for Implementation Research (CFIR) as a guiding framework to understand the model and to form recommendations and considerations for those wishing to replicate the model or evaluation. This guide will provide a case study example, relevant literature, and important questions and considerations to address before or during a human trafficking court evaluation. This guide can help users answer the questions:

- What is a model for a successful human trafficking intervention court?
- How can a human trafficking intervention court be evaluated?
- What are important considerations for evaluating a human trafficking intervention court?
  - What resources are necessary for evaluation?
  - What types of data are needed for evaluation?
  - How can evaluators describe a court's success?



# The Buffalo Network Service Delivery Model

## Overview of the Buffalo Network Service Delivery Model

### *History and Purpose of the Buffalo City Human Trafficking Intervention Hub Court*

The Buffalo City Human Trafficking Intervention Hub Court (BCC HTIC) is a problem-solving court that was established in October 2013 as an early human trafficking court, and the first HTIC hub court (accepting cases from surrounding towns and villages), in New York. Specifically, the BCC HTIC was set up to identify and divert human trafficking victims who were arrested and awaiting conviction in criminal court. Across the state there are now 11 other human trafficking intervention courts also in operation. The BCC HTIC judge who established the HTIC in 2013 presided over the court until 2021, at which point a new sitting judge took over leadership.

The BCC HTIC is situated in Erie County and as a hub court serves defendants from all over Erie County as well as six adjoining Western New York counties. BCC HTIC was the first court in the state of New York to use the hub model where cases could be accepted and transferred from outside of Erie County. Now all human trafficking courts in the state are considered hub courts and can accept cases from other counties. Consistent with the trauma-informed approach, defendants in the BCC HTIC are referred to as clients. There are several other important characteristics of BCC HTIC that set it apart and have made it a model for human trafficking intervention courts. BCC HTIC's purpose is to connect human trafficking survivors, as well as those at high risk of trafficking, with needed services to help them overcome difficult situations and to avoid criminal convictions. The goal is to both support clients by providing connections to essential services such as trauma/mental health counseling and case management, health care, housing, and substance use treatment, as well as to have charges dismissed or reduced based on compliance with court-mandated services. Only certain types of clients require court mandates, sometimes for safety reasons, otherwise participation in services is voluntary and at the discretion of each survivor.

BCC HTIC is also unique in that it accepts clients with many types of charges, including non-prostitution charges, such as assaults, larceny, and drug charges. In addition, BCC HTIC follows a holistic and trauma-informed approach, wherein each survivor is treated as an individual with unique circumstances and needs. Survivors can be connected to a variety of Buffalo service providers based on identified needs, but BCC HTIC works to empower each person to decide what is best for them. BCC HTIC provides referrals to many partner organizations, and survivors are encouraged to reach out and make the connections with these organizations on their own if they feel comfortable. The entire process is described as client and advocate-driven, with limited court-mandated services. BCC HTIC staff have participated in multiple trainings on trauma-informed approaches over the years. The BCC HTIC

maintains connections with many organizations and agencies in the Buffalo region to connect survivors with support and a tailored, individualized plan for services to help people feel stable upon completion. A Resource Coordinator, the main point of contact for all trafficking clients and key staff member situated in the BCC HTIC, works closely with case managers at partnering organizations, most notably the International Institute of Buffalo, and with other ancillary services to meet the needs of clients.

In 2020, BCC HTIC began formally working with a local medical, behavioral, and supportive health service organization to provide court-based trauma-informed mental health support. This partnership developed after observations that survivors coming through BCC HTIC were experiencing many barriers to receiving mental health services and were not being treated appropriately. The partner mental health agency was selected for this role due to their strong collaborations with and the wide variety of services available to the LGBTQ+ community. Through this partnership, a mental health counselor is now present at HTIC three days per week to meet with clients in the court who are having difficulty accessing mental health services. Moreover, the mental health counselor can schedule sessions offsite for clients who, for safety reasons, prefer a different location or do not feel comfortable with a virtual visit. These counselors can also make referrals to outside agencies if they feel that clients could benefit from being connected with additional services.

### ***Trends in Number of Probable Human Trafficking Survivors since Establishment of BCC HTIC***

Since its inception in 2013, BCC HTIC has seen over 300 clients. After a start-up period until 2019, the annual caseloads have remained relatively stable. Due to the impact of the COVID-19 pandemic, clients referred to BCC HTIC in 2020 through early 2021 were significantly lower than in typical years. Likely contributing to the reduced caseload were overall shifts in criminal justice activities in the metropolitan area during the pandemic. Specifically, arrests were significantly lower in 2020, and the Buffalo court system was operating at a reduced pace and on a reduced schedule.<sup>i</sup>

Before the start of the pandemic, BCC HTIC would hear cases weekly, and it has subsequently transitioned to hearing cases monthly. The process for transferring clients from surrounding towns became increasingly difficult because of slowdowns in the court system (delaying local court sessions and thus transfers to BCC HTIC) related to the pandemic that persisted into 2022.

### ***Western District of New York Human Trafficking Task Force***

The Western District of New York Human Trafficking Task Force (WDNYHTTF; <https://wnytrafficking.org/>) was created in 2006 and plays a key role in facilitating cross-sector partnerships in the Buffalo network. The WDNYHTTF Task Force is multidisciplinary consisting of several sub-committees that convene regularly to bring victim service organizations, case managers,

---

<sup>i</sup> In the City of Buffalo, there were no low-level arrests for prostitution or low-level larceny, although these types of arrests were still happening in some of the surrounding towns and villages. Individuals who were “arrested” and not taken into custody were given an appearance ticket with a future date of two months out, delaying the connection process for survivors to vital resources.

and law enforcement together to address important human trafficking issues such as availability of support services and key law enforcement concerns using a trauma-informed approach. Task Force members are often in constant contact during weekends, nights, and whenever necessary to coordinate case work. BCC HTIC personnel cannot participate in the WDNYHTTF, but IIB has co-facilitated the Task Force since 2006. However, the BCC HTIC Resource Coordinator has access to these same Task Force members as needed and maintains regular contact through the BCC HTIC stakeholder's committee.

### ***International Institute of Buffalo (IIB)***

The International Institute of Buffalo (IIB) is the leading trafficking victims services agency in the Buffalo area. IIB has provided domestic violence and human trafficking survivors (irrespective of race, age, gender and gender identity, and immigrant status) with myriad essential services in Western New York since 2007 and began primarily as a refugee resettlement agency. IIB has long-standing and established ties to the Greater Buffalo area, allowing it to provide holistic and wrap-around care to its clients in the form of intensive case management. IIB's pledge to trauma-informed care is central to its approach to service provision. Over the years, IIB has served an estimated 1,500 survivors, approximately 30% survivors of labor trafficking and 70% survivors of sex trafficking. Annually, IIB serves approximately 250 human trafficking survivors, most of whom are U.S. citizens. IIB also serves approximately 150 youth per year, a large majority of whom are at risk for human trafficking (identification of and referrals to IIB for trafficked youth have increased by 800% since 2014). IIB's caseload represents 45 different countries of origin. Survivors have ranged in age from 9 to 83 and were trafficked for labor (e.g., hotels, restaurants) or for sex trafficking (e.g., trap houses). IIB's Human Trafficking Survivor Support Services Program has specialized units for unique subsets of survivors (adult U.S. Citizens, adult foreign-nationals, and minors) as each sub-group is eligible for specific services and benefits under state and federal legislation. IIB serves many different populations, including people who are foreign-born, youth, and adults of all ages.

IIB serves as the primary intensive case management referral source for BCC HTIC. They work with survivors and refer them to BCC HTIC if they get arrested while working with IIB. IIB has two main case managers that work in the courts. Clients may see more than one IIB case manager depending on their needs. For example, IIB staff include core case managers, a housing case manager, and a medical social worker. They also have a "high-risk team" of case managers who address significant pending safety issues on top of their existing IIB case management services. Only certain cases are sent to the high-risk team (e.g., if an ex-boyfriend keeps breaking in a client's window; if a trafficker is making current threats to hurt or kill the survivor).

## Goals of the HTIC Program

BCC HTIC has two main goals:

1. Connect human trafficking survivors and those at high risk of trafficking with critical recovery services such as trauma/mental health counseling, safety planning, health care, housing, substance use treatment, and case management; and
2. Help clients avoid criminal convictions by having charges dismissed or reduced based on compliance with court-mandated services.

We used data from the BCC HTIC to develop a program logic model (see Exhibit 2) for human trafficking courts.

**Exhibit 1.** HTIC Program Logic Model

INPUTS*	ACTIVITIES	OUTPUTS	SHORT-TERM OUTCOMES	INTERMEDIATE OUTCOMES	LONG-TERM OUTCOMES
<ul style="list-style-type: none"> <li>•Motivation by local judicial system to establish Human Trafficking Intervention Court (HTIC) as a specialty court structure.</li> <li>•Funding for training on trauma-informed practices.</li> <li>•Funding for an HTIC Resource Coordinator.</li> <li>•Receptivity in community of social service providers to work with and keep HTIC personnel updated.</li> <li>•Robust court data system.</li> <li>•Private space for meeting with human trafficking survivors and those at high risk of trafficking (“HTIC clients”).</li> </ul>	<ul style="list-style-type: none"> <li>•Establish HTIC within local judicial system.</li> <li>•Create protocols for HTIC screening and needs assessment.</li> <li>•Create protocols for advising justice-involved human trafficking survivors and those at high risk of trafficking of their options post arraignment.</li> <li>•Identify diverse and inclusive social service providers prepared to cooperate with HTIC to create network of support.</li> <li>•Create protocols for HTIC communications with network of social service providers.</li> </ul>	<ul style="list-style-type: none"> <li>•Information about HTIC process to share with local network of service providers, law enforcement personnel, and surrounding judiciary entities.</li> <li>•HTIC staff and other court personnel trained on HTIC and trauma-informed protocols.</li> <li>•HTIC staff and other court personnel trained on trauma-informed screen and interaction with HTIC clients.</li> <li>•Regular meetings of overall stakeholder group and smaller working groups.</li> </ul>	<ul style="list-style-type: none"> <li>•Connect HTIC clients with critical recovery services such as counseling and case management, health care, housing, and substance use treatment.</li> <li>•HTIC clients adhere to treatment protocols and court mandates.</li> <li>•The survivor feels validated, with an increased feeling of safety, and has developed a safe space to access resources.</li> </ul>	<ul style="list-style-type: none"> <li>•HTIC clients avoid criminal convictions by dismissing or reducing charges.</li> </ul>	<ul style="list-style-type: none"> <li>•HTIC clients do not re-appear in local judicial system.</li> <li>•HTIC clients no longer need social service support.</li> <li>•HTIC clients living in a safe, stable environment.</li> </ul>

\*Optional Input: Funding for a trauma-informed mental health service provider co-located in HTIC for provision of immediate services as needed.

## Case Process and Data Management

**Intake and Data Management.** When cases come to the BCC HTIC, the Resource Coordinator conducts a screening assessment of safety concerns, substance use issues, medical needs and

diagnoses including mental health, and housing needs. The Resource Coordinator maintains close contact with victims and tracks communication using paper records until these data can be logged in the Court Universal Case Management System (UCMS). All court-mandated services are tracked to identify start and end dates, and BCC HTIC receives periodic status updates. BCC HTIC offers a menu of partner support services available to help clients upon referral or request. Services are rarely court-mandated; following a trauma-informed approach, the goal is to empower individuals to decide what is best for them and to reach out to services of their own choosing when they are ready, rather than forcing them through a set program. The entire process is described as client and advocate driven. Court-mandated services are limited to circumstances when client safety is a concern or when there is a perceived threat of the client being a danger to themselves or others. When the BCC HTIC refers clients to support services that are not court-mandated, confirmation that the client is voluntarily engaging with services is conveyed to the HTIC via fax or email by the service provider. This information is compiled by the Resource Coordinator and presented before the judge.

**Closing Cases.** BCC HTIC does not conduct an exit assessment before clients leave the court system and does not track cases after a case has been dismissed or disposed. Even at the point when a client has been sentenced, they can be placed on probation or receive a sentence of conditional discharge (CD) or adjournment upon contemplation of dismissal (ACD).<sup>ii</sup> The court has discretion to hold compliance conferences to monitor clients' stability and compliance with any conditions set forth by the court. While many clients continue to receive support from partner services and maintain communication with the Resource Coordinator, data about these encounters are not universally tracked.<sup>iii</sup> Overall, the BCC HTIC does not require static metrics for client stability but instead determines on a case-by-case basis what stability means for each individual (e.g., a client managing a drug addiction would strive to be drug free; a client who was homeless would be situated in stable housing).

Beyond achieving client stability, successful completion (case disposition) would be defined by reduction or dismissal of the initial charges. There are instances in which the case disposition would be considered unsuccessful completion of the HTIC program. For these clients, the Judge might resentence the client, issue a new court order, or order jail time (safety risks identified, or client experiences discomfort with HTIC process), or the charges might be restored to a criminal court docket.

---

<sup>ii</sup> If sentenced to a CD or ACD, there are conditions that are assigned to the client to uphold and follow for a period of time after they are sentenced. During that time period, the court can monitor and hold clients accountable in the court if they don't abide by those conditions and resentence the individual or add/modify the conditions if needed.

<sup>iii</sup> The court only monitors the conditions that are mandated as part of the case plan at the time of sentencing. For example, if the court conditions (as part of a CD sentence) mandate only substance use treatment, the court only requires updates from the substance abuse provider, even if the client is working with other providers/organizations. However, the court does take into account any updates provided voluntarily by the client's non-mandated provider (with a client's permission) conveying, e.g., "although this program is not court-mandated, the client is choosing to continue services and remains actively engaged with us."

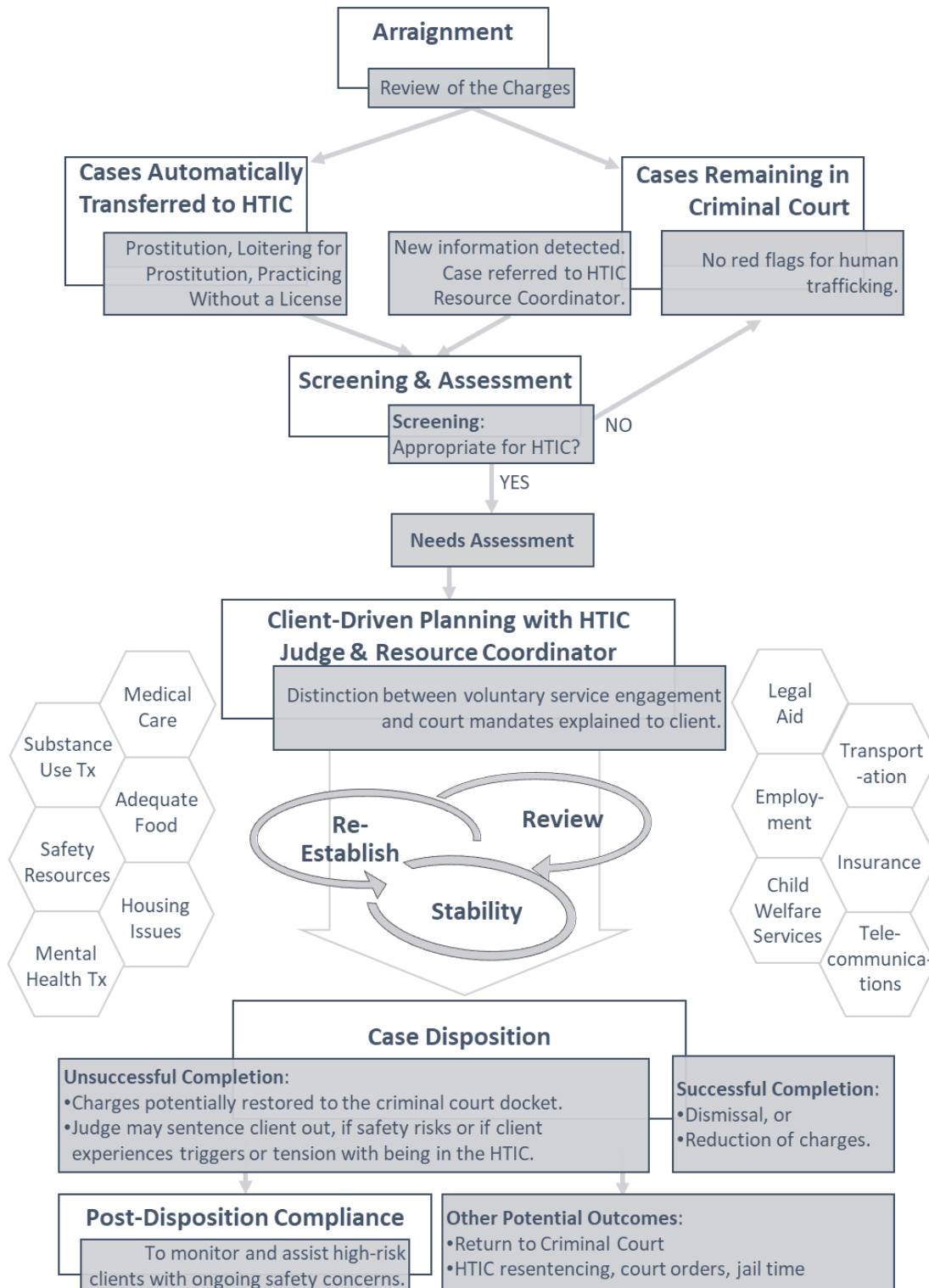
In rare instances, the HTIC may continue to assess post-disposition compliance to monitor and assist high-risk clients with ongoing safety concerns.

**End-to-End Trauma-Informed Care.** BCC HTIC follows a holistic and trauma-informed approach wherein each client is treated as an individual with unique circumstances and needs. Staff at the BCC HTIC and their partner organizations have received multiple trainings on trauma-informed approaches, which interviewees identified as essential elements of an HTIC. Partners described the challenges of a trauma-informed approach and how it is applied: prioritizing flexibility, responding to the nuances of clients' circumstances, empowering clients with agency, and demonstrating compassion and empathy. Some partners have adopted a harm-reduction approach and advocated against stringent treatment requirements that are not responsive to clients' complex situations.

The study team worked with the BCC HTIC to develop a process diagram detailing case management from intake, to screening for risk of being a trafficking victim, to case disposition (Exhibit 3). This process diagram is central to our documenting the BCC HTIC model. In addition, developing this diagram has also been constructive for other efforts undertaken by the BCC HTIC, including using it as an input for another grant.

BCC HTIC can accept clients from other counties surrounding Erie County. Some clients that come into Buffalo City Court are automatically flagged and transferred to the HTIC based on charge; these automatic flags include prostitution charges, loitering for purpose of prostitution, or practicing without a license. These clients are often arraigned within 24 hours. For each case that comes through BCC HTIC, the Resource Coordinator will perform a screening assessment, which is often performed in-person but can also be conducted over the phone or through a virtual meeting. The Resource Coordinator then works closely with each client, communicating regularly and connecting the client to other advocates and services to meet needs identified in the assessment. When a case has completed services arranged through BCC HTIC and charges have either been dismissed or a plea has been accepted, BCC HTIC does not conduct an exit assessment before leaving the BCC HTIC. Many clients will continue to work with Buffalo-area service providers and even touch base with the BCC HTIC Resource Coordinator after their case has been dismissed or disposed.

**Exhibit 3. BCC HTIC Process Diagram**



This Case Process Model is under review for publication in a peer-review journal. Citation source will be updated.

## Partner Organizations

The Buffalo network involves a dynamic group of partners and stakeholders who collaborate in multiple ways and provide many different types of services (Exhibit 4). Hereafter, this report refers to collaborators within this network effort as “partners” although this does not necessarily imply that formal agreements or protocols are in place.

**Exhibit 4.** Metropolitan Network of Partners of the BCC HTIC

Partner Type	Services Provided
Law Enforcement	Across the varying levels of law enforcement in the Greater Buffalo Area partners reported supporting survivors through the investigative and judicial processes in the form(s) of interview assistance, providing linkage with community non-governmental offices, and ensuring survivors are receiving the services and referrals pertinent to their needs as their primary goals.
Comprehensive Service Centers	These centers provide a myriad of integrated services to clients ranging from physical and mental health programs to temporary housing. Their goal is to serve clients at all levels of health and well-being through hands-on and holistic case management and referring them out to other service providers as appropriate.
Medical Centers	Serving as the emergency response program for survivors providing immediate medical attention and advocacy. Case managers guide survivors, helping them navigate the medical system with a two-fold mission to ensure they are receiving proper care and to eliminate the intimidation factor, especially in cases where patients are unable to advocate for themselves.
Legal Assistance	Primary service is to represent clients who have been arrested for human trafficking. Serving as their advocates, as they move through the BCC HTIC for the criminal aspect of trafficking cases providing low (if not free) cost legal representation. Connecting clients with case managers at the IIB to get them the services they need. These services can include legal representation for immigration proceedings and post-conviction vacatur procedures.
Housing	Offering emergency shelter housing and transitional housing program with residential and non-residential services. Case managers assist clients with securing safe and stable housing while also linking them to services like substance use treatment, educational and job training, and mental health counselling.
Mental Health Services	Clients are served through case management and advocacy in the forms of trauma response therapy, crisis hotlines, and education, prevention, and safety planning efforts in the community.
Substance Use Treatment	Out-patient treatment facility offering their clients job and educational training, mental health counseling, and substance use treatment to allow for a smooth re-integration into society.



## Partner Communications Structure

**The Buffalo network of providers uses a mostly informal communication structure.** While some organizations and agencies have formal MOUs with IIB and other victim service organizations, most partners use ad hoc communication based on client needs. Communication with other organizations and agencies happens through phone conversations, text message threads, and emails. For some meetings with other organizations, they may schedule a Zoom meeting or meet in-person. Communication frequency and method is often driven by the client's needs and preferences, ensuring confidentiality and linkages to needed services when necessary. Partners described a positive and collaborative experience communicating with other service providers throughout Buffalo, especially when communicating with BCC HTIC and IIB.

Partners have an advocate alliance that meets semi-frequently and is focused on domestic violence cases. During these meetings, partner organizations connect and coordinate about clients of domestic violence and human trafficking cases.

## Referral Mechanisms for Services

**Case Identification.** Partners use a collaborative approach to identify clients who have experienced human trafficking, working closely with IIB and BCC HTIC. Repeated HTIC training provided to attorneys and public defenders prepared them to use trauma-informed, in-depth interview techniques with newly charged clients to identify red flags for human trafficking and the majority of cases. Many clients are also identified by IIB, BCC HTIC, or by the Western New York Human Trafficking Task Force. Staff from medical centers often identify people who present to hospitals or other facilities with a variety of health and safety needs, most often flagged as experiencing domestic, interpersonal, or family violence or abuse. Law enforcement agencies identify trafficking survivors through passive surveillance when they observe suspicious activity in local areas. Many partners benefited from using a screening tool to identify victims of human trafficking and recommended this as a best practice.

**Referral Process.** Buffalo area organizations use a mostly informal, client-centered, and collaborative process for referring survivors to other service providers in the network, with IIB advocates and the BCC HTIC Resource Coordinator as integral partners in this process. Depending on the scope of needs, partners may try to connect clients with services internally (e.g., medical care or housing), but most often survivors are referred back to IIB for case management support, and to both IIB and BCC HTIC to be linked with other service providers.

Law enforcement agencies have a formal referral process involving standard protocols and formal documentation of client needs. Law enforcement agencies are often responsible for identifying human trafficking survivors and referring them to BCC HTIC so clients can be linked to support services. These agencies work collaboratively through the Western District of New York Human Trafficking Task Force to identify and refer clients to BCC HTIC as often as possible because the HTIC has an expert understanding of how to help survivors.

Several partner organizations have long-standing relationships with other service providers in Buffalo and cite this as an important component of the work that they do to meet clients' needs. Support service organizations try their best to refer clients to local service providers based on geography since access to transportation is frequently an issue. Some of the referral services include housing, substance use treatment, counseling and mental health services, medical care, transportation, clothing, and food. They attempt not to duplicate services and instead rely on partners to combine their resources and expertise to provide the best support to survivors.

Many partners describe a client-centered approach to their referral process, working with survivors to identify their needs and match them with appropriate services, and they try to empower survivors to make these connections for themselves when possible.

## Documentation and Data Systems

### *Tracking System and Process*

BCC HTIC keeps track of each client with descriptive information that comes from the court about each survivor. Client documentation is kept in the UCMS, the Judge's Court files, and informal notes by the Resource Coordinator to follow-up as needed with different clients.

Most partners use internal case management systems to track client data. Because of funding and reporting restrictions, these systems are often built for internal purposes and are not specific for human trafficking survivors. None of these systems communicate externally with outside organizations in the Buffalo network. Several partners have developed workarounds to track data about clients:

- A housing services partner created a system for Buffalo housing providers, called Buffalo Area Service Network (BAS-Net). BAS-Net allows providers to track, access, and use information about clients in a web-based database. The database was created to capture characteristics of people experiencing homelessness, but it can be adapted to include data about human trafficking victims.
- Medical service partners or crisis services at health centers track survivors through their electronic medical record system (EMR). Only information relevant to medical care is included. When EMR extensions for tracking human trafficking notes are not available, some providers and support staff track information by hand, demonstrating the need for better software features.

Several partners who use EMRs to track clients described the need for external data systems or ways to track additional information about survivors that do not fit within the EMR. In these cases, outside referrals to other service providers or social service agencies for housing, clothing, transportation needs, etc. would be tracked outside of the EMR through either paper files or an external database set up within the organization, often through excel spreadsheets.

Other organizations and agencies (outside of the medical field) also note the need for tracking client-level data using excel spreadsheets, google documents, and paper files. A few partners only use paper

files to track information about survivors who access services. The process for tracking and the type of information tracked often depends on the funding requirements and whether organizations are required to report certain types of information for grants.

### *Data Elements*

Partners track a variety of different data elements about their clients, including basic demographic information and notes about to which services and providers clients were referred. Data collected is driven by reporting and funding requirements set by grant funders. Most partners track common demographic information of survivors, including name, age, date of birth, and other basic identifiers such as current address. Law enforcement agencies track whether someone had been arrested previously, whether they were a victim of violence, whether they needed referrals for medical care, and information related to the client's charges. Legal service partners track data related to dates of service and time spent with clients, for billing purposes. Mental health and medical providers track treatment plans and compliance with treatment.

Few data systems used by providers in this network communicate with one another, and many are unique case management systems.<sup>iv</sup> Data systems are operated confidentially, and access is restricted. Partners do not share data with other organizations directly about their clients, but due to the close relationship between organizations, IIB and the BCC HTIC are able to informally share data to facilitate case management.

## Facilitators and Barriers to Providing Support Services

### **Key Takeaways:**

- Demonstrating authentic care for clients is as an important facilitator to building trust.
- Service providers can play an important role in brokering trust between law enforcement and clients.
- More opportunities are needed for training support staff on trauma-informed approaches such as prioritizing flexibility, responding to clients' circumstances, and demonstrating compassion and empathy.
- Incorporating trauma-informed approaches requires culture shifts, which take time and effort.

---

<sup>iv</sup> Systems identified include CLEO, used by legal providers for case management; Prosecutors Case Management System (PCMS) which is available to all prosecuting offices in New York; MEDENT, an electronic medical record and patient portal system that can be used by medical providers; Buffalo Area Service Network (BAS-Net), a regional network and case management system for housing and other social service providers; and Apricot for Violence Survivors (AVS), a domestic-violence database

The following facilitators and barriers to providing support services emerged in our study of the BCC HTIC. These findings include important lessons for support service organizations caring for survivors of human trafficking.

## Facilitators for Providing Support Services

- **Demonstrating authentic care for clients is an important facilitator to building trust.** Support service staff can build trust by demonstrating to survivors that they are “on their side” and advocating for their rights. This can be done in courts, medical care settings, rehabilitation, and every other client encounter.
- **Building trust with clients is a key facilitator to engagement with service providers and collaboration with law enforcement.** Forming trust with clients is essential for understanding and addressing their needs. Building trust was closely tied to clients’ readiness to accept services and is crucial for providing client-centered services. From a law enforcement perspective, trust is a prerequisite to working in a collaborative manner, particularly in situations in which law enforcement relies on testimony or information from clients to arrest those who perpetrated crimes against them.
- **Survivors of human trafficking are typically reluctant to engage with and trust law enforcement.** This lack of trust can stem from previous experiences requesting help from law enforcement and not receiving it or having their concerns minimized. Fear of deportation is another common reason why survivors hesitate to trust law enforcement. Through repeated instances of follow-up, law enforcement officers can build trust over time.
- **Service providers can play an important role in brokering trust between law enforcement and human trafficking survivors.** In addition to committing the time to multiple follow-up attempts, law enforcement and legal service providers should collaborate with service providers to build trust. Linking survivors to resources to meet their needs can also foster trust.
- **Training on human trafficking and trauma-informed approaches are essential.** Training topics should include recognizing signs of human trafficking, prioritizing flexibility, responding to the nuances of survivors’ circumstances, and demonstrating compassion and empathy. Trainings might follow a “train the trainer” model. Organizations can hold trainings for their staff to facilitate learning or can direct staff to local universities or institutions that provide training.

## Barriers to Providing Support Services

- **Some barriers to providing support services for human trafficking clients are systemic.** These include challenges with having the right information collection systems or administrative hurdles (e.g., lawyers being unable to directly provide monetary support, such as transportation assistance).
- **Providing support services to clients can be complex due to the grave nature of clients’ challenges.** For example, for those with opioid use disorder, maintaining adherence to maintenance medication can be a significant challenge. Similarly, for law enforcement officers, it can be difficult to find legal counselors who can assist victims experiencing high levels of trauma.

- **Some lawyers and judges do not know how to recognize signs of human trafficking** and may be reluctant to acknowledge it as a problem, making them hesitant to transfer clients to HTICs. It takes training to recognize human trafficking victims, who often do not understand or disclose if they are being trafficked.
- **No quick fixes: Incorporating trauma-informed approaches requires culture shifts, which take time and effort.** Support staff need to be flexible, empower clients with agency, take time to understand clients' specific needs, and view certain behaviors as symptoms rather than problems or reasons for discharge. Trauma-informed approaches emphasize the importance of empathy, compassion, and connection over "tough love."

## Facilitators and Barriers to Partnerships

### Key Takeaways:

- Establishing partnerships requires time, mutual respect, trust, and consistent communication.
- Formal structures like task forces can help partners communicate efficiently and identify opportunities for collaboration.
- Mutually beneficial partnerships create a seamless care process for clients and reduce interagency competition.
- Partner organizations should collaborate to address differences in organizational norms and values, lack of trust, or negative preconceived notions.

Productive working relationships with other organizations helped BCC HTIC partners collaborate effectively and efficiently to meet survivors' needs. The following facilitators and barriers to forming and sustaining partnerships emerged in our study of the BCC HTIC. These findings include important lessons for organizations seeking to partner with others to care for survivors of human trafficking.

### Partnership Facilitators

- **Establishing successful partnerships requires time.** Long-standing personal relationships between individuals and organizations are helpful for establishing partnerships, though not necessary in all cases. In the Buffalo network, many partners worked in the Buffalo community for over a decade and built relationships with other organizations over time. Taking time to set strong foundations for partnerships enables partners to successfully direct clients to appropriate support services or individuals.
- **It is important for partners to feel confident about the care clients will receive from other organizations.** Understanding and trusting the quality of the care and services provided by other partners to survivors facilitates relationships. With time and open communication, partners can agree on standards of care including trauma-informed, survivor-centered, and harm reduction approaches.

- **It is important for partners to maintain regular and consistent communication.** Communicating clearly and consistently brings partners closer together to resolve emerging issues, identify mutually beneficial opportunities, and create a collaborative and safe network to care for survivors.
- **Formal structures like task forces can facilitate partner relationships.** Task forces can help individual members maintain regular communication with partners. Members can include leaders of support service organizations, case managers, HTIC staff, law enforcement, and others who serve human trafficking victims. It is helpful for members to convene regularly (bi-annually, quarterly, monthly) and form committees or working groups dedicated to topics of interest (e.g., labor trafficking, services, law enforcement). Meetings help partners build relationships, resolve outstanding issues, and issue appropriate referrals for clients.
- **Partnerships can be mutually beneficial in nature.** Especially when collaborating across service types (e.g., case work, medical, law enforcement), partners can work together to improve clients' experiences with the criminal justice system and make recovery and assistance seamless. Partners can also help identify grant opportunities and reduce unnecessary competition for funding.

## Partnership Barriers

- **Differences in organizational norms and values can be challenging.** Organizations might find it difficult to partner with institutions that have different treatment or assistance protocols, such as abstinence-based admission requirements or lack of inclusivity (e.g., LGBTQ populations).
- **Lack of trust in the quality of care or services inhibits partnerships.** If individuals do not feel confident that clients will receive quality care or treatment at other institutions, they may be reluctant to establish partnerships or make referrals for services.
- **Partners may come to the table with negative, preconceived notions about other organizations' intentions or abilities.** Partners should approach initial discussions with open minds and dedicate time to listen to partners' perspectives to find common ground for building respect and trust.

## BCC HTIC Feedback and Experience

All the clients interviewed who interacted with the BCC HTIC described positive experiences and highlighted the connection they still feel to the court. Multiple respondents described the BCC HTIC as a "lifeline" and "support system."

Clients highlighted the importance of the people working at organizations throughout the Buffalo network, especially IIB and BCC HTIC. Clients used words such as "amazing," "caring," "nurturing," and "sweet" to describe the BCC HTIC Resource Coordinator and Judge. BCC HTIC staff provided clients with constant reassurance and communication: "[They] always checked in on me, they made sure I was doing the right thing...they helped talk me through how to be a mother to my kids." Clients stressed the

need to feel safe in the court and sharing personal information, and respondents felt the BCC HTIC demonstrated that continuously.

Several respondents did not fully understand that they had been trafficked and were in denial until working with the BCC HTIC Resource Coordinator. The BCC HTIC helped clients understand that they were being trafficked and bring them out of denial about what was happening.

“I didn’t realize what was going on... [The Resource Coordinator] gave me a paper like a pamphlet and described human trafficking and what it is like... I just, it was part denial and it was part like... that wasn’t what was going on.”

Several clients noted that even years later, they are still connected to some of the resources they received through the BCC HTIC, and they still check in with the Resource Coordinator and IIB case manager to give them progress updates on their life.

## Evaluability Assessment Lessons Learned

### Data Availability and Accessibility (Secondary Data, Primary Data)

Of the 21 partners interviewed, 5 (24%), were willing to share data collection information including collection and management processes, variables collected, and the types of queries typically ran (if any) with NORC staff that could be used to inform an evaluability assessment. Partner types (within the 24% that agreed to share information) varied across the spectrum of service providers from law enforcement agencies and legal assistance services to comprehensive care centers. An additional 5 (24%) of partners indicated that there is potential to provide NORC with data collection information but would need to check feasibility with other organizational staff.

#### BCC HTIC Data

In August 2020, NORC established a contractual data use agreement with the New York State Unified Court System (UCS) to access data contained in the UCS Information Management System known as the Universal Case Management System (UCMS) about clients who went through the BCC HTIC from January 2017 through January 2022. NORC also requested access to an aggregate report representative of all BCC courts for the same time period. The aggregate report helps provide a denominator for examination of BCC HTIC activities. Both the BCC HTIC and aggregate data reports were received on a quarterly basis beginning in September 2020, resulting in four data exports to be

used for analysis (August 2020, January 2021, June 2021, and January 2022). Each export contained 9 excel datasets housing demographic, treatment activity, drug tests, infractions and sanctions, charges, attorney type and service provider name and type data. These datasets arrived with varying levels of completion and utility from an analytic perspective.

Datasets are limited to episode-level data necessitating the need for a crosswalk between episode and person-level data. An episode is equivalent to a “case” in similar problem-solving courts and contains the clinical case management information for an individual passing through the HTIC. When an episode is created it is assigned an “episode ID” or unique sequence number denoted by “AA-BBBBBB-CC” where “AA” is representative of the last 2 digits of the year, “BBBBB” is the sequence number, and “CC” is the two-character court code. In December 2020, NORC received a crosswalk of persistent person identifier (PPI) variables to link each episode to its corresponding person.

### Data Quality

Data quality often refers to the fitness of data in relation to its intended use. Components of high-quality data include timeliness, accuracy, completeness, consistency. The absence of high-quality data presents challenges for end-users to adequately evaluate the effectiveness of a program or policy to inform the decision-making process.

**Completeness.** Completeness refers to the percentage of populated data values in a dataset. It is a measure of the absence of blank values or the presence of non-blank values in a dataset. Completeness is a critical factor in determining how useful a dataset is and whether it is suitable for analysis and evaluation. Upon initial review of the nine datasets sent from the court, the Demographics, Treatment Activity, Drug Tests, Charges, Infractions and Sanctions, Attorney Type datasets appeared to have high completion rates indicating potential for analysis. After further review — excluding datasets with a high rate of non-substantive entries (see below) — the Demographics and Treatment Activity datasets were determined to provide the most useful data values for the scope of this project. Exhibit 5 outlines the elements of each dataset; the orange text indicates the specific variables that were examined in our descriptive analyses.

**Exhibit 5.** Data Elements Available for Descriptive Analyses

Demographics Dataset	Treatment Activity Dataset
court name	episode number
episode classification	assessment type
<i>episode number</i>	score
eligibility status	<i>program type</i>
<i>create date</i>	<i>service provider name</i>
contract date	modality
<i>closed date</i>	<i>start date</i>
<i>closed reason</i>	<i>days in treatment to date</i>
DOB*	<i>completion date</i>
<i>ethnic origin</i>	<i>completion reason</i>



Demographics Dataset	Treatment Activity Dataset
<i>gender</i>	<i>completion number of days</i>
<i>race</i>	attendance percent present
postal code	attendance percent excused
<i>in jail indicator</i>	data download date
warrant date	report run date
<i>warrant status</i>	
data download date	
report run date	

\*A new variable *age* was created to replace DOB. Orange/italicized text indicates the specific variables that were examined in descriptive analyses.

The remaining datasets, despite appearing to exhibit high completion rates, often include values like, “none”, “null”, or “no answer” (these are not data entry categories seen and entered by the Resource Coordinator, and thus are truly missing data) as countable responses, limiting the overall usefulness of the data. Alternatively, housed in the treatment assessment responses dataset is the New York State Problem Solving Court Screener, a comprehensive questionnaire that, if completed consistently, could prove extremely useful for future research on treatment outcomes of HTIC involved individuals. In December of 2020, a new assessment form referred to as the UCMS C-CAT was introduced by the New York State Courts System. This form is intended to replace the New York State Problem Solving Screener and was adopted and integrated into the HTIC UCMS system in early 2021. The C-CAT form shares some similarities with its predecessor but also introduces new variables to report on such as: housing stability, social and familial networks, attitudes towards violence and interpersonal relationships, and recent trauma symptoms and history of abuse or trauma.

**Uniqueness.** Determining the uniqueness or, the extent to which an observation is only recorded once in a dataset, is fundamental to assessing data quality. For the Treatment Activity data, observations were recorded at the *episode-level*, meaning each case (individual person) could have multiple episodes or observations (interactions with the court) and these episodes/observations each vary, meaning they would have different details entered for the same case. For example, one episode number might have multiple treatment program types and service provider types associated with it, each with a different completion status, number of days in treatment, and completion reason. An episode number also distinguishes the different courts to which a client may be linked within the UCMS (e.g., Opiate Court involvement vs. HTIC involvement).

For consistency, demographics are based on data from the most recent episode per person for individuals with more than one episode. This decision was made so that only the most up-to-date demographics data were assessed as part of the descriptive analysis. The PPI variable was a critical piece in the data transformation process allowing for person-level analysis to occur. Integrating the PPI variable across datasets is an important first step to linking data across UCMS data sets for subsequent analyses. Researchers working with similar secondary case-level data should investigate the extent to

which a unique identifier can be shared with them directly to allow for a more rigorous analysis at the person-level.

Theoretically, each dataset includes information relevant to the same cases (individuals); however, in practice, the datasets as delivered did not have the same number of episodes recorded. For the Treatment Activity dataset, the data were kept at the episode-level (i.e., multiple rows may have the same PPI) since each episode or observation were representative of distinct treatment referrals. In some instances, the same episode was found to have been entered into the Treatment Activity dataset more than once and to account for duplicate episodes the data were cleaned in SAS, and the final analytic dataset contained 117 unique episodes. For these 117 episodes, the HTIC ordered 197 treatment referrals to a service provider. Multiple referrals for the same episode were possible if the HTIC wanted to provide different organizational options for the individual case to seek treatment, or if an individual had multiple different needs (e.g., housing, substance abuse services, medical) the HTIC believed should be supported. Each episode had 1-5 distinct referrals, as shown in Exhibit 6, but most individuals received only one or two referrals per episode.

**Exhibit 6.** Number of Court-Mandated Treatment Referrals to Service Providers

No. of Referrals per Episode	Case Frequency
1	63
2	37
3	9
4	7
5	1
<b>Total</b>	<b>117</b>

### Descriptive Analysis – *Demographics*

Data received from the BCC HTIC spans from January 2017 through January 2022. The HTIC reported 216 episodes for the five-year period (excluding the seven episodes with missing *persistent person identifiers* or PPI). After data was cleaned, the final analytic dataset for demographics included 193 person-level cases. Most cases were reported during the 2017-2019 period, while the 2020-2021 period accounted for only 17 of the 193 cases. The disparity in case distribution is challenging to characterize, but the COVID-19 pandemic likely played an important role in the dramatic decrease in cases. Another factor to consider is the recent shift to decriminalize sex work across criminal justice systems with the introduction of the Sex Trade Survivors Justice & Equality Act in New York state. Although local experts indicated this Act was not yet implemented across the state, it is unclear if there was an effect in practice in the Buffalo metropolitan area.

To gain insight on the profiles of individuals involved in the HTIC, we examined selected personal and criminal justice characteristics of the *most recent episode* per case. The following variables were included in cross tabulations: *age, sex, race, ethnicity, warrant status*, and an indicator that the individual was *in jail*. Results show that 96% of cases were white, non-Hispanic females with the median age of 35. Of the 193 cases, 98% were not in jail and 82% did not have an active warrant status. These data are cross-sectional and are entered into the UCMS at the time of intake to the BCC HTIC.

Also of interest was the *closed reason* variable. When an episode is completed for any reason (graduation, refused to participate, failure, ineligible, etc.), the episode status is set to *closed* and the appropriate *closed reason* for the episode is selected. The *closed reason* variable is a court-related outcome that refers to how a case exits the HTIC. As of June 2021, 173 or 90% of cases were considered “closed.” Of the 173 closed cases, the breakdown of “closed reasons” are outlined in Exhibit 7.

**Exhibit 7.** Documented Reason for Closure of an HTIC Case (N=173)

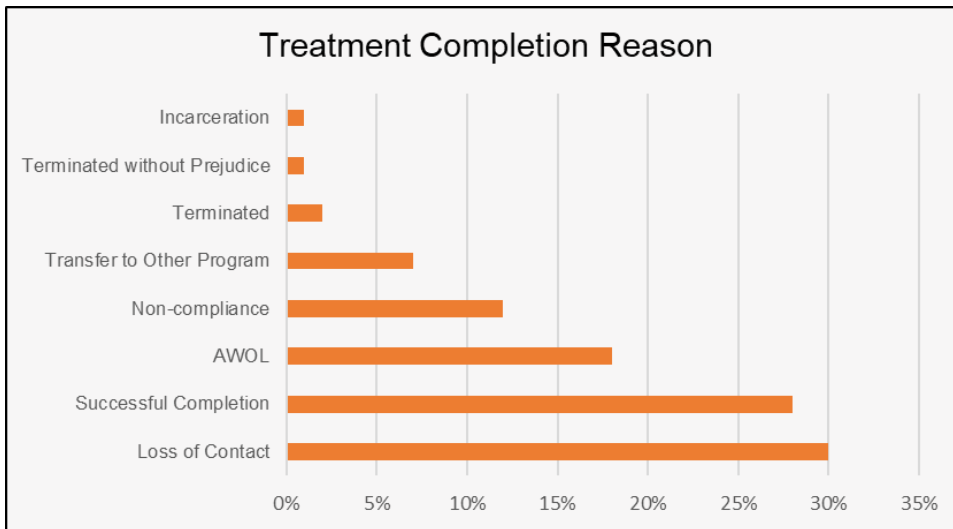
Closed Reason	Frequency
Graduated	66
Adjournment in Contemplation of Dismissal (ACD)	36
Incomplete: Sentenced on Other Case	3
Transferred to Other Court/Jurisdiction	3
Warranted/Not Final	32
Failed	27
Abated by Death	6

## Descriptive Analysis – Treatment Activity

For the Treatment Activity dataset, the determination was made to keep the dataset at the episode-level since observations were representative of treatment referrals. Data were cleaned in SAS (see Data Quality section above), and the final analytic dataset for treatment activity data contained 117 unique episodes. For these 117 episodes, there were 197 treatment referrals to a service provider. Each episode had between one to five referrals each, as depicted in Exhibit 6 above, though the majority of episodes (85%) were characterized by only one or two referrals. Referrals were made to 20 different service providers ranging from legal assistance and housing to mental health and substance use programs. A large majority (80%) of BCC HTIC referrals were made to mental health and substance use treatment programs. BCC HTIC’s formal partnership with a local behavioral and supportive services provider may influence the number of referrals made by provider type. However, future research may be warranted to more rigorously describe how determinations are made to match clients with service providers in this HTIC and similar problem-solving courts across the country.

This dataset includes a *treatment completion reason* variable. The *treatment completion reason* is a treatment-related outcome with court-defined values including but not limited to incarceration, loss of contact, and successful completion. The *treatment completion reason* variable refers to a client's final interaction with a treatment program, whereas the *closed reason* variable (see Exhibit 7 above) describes how cases (individuals) exit the court system. Across the 197 referrals, fewer than half (45%; n=89) were considered complete meaning that there was data indicating the reason for treatment completion; 54% (n=108) of the referrals had no treatment completion data in the system. For episodes on average the time elapsed between treatment start date to treatment completion was 55 days. Exhibit 8 lists each *treatment completion reason* value with the corresponding frequency distribution.

**Exhibit 8.** Court-Defined Completion Reasons (N=197)



## Partner Readiness to Collaborate on Evaluation

Of the 21 partners interviewed, seven (33%), indicated that they were willing to provide contact information for other organizational staff. The types of contacts discussed ranged from data specialists to clinicians and survivor advocates. Of the 21 partners interviewed, nine (43%) reported that their organization had been evaluated in the past. The level of rigor or formality of evaluation varied among the nine respondents. For example, five (24%) indicated that they had been formally evaluated by an external source while the remaining four (19%) reported that their programs had been informally or internally evaluated in the past.

## Recruiting and Interviewing Survivors

Six or 29% of the 21 partners interviewed stated that they were willing to make this connection, and several indicated that they had a survivor in mind. Only a few (10%) were willing to identify survivors

but would need more information from study managers about study protocols and the mechanisms that would be in place to protect survivors if they were to participate.

A majority of respondents indicated that meeting in-person to speak with survivors is best practice, particularly when it comes to building trust to form a relationship between the survivors and themselves (service providers). However, due to the COVID-19 pandemic respondents stated that they have transitioned to “alternative” methods of communication to check-in on clients including text messages, email, Zoom or other video conference platforms, and lastly phone calls. Additionally, several partners expressed frustration with limitations on client communication imposed by the COVID-19 pandemic. Ultimately, partners agreed that irrespective of the methods used, a critical component of successful communication is being aware of and receptive to the clients’ levels of comfort and accessibility.

Partners were asked to provide insight on human trafficking survivor outcomes and whether survivors have given feedback about their experience as a client in the BCC HTIC and the area’s “network” of service providers. Many respondents attested that human trafficking survivors have specific needs and that those needs may look and feel different for each survivor. Subsequently, the amount of time spent serving clients can vary based on their needs and the challenges that arise during that time.

## Evaluation Considerations

### Suggested Evaluation Tools

A variety of tools are available to help evaluators and program implementers interested in evaluating human trafficking courts. Below, we present three examples of evaluation tools for conducting evaluability assessments and program evaluations.

**Evaluability Assessment Checklist.** A thorough checklist can guide evaluators to ask thoughtful, practical questions about the evaluability of their HTIC. For our evaluability assessment, we used questions from Davies’ *“Planning Evaluability Assessments.”*<sup>19</sup> This checklist includes questions about project design (e.g., clarity, relevance, plausibility, complexity), availability of information and data (e.g., existing data, baseline measures, disaggregated data), and contextual factors (e.g., practicality, utility).

**Logic Models.** Logic models are a useful tool for planning and visualizing programs and evaluations. A typical logic model includes details about program/evaluation stakeholders, inputs (i.e., resources), activities, outputs, and short-, medium-, and long-term outcomes. The Centers for Disease Control and Prevention have developed guidance and tools for creating logic models to guide evaluators and program leadership.<sup>20</sup> Below is an example of an evaluation logic model for an HTIC (Exhibit 9).

**Exhibit 9.** Example Evaluation Logic Model of an HTIC

INPUTS	ACTIVITIES	OUTPUTS	SHORT-TERM OUTCOMES	INTERMEDIATE OUTCOMES	LONG-TERM OUTCOMES
<ul style="list-style-type: none"> <li>•MOU with Human Trafficking Intervention Court (HTIC) to conduct impact evaluation.</li> <li>•Funding for impact evaluation.</li> <li>•Data Use Agreement (DUA) for access to HTIC court data.</li> <li>•Protocols (including trauma-informed response plans) for recruitment of HTIC clients for participation in longitudinal study.</li> <li>•Outcomes for Human Trafficking Survivors (OHTS) tool.</li> </ul>	<ul style="list-style-type: none"> <li>•Partner with HTIC Resource Coordinator to establish MOUs with social service providers in HTIC service network.</li> <li>•Review key measures and communications plan for impact evaluation with court and social service provider partners.</li> <li>•Establish schedule for data delivery updates. Ideally establish shared database for multi-disciplinary OHTS updates from case managers across partners, including the HTIC Resource Coordinator.</li> </ul>	<ul style="list-style-type: none"> <li>•HTIC and service provider partners' administrative data delivery on established schedule.</li> <li>•Sample of HTIC clients recruited to research study; data collection through preferred social service provider, HTIC Resource Coordinator, or research team, according to client preference.</li> </ul>	<ul style="list-style-type: none"> <li>•Connect HTIC clients with critical recovery services such as counseling and case management, health care, housing, and substance use treatment.</li> <li>•HTIC clients adhere to treatment protocols and court mandates.</li> <li>•The survivor feels validated, with an increased feeling of safety, and has developed a safe space to access resources.</li> </ul>	<ul style="list-style-type: none"> <li>•HTIC clients avoid criminal convictions by dismissing or reducing charges.</li> </ul>	<ul style="list-style-type: none"> <li>•HTIC clients do not re-appear in local judicial system.</li> <li>•HTIC clients no longer need social service support.</li> <li>•HTIC clients living in a safe, stable environment.</li> </ul>

**Consolidated Framework for Implementation Research.** Evaluators searching for a theoretical framework to guide evaluation might employ the Consolidated Framework for Implementation Research (CFIR).<sup>21</sup> CFIR is comprised of thirty-nine constructs separated into five domains to help guide the development of evaluation questions and data analysis. The five domains are characteristics of the intervention, inner and outer setting, characteristics of individuals, and process. CFIR it is not a formula for program implementation but rather a menu of items from which researchers can select the domains or constructs that are most relevant for understanding or assessing their program.

Researchers hoping to evaluate human trafficking court hub models may choose to use the entire CFIR framework for their evaluations or to focus on the domains and constructs that are most relevant to them. For example, an evaluator may only focus on the Process domain to help understand the steps necessary for achieving successful outcomes or replicating the model in the future. Another evaluator may only analyze the inner and outer setting domains in order to describe contextual factors or characteristics that influenced the implementation of their human trafficking court hub.

It is important to remember that CFIR is not a formula or recipe to follow that will lead to successful outcomes, but rather it is a menu of data points which can help identify factors that served as barriers or facilitators to successful implementation. We recommend evaluators use this framework to guide them in designing evaluations that capture multiple relevant perspectives, data points, and contextual factors affecting implementation.

In Exhibit 10 below, we use CFIR constructs to offer examples of evaluation questions to consider when beginning an evaluation of an HTIC. Where possible, we also suggest data sources to answer evaluation questions.

**Exhibit 10.** Example of Evaluation Questions and Data Sources for Addressing CFIR Constructs

CFIR Construct	Evaluation Question Suggestions	Possible Data Sources
<b>Intervention Characteristics</b>		
Evidence Strength and Quality	<ul style="list-style-type: none"> <li>• What is the evidence base for the HTIC program model?</li> <li>• Is the model developed based on case studies, literature, guidelines, anecdotal evidence, an organic process, or some combination of these?</li> <li>• How is the model designed to lead to successful outcomes?</li> <li>• Does the HTIC model incorporate trauma-centered care principles?</li> </ul>	<ul style="list-style-type: none"> <li>• Peer-reviewed and gray literature</li> <li>• Case studies</li> <li>• Anecdotal evidence from existing HTIC hubs</li> <li>• Court data</li> <li>• Social Service Partner data</li> <li>•</li> </ul>
Relative Advantage	<ul style="list-style-type: none"> <li>• How does the HTIC model improve outcomes when compared to the previous model/process?</li> <li>• Do stakeholders feel the HTIC model is better than alternative approaches?</li> </ul>	<ul style="list-style-type: none"> <li>• Stakeholder interviews (human trafficking survivors, social service providers, law enforcement and judicial personnel)</li> </ul>
Adaptability	<ul style="list-style-type: none"> <li>• To what extent can the model be adapted over time to better fit the needs of clients?</li> <li>• What changes or adjustments are necessary to make the model fit local needs?</li> </ul>	<ul style="list-style-type: none"> <li>• Process evaluation</li> <li>• Stakeholder interviews</li> </ul>
Complexity	<ul style="list-style-type: none"> <li>• How disruptive is the model to current processes? How smoothly does the model fit into current processes?</li> <li>• How many steps are required to implement the HTIC? Is implementation a relatively complex or simple process?</li> </ul>	<ul style="list-style-type: none"> <li>• Process evaluation</li> <li>• Stakeholder interviews</li> </ul>
Cost	<ul style="list-style-type: none"> <li>• What are the financial costs associated with implementing an HTIC model?</li> <li>• How much time is required to implement an HTIC?</li> <li>• How much time is required to evaluate an HTIC?</li> <li>• What kinds of resources are required to implement an HTIC model? What are costs associated with those resources?</li> </ul>	<ul style="list-style-type: none"> <li>• Peer-reviewed and gray literature</li> <li>• Case studies</li> <li>• Anecdotal evidence from existing HTIC hubs</li> <li>• Stakeholder interviews</li> </ul>

## Data Sources

### Survivor Evaluation Participation

An important part of evaluating an HTIC is including perspectives from survivors of human trafficking. During our key informant interviews, we asked survivors to answer questions about their potential willingness to participate in future evaluations and what evaluators need to consider before and during primary data collection. In addition to comments below, we would recommend that the research team recruit survivors to participate in research protocol review throughout the process.

#### *Evaluation Motivation*

When asked about their motivation to participate in the current project as well as future research, **every survivor interviewed expressed an interest in sharing their story and experiences with others in the hopes of helping people facing similar circumstances, educating people about human trafficking, and building awareness about services that can help meet survivors needs.** All participants who answered this question responded positively about participating in future research and the current study. Several participants described how they have already shared their stories with others during meetings and even on social media. A few survivors described being motivated to help others by participating in interviews about their experiences and being motivated by their family members. Survivors also described wanting to help build awareness about human trafficking as an issue and to build knowledge around what trafficking looks like with the hopes of preventing misconceptions and helping people avoid what they experienced.

#### *Evaluation Concerns*

Two survivors highlighted the extremely sensitive nature of human trafficking and recovery topics. Although both noted that personally they had no concerns about research participation, they described how some survivors may have fears about others finding out about what they have been through or being concerned that a trafficker could potentially find out they were talking about their experiences to other people.

#### *Interview Observation and Information*

To assess survivors' comfort with participating in data collection, they were asked about their comfort with having an observer attend key informant interviews. Survivors expressed mixed feelings about being observed during interviews. A few survivors shared they would feel comfortable with researchers observing interviews if it would inform the research or lead to better program development. Other survivors did not answer the question directly and simply shared they thought some people might be hesitant to participate.



Most survivors stated that virtual or phone interviews are the preferred interview method and that allowing them to turn off their camera offers a “sense of security,” privacy, and comfort. Observers, on the other hand, should have their camera on so survivors can be sure they are not being watched by someone who knows them. Some topics will be embarrassing to discuss in front of a stranger (e.g., drug use, rape, sex work), and survivors who have families, are in hiding from offenders, or who are worried about their reputation will need time to build trust with interviewers or observers before being able to openly discuss such topics.

### *Interview Information*

We asked survivors what kinds of information they would like to have before agreeing to participate in interviews about their experience. **Most survivors shared that the most important factor was being able to trust the interviewer.** Being referred to the interview team by a trusted source such as a caseworker provides reassurance that the research team is trustworthy. Before survivors agree to participate, researchers should provide a written form with information about survivors' rights (e.g., confidentiality, HIPAA) and incentives for participation. This can provide comfort and reassurance that the study is legitimate. Survivors elaborated beyond our original question and offered insight for how to make interviews more comfortable for survivors. During interviews, the interviewer should create a comfortable and judgement-free environment to help survivors relax and discuss sensitive subjects. Interviewers should avoid reading questions from a script; instead, they should use a conversational tone to put survivors at ease.

## Measures

The current research informed the following suggested process and outcome measures for evaluation of HTIC implementation and impact.

### *Process Measurement*

An HTIC network process evaluation may be guided by the eight implementation domains (Exhibit 11) of the Outcomes Implementation Research (OIR) Framework,<sup>22</sup> which itself builds on and overlaps with the widely used RE-AIM constructs of adoption, fidelity, penetration, and sustainability.<sup>23</sup>

**Exhibit 11. Process Evaluation Questions Addressing OIR Implementation Outcome Domains**

OIR Constructs	Process Evaluation Questions
Acceptability	Are network partners satisfied with communications between their organization and other partners in the network serving human trafficking survivors? If adopted, how does use of the OHTS fit in with current practices and information technology systems?
Adoption	Are network partners trained in trauma-informed care? Are network partner staff willing to document survivor outcomes using a standardized tool (e.g., the OHTS)? What are case managers' processes for documenting survivor outcomes? Do HTIC personnel rely on the UCMS or is another tool also adopted?
Appropriateness	Do network partner staff and HTIC personnel find the established collaborative processes to be useful for informing service delivery on an individual and programmatic level and for improving client services?
Cost	How much time is required to work with HTIC clients, on average? What changes to implementation processes could or have reduced burden?
Feasibility	To what extent is data extraction from partners' current data systems successful? Does the program have all the necessary resources to implement and evaluate an HTIC?
Fidelity	How consistently are network partner staff and HTIC personnel documenting client progress/outcomes?
Penetration	How many case managers are informed about HTIC goals and processes?
Sustainability	To what extent do network partner staff and HTIC personnel support continue collaboration with each other over time? Are communication channels and processes routinized? Are systems in place to weather staff transitions and changes in funding?

### *Outcome Measurement*

The central administrative data source for an HTIC impact evaluation currently would be the Universal Case Management System (UCMS) operated by the New York State Unified Court System (UCS). Within this system, key measures to track include number of referrals, types of organizations to which referrals are made, time/duration in treatment at the social service agency, reasons for completion of treatment program, time within the HTIC program, charges made against client, and case disposition from HTIC.

However, introducing the Outcomes for Human Trafficking Survivors (OHTS) Tool for partner documentation of client needs and progress is also a viable approach to standardizing data collection assessments at the administrative level and has the added benefit of attending to the program impact for survivors, the end user of the program.

The OHTS Tool, which built on an earlier instrument developed by the Coalition to Abolish Slavery and Trafficking (CAST), sorts outcomes into 14 comprehensive categories (see Exhibit 12).<sup>24</sup> These 14 categories reflect broader components of life, “safety, well-being, social connectedness, and self-sufficiency.”<sup>24</sup> Rather than replacing organizations’ current case management records, such as they are, this tool is intended to strengthen and supplement existing data collection processes. Five key priorities guided the OHTS Tool development process: 1) comprehensiveness, 2) a strengths-based and trauma-informed approach, 3) sensitivity to small increments of change, 4) feasibility of completion by case managers, and 5) low burden on clients.

#### Exhibit 12. OHTS Tool Outcome Categories

- Behavioral Health
- Physical Health
- Safety
- Housing
- Language and Literacy
- Education
- Employment
- Resource Management
- Public Benefits
- Life Skills
- Legal
- Immigration

## Survivor Perspectives from within the Buffalo Network

Survivor perspectives are relevant to both HTIC implementation models and evaluation designs.

**Methods.** We conducted a thematic analysis of interview transcripts and transcript-style notes using NVivo 12. Using our semi-structured interview guides, the team created two respective codebooks that included codes, definitions, and example text to guide coding of all interviews. The team pilot-tested both codebooks using the same process: three team members each coded the same transcript independently, met to discuss and resolve discrepancies, and adjusted codes and definitions as necessary to finalize the codebook. Analysts independently coded the remaining interviews, flagging text that required discussion or clarity. We used coding queries to write summaries of code, highlighting exemplary quotes when possible.

#### Key takeaways:

- **Services:** Survivors of human trafficking may require myriad services to address their needs and receive support throughout the healing process.

- **Awareness:** Further efforts are needed to raise awareness about human trafficking and available support services.
- **Support:** Critical support services include assistance with bills, housing, and education.
- **Support:** It is critical for case managers and support services to build trust with survivors by helping them feel safe, respected, and supported.
- **Barrier:** The most important barriers to using support services were feeling judged, rushed, or disrespected by medical staff, police, or counselors.
- **Evaluation:** Many survivors are willing to share their stories for the sake of educating others and raising awareness.
- **Evaluation:** Survivors need to feel safe discussing sensitive topics with interviewers.
  - Virtual interviews (with the option of turning off cameras) can provide a safe, accessible place for discussions.
  - Survivors should receive background information during recruitment including credentials of the research team, safety considerations, survivors' rights of participation, and incentives (if applicable).

## Service Descriptions

Survivors of human trafficking may require myriad services to address their needs and receive support throughout the healing process. Many factors can influence the types of services survivors seek, the most important being time. For example, a survivor who has recently been removed from a trafficking situation might require basic survival needs like emergency shelter and medical attention. In contrast, a survivor who has had more time to heal from their trafficking experience might be more concerned with receiving services around job or educational training and mental health or substance use counseling (see Exhibit 3).

## Service Awareness

More than half of respondents were informed about and referred to services via a case manager or the HTIC resource coordinator. Additionally, many survivors were informed of the types of services available by a confidant or small group of trusted individuals (e.g., parole officer). Several survivors became aware of services through previous involvement with either the HTIC or a service provider organization. Echoing this sentiment, one survivor noted, "I think for me, accessing any of those [services] starts with going back to the [HTIC liaison] or a case manager. I feel like they would have more knowledge and more information and maybe pamphlets, or they can get in contact with someone to get in contact with you, so I would start with a case manager with court."

Overall, most survivors expressed that there should be an increased awareness of trafficking so that if the need arose, victims would know how to access a service, thereby improving the chances of getting out of a trafficking situation or reducing the risk of revictimization.

Despite survivors agreeing that more efforts to raise awareness should be made, their responses on how to conduct outreach were divided. Several survivors suggested using flyers, billboards, Facebook, and other social media pages to create a space for people to talk about their experiences or trafficking in general. Conversely, others felt that education on human trafficking should take place in an intimate patient-and-provider or client-and-case-manager setting, emphasizing they would not want the “wrong person to find out” that they were seeking out a particular service and that they would want it to be a “more private setting, like a doctor’s office.”

## Service Facilitators

Survivors described the tangible and intangible factors that made recovery and support services helpful. While tangible services like assistance with bills, housing, and education were critical, all survivors highlighted how important it was for case managers and support services to build trust with survivors by helping them feel safe, respected, and supported. One of the most common sentiments shared by survivors was the importance of a supportive culture and feeling like staff “were there for you,” physically and emotionally.

**Intangible support.** Survivors perceived major differences in organizations where staff were patient, accepting of their circumstances, and judgement free. One survivor shared, “I felt like [staff] cared for real,” and many echoed this sentiment that they could tell who genuinely cared about client wellbeing and who was only there for the job. Support services staff earned praise from survivors for respecting boundaries and not being “pushy”; staff were patient and gave survivors emotional space to recover and build trust before opening-up to discuss difficult subjects.

**Tangible support.** Support organizations assisted survivors with paying bills, and some offered tiered rent payments to help survivors transition into financial independence. Survivors were thankful for organizations that helped them secure safe housing and assisted with buying linens and furniture. Survivors were also grateful for organizations that provided weekend travel passes or opportunities to earn spending money by completing office chores, which enabled their independence. Other notable facilitators included help applying for continued education, connections with substance abuse counselors, and connections with legal services, particularly those who helped survivors with expunging their records.

**Safety.** Most survivors emphasized the importance of feeling safe. One survivor reflected that a key facilitator was “feeling safe and like you have a fresh start, and you don’t have to keep looking over your shoulder all the time.” Some services helped survivors create safety plans and had back-up options for safe places to live. Others helped survivors face emotional trauma and learn to live alone safely. Survivors appreciated organizations that persistently checked on their safety and wellbeing and “didn’t give up.” Almost all survivors shared they would feel comfortable seeking counsel from their caseworkers or contacting support organizations again.

## Service Barriers

When asked about the most important barriers to using support services, most survivors did not share many details or critiques. Overall, survivors felt the most important barriers to using support services were feeling judged, rushed, or disrespected. Survivors noted feelings of judgement by medical staff, police, and counselors. Medical staff sometimes made survivors feel judged for previous unsafe sex practices. One survivor shared her experience of being mistreated by police officers who were impatient and did not understand how to address someone with mental illness. Counselors sometimes rushed through discussions instead of giving survivors time and space to open-up. In rehabilitation centers, staff were sometimes impatient or rushed, which made survivors feel disrespected or judged for their behaviors.

The only tangible barrier noted by survivors was the challenge of creating connections virtually. Many support groups (e.g., Narcotics Anonymous, Alcoholics Anonymous) have offered virtual options during the COVID-19 pandemic, and some survivors noted that virtual meetings can be challenging, either because it is harder to form emotional connections with others without being in the same room, or because many participants get distracted with other things like television or snacking during meetings.

# References

1. Judge SM, Boursaw B. The Impact of the Trafficking Victims Protection Act of 2000 on Trends in Federal Sex Trafficking Cases. *Criminal Justice Policy Review*. 2016;29(8):823-848.
2. George A, Vindhya U, Ray S. Sex trafficking and sex work: Definitions, debates and dynamics—A review of literature. *Economic and political weekly*. 2010:64-73.
3. Caliber Associates. *Evaluation of Comprehensive Services for Victims of Human Trafficking: Key Findings and Lessons Learned*. 2007.
4. Schauer EJ, Wheaton EM. Sex trafficking into the United States: A literature review. *Criminal Justice Review*. 2006;31(2):146-169.
5. Duncan AC, DeHart D. Provider Perspectives on Sex Trafficking: Victim Pathways, Service Needs, & Blurred Boundaries. *Victims & Offenders*. 2019:1-22.
6. Zhang SX. *Looking for a hidden population: Trafficking of migrant laborers in San Diego County*. San Diego State University San Diego, CA; 2012.
7. McCann M. *Human Trafficking: An Overview of Services and Funding for Survivors*. Washington, D.C.: National Conference of State Legislatures;2018.
8. Clawson HJ, Dutch N, Solomon A, Grace LG. Human trafficking into and within the United States: A review of the literature. *Washington, DC: Office of the Assistant Secretary for Planning and Evaluation, US Department of Human and Health Services Retrieved December*. 2009;25:2009.
9. Global Health Justice Partnership, The Sex Workers Project. Diversion from Justice: A Rights-Based Analysis of Local “Prostitution Diversion Programs” and their Impacts on People in the Sex Sector in the United States. In:2018.
10. Goździak E, MacDonnell M. Closing the Gaps: The Need to Improve Identification and Services to Child Victims of Trafficking. *Human Organization*. 2007;66:171-184.
11. Messing J, Campbell J, Wilson J, Brown S, Patchell B. Police Departments' Use of Lethality Assessments: An Experimental Evaluation. In: Inter-university Consortium for Political and Social Research [distributor]; 2016.
12. Goździak E, Lowell LB. After Rescue:Evaluation of Strategies to Stabilize and Integrate Adult Survivors of Human Trafficking to the United States. *Institute for the Study of International Migration*. 2016.
13. Graham LM, Macy RJ, Eckhardt A, Rizo CF, Jordan BL. Measures for evaluating sex trafficking aftercare and support services: A systematic review and resource compilation. *Aggression and Violent Behavior*. 2019;47:117-136.
14. Evans HR. From the Voices of Domestic Sex TraffickingSurvivors: Experiences of Complex Trauma & Posttraumatic Growth. *Doctorate in Social Work Dissertations* 2019.

15. Schwarz C, Unruh E, Cronin K, Evans-Simpson S, Britton H, Ramaswamy M. Human Trafficking Identification and Service Provision in the Medical and Social Service Sectors. *Health Hum Rights*. 2016;18(1):181-192.
16. Luminais M, Lovell R, McGuire M. A Safe Harbor Is Temporary Shelter, Not A Pathway Forward: How Court-Mandated Sex Trafficking Intervention Fails to Help Girls Quit the Sex Trade. *Victims & Offenders*. 2019;14(5):540-560.
17. Baxter ALA. When the Line between Victimization and Criminalization Blurs: The Victim-Offender Overlap Observed in Female Offenders in Cases of Trafficking in Persons for Sexual Exploitation in Australia. *Journal of Human Trafficking*. 2020;6(3):327-338.
18. Miller MK, Block LM, DeVault A. Problem-Solving Courts in the United States and Around the World: History, Evaluation, and Recommendations. In: Miller MK, Bornstein BH, eds. *Advances in Psychology and Law: Volume 5*. Cham: Springer International Publishing; 2020:301-371.
19. Davies R. *Planning Evaluability Assessments*. Department for International Development;2013.
20. Centers for Disease Control and Prevention. *Logic Models*. Centers for Disease Control and Prevention, Program Performance and Evaluation Office, <https://www.cdc.gov/evaluation/logicmodels/index.htm>. Accessed June 13, 2022. 2018. Accessed 6/13/2022.
21. Damschroder LJ, Aron DC, Keith RE, Kirsh SR, Alexander JA, Lowery JC. Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. *Implementation Science*. 2009;4(1):50.
22. Proctor E, Silmere H, Raghavan R, et al. Outcomes for Implementation Research: Conceptual Distinctions, Measurement Challenges, and Research Agenda. *Administration and Policy in Mental Health and Mental Health Services Research*. 2011;38(2):65-76.
23. King DK, Shoup JA, Raebel MA, et al. Planning for Implementation Success Using RE-AIM and CFIR Frameworks: A Qualitative Study. *Frontiers in Public Health*. 2020;8.
24. *Outcomes for Human Trafficking Survivors: Development brief.*: RTI International 2020.



# Appendices

## Partner Interview Guide

### Stakeholder Information:

**Name of Stakeholder:**

**Name and Title of Interviewee:**

### Introduction

Good morning. My name is **[Interviewer Name]** and I am a **[Interviewer Title]** at NORC at the University of Chicago. With grant funding from the National Institute of Justice, we are conducting research about a program run by the Buffalo City Human Trafficking Intervention Hub Court (BCC HTIC) to connect probable human trafficking victims with a network of social services in the Greater Buffalo region. As part of this project, we are working closely with the Buffalo City HTIC/Court and the International Institute of Buffalo to help identify different service providers involved in this network.

Our goal is to assess whether it is feasible to conduct an outcome evaluation of the effectiveness of the Buffalo City HTIC network model in helping survivors of human trafficking achieve needed services and safe outcomes. If effective, the Buffalo City HTIC approach may be able to serve as a model for other metropolitan networks in other areas supporting trafficking survivors.

We are interested in speaking with you today to learn more about services you provide at the **[Stakeholder Name]**. Your input today will help us create a descriptive model and implementation guide depicting the role of different agencies and organizations in the network of providers who support and serve trafficking survivors in the Greater Buffalo region.

Our discussion today will last no longer than one hour. All of your answers will be summarized with responses from other agency representatives for our reports. We will not identify you personally or link your organizational name to any specific responses in any of our reports. Your responses to the interview questions will be saved and archived with responses from other agency representatives as a de-identified data file, without any names or any other identifying information, for use by other researchers.

If you have any follow-up questions or comments after we talk today, you can contact the team at **BuffaloEval@norc.org**.

Do you have any questions before we begin?

NORC would like to record this interview in order to ensure our notes are as accurate and comprehensive as possible. We will delete the recording at the end of the project. Do you agree to our recording this interview?

[If all parties indicate “yes” then proceed to record the interview. **[BEGIN RECORDING]**]

[If “no” then say: “That’s fine. Please be patient as we take notes.”]

## Background

We’d like to start out by learning more about the services you provide at **[Stakeholder Name]**.

1. I understand your organization provides *[fill in services]* and serves *[fill in population(s)]*. Are there additional services that I might have missed or anything else you’d like to tell us about the services your organization provides?
2. Does your agency have administrative protocols that help you know and keep track of which of your clients are survivors of trafficking? (Does it differ for HTIC-referred cases?)
  - a. *[If no]*, to what extent does your agency find this out informally from clients?
3. Who in your agency is directly or indirectly involved in supporting trafficking survivors?
  - a. What are their roles?
  - b. Are they trained on how to use trauma-informed practices in their work?
  - c. What supports are in place for the well-being of those working with trafficking survivors?
  - d. How many of the trafficking survivors you serve are HTIC-referred?

## Network Structure

Next we’d like to better understand how your agency works with other service providers in the Buffalo region to support trafficking survivors.

4. Do you communicate with other agencies to share resources, materials, protocols, or data related to trafficking survivors or any special services they need?
  - a. Which agencies/organizations do you communicate with?
  - b. What types of information do you share?
  - c. How do you share it (i.e., what modes of communication do you use)?
    - i. *Probe: Is this communication formal (e.g. documented communications) or informal (e.g. unofficial communications, texts)?*
  - d. *On a related note*, which forms of communication are best for communicating with trafficking survivors?
5. Do you refer trafficking survivors (from HTIC or otherwise) to other organizations/agencies for services?
  - a. *If Yes:*
    - i. Do referrals protocols differ for those from HTIC vs. those not HTIC-referred?
    - ii. Do you have a specified geographic area to which you limit referrals, to minimize travel requirements?
    - iii. Do you make referrals for services within a certain period time (e.g. after a certain number of meetings or does it vary)?
      1. *Probe: Ask about different types of services (e.g., housing, food, legal aid services, medical services)*
  - b. *If Yes:* Do you get feedback from trafficking survivors on their experience at the referral organization/agency? (Does it differ for those from HTIC vs. those not HTIC-referred?)

- c. What protocol(s) are in place to promote emotional safety and choice of trafficking survivors during the referral process?
6. To what extent has the way you interacted with these partners been formalized through written or verbal agreement or protocols? (Does it differ for HTIC-referred cases?)
  - a. How long have these partnerships been active?
    - i. Probe: Renewal time period of MOU; does it expire after a certain time period?
  - b. Is there any specific detail in your partnership that refers to shared/collaborative protocols for helping potential survivors of trafficking?
    - i. As part of these protocols, do you establish a shared understanding of trauma-informed practices?
7. Would staffing changes in your agency affect these partnerships?
  - a. *[If so]* What impact would these staffing changes have?
  - b. *[If so]* At what levels of your agency would there be impacts?
8. Are there other stakeholders/organizations you would like to partner with to further this work?

### Data Collection

Next we'd like to better understand if your agency collects any data or information about your clients who are referred to you by the Court (specifically, we are talking about the HTIC, although you may have other referrals from the Drug Intervention Court). We'd also like to discuss whether you have developed any protocols or processes as an agency to help you serve trafficking survivors.

9. Do you use a data system to track Court-referred cases?
  - a. If yes, can you tell us more about this data system and how you confirm that cases receive services?
    - i. Do you collect or assign identifiers to track which clients receive which services?
    - ii. Do you assign a number or use PII (such as names, date of birth, or SSN)?
    - iii. Do you use any client software to assist with this tracking?
    - iv. *[If an assigned number]* Are these IDs assigned formally or informally?
    - v. *[If an assigned number]* Is this ID linked with numbers from other systems (i.e., the court)?
    - vi. *[If PII]* How do you protect survivors PII?
  - b. Do you track which dates associated with when clients are referred and/or receive services?
  - c. *[If applicable]* Do you track the location/site at which clients receive services?
  - d. What supports are in place for those reviewing cases to input the data?
10. How do you document client's progress:
  - a. With respect to HTIC orders?
 

*Probes for both types of documentation, to explain, I'm asking about:*

    - What type of data about clients do you collect?
    - When does the documentation occur?
    - Who are the key personnel who ensure documentation occurs?
    - How are clients involved in the process of documentation?
    - For HTIC-referred cases, do you communicate back to the Court about the progress of these cases? And/or does the Court send you any updates after the initial referral?
  - b. From your agency's perspective and for the sake of meeting client's needs?

*Same probe list as above.*

11. Do you have any protocols in place for working with trafficking survivors?
  - a. For example, what about following up on referrals, or after your initial meeting, if you have not heard back from the client?
  - b. Can you tell us about these protocols or processes?
    - i. *Probe: Specifically, how do these protocols or processes promote physical/emotional safety, transparency/consistency, choices/options, working together with survivors and/or build upon survivor capacity/strength?*
  - c. How are the protocols communicated to both staff and clients?
12. Does your agency offer or sponsor staff training on trauma-informed approaches or human trafficking?
  - a. If so, is this training required for all staff? Are partner organizations invited/involved?

### Next Steps

Before we conclude, we'd like to tell you about several next steps for our project. Based on our findings from these interviews and other discussions with partner organizations working within a network of agencies in the Greater Buffalo region to support trafficking survivors, as well as with the BCC HTIC and the International Institute of Buffalo, we are exploring plans for a future evaluation study and conducting interviews with survivors of human trafficking. We are trying to determine how feasible it would be to conduct a future evaluation study and the types of information and data we could use to conduct this evaluation.

13. Would you be willing to share any information about your agency's administrative data collection tools, protocols, processes, or other organizational resources with us?
  - a. *Probe: Could we reconnect with you in the future regarding this evaluation?*
14. Is there another person in your agency/organization that you recommend as a strong contact and/or source for information about your agency's administrative data collection tools, protocols, etc. for a future outcome evaluation?
15. Has your agency's work supporting survivors of human trafficking ever been evaluated before?
  - a. Are you currently involved in any evaluations of your agency's work?
16. In 2021, as we develop the evaluation instruments (for this evaluability assessment), we are going to be working with IIB to identify some volunteer survivors to review our draft interview and survey instruments. At some point during this work: Would you consider supporting the evaluation study by asking clients of your agency if they would be interested in speaking with us for a short interview about their experiences with the HTIC and other agencies in the Greater Buffalo region?
  - a. *If no*, would your agency allow a case manager(s) to speak with us on behalf of their clients, without revealing identities?
  - b. *If yes*, what would be the best way to establish that outreach to survivors through your agency (remember, this is for future research)?
    - i. For example, if we provided your administrators with a brief description of the program evaluation design and the measures that NORC would have in place to protect individuals' privacy, would your agency be willing to have your case managers share that information privately with each client to allow for individual decisions about participation?

**Conclusion**

Is there anything else that we haven't discussed that you think would be useful for us to know?  
*Thank you for your participation.*

**Partnership Challenges and Opportunities (questions only to ask if there is additional time at the end of the interview)**

Lastly, we'd like to learn more about any challenges you've experienced while working with trafficking survivors as well as other partner organizations. We'd also like to discuss any opportunities you may have identified to overcome these challenges and opportunities to strengthen partnerships and the overall network of providers who serve these survivors.

17. What challenges have you encountered when working with trafficking survivors to deliver services?
  - a. What challenges have you encountered when working with HTIC-referred clients?
18. What challenges have you encountered when working with other partner organizations?
  - b. Please be specific in which partner you have encountered challenges with.
  - c. Have you identified any opportunities for improving partnerships with other organizations?
19. Have you identified any opportunities for strengthening services being delivered to clients (in terms of actual services being delivered, access, etc.)?

## Survivor Interview Guide

### Interview Goals:

- Understand survivors' experiences interacting with individuals/organizations in the Buffalo network, including service providers and the Human Trafficking Intervention Court, if applicable, to inform overall understanding of how this "network" is functioning.
- Inform the design of future evaluation activities, including data collection approaches, consent language, and outcomes of interest.
- To pilot an approach to interviewing survivors and pilot outcome-related questions for the purposes of informing future protocols.

### Pre-Interview Protocol:

- Recruitment and warm hand-off
  - International Institute of Buffalo (IIB)/Buffalo City Human Trafficking Intervention Court (BCC HTIC) case managers will identify survivors who are willing to participate in interviews and work with an interviewer from the Institute on Trauma and Trauma-Informed Care (ITTIC) to coordinate a warm hand-off. This warm hand-off, which the survivor, case manager, and ITTIC interviewer will all attend, will occur in one of two ways according to the interviewees' comfort level and availability:
    - At a separate introductory meeting prior to the interview; or,
    - At the beginning of the interview. If at the beginning of the interview, the case manager will leave the session after the introduction.
  - Warm hand-off and interview mode: while we anticipate that most interviews and warm handoffs will occur virtually, these interactions may happen in-person if this is the preference of the interviewee.
    - In-person warm hand-offs and/or interviews will occur at a secure location provided by IIB.
    - The ITTIC interviewer will be fully vaccinated and COVID-19 safety protocols in accordance with Centers for Disease Control and Prevention guidelines will be in place.
  - During the warm hand-off, ITTIC interviewer will:
    - Introduce themselves
    - Explain the purpose of the interview
    - Emphasize interviewee privacy, rights, and protections, including noting that participant can keep their camera off and does not need to share their name
    - Coordinate a time for the interview (if occurring separately; see below)
    - Confirm whether interviewee prefers in-person or virtual interview
    - (If virtual) Encourage the interviewee to participate in the interview from a place where they will feel comfortable speaking about their experiences working with different organizations in the Buffalo area, ideally somewhere they can speak in private.
    - Ask if interviewee is comfortable with the interview being recorded for notetaking purposes only. (If no, explain that someone from NORC will need to attend to take notes). Explain the following:

- It will be an audio recording only if the interview occurs in-person or if it occurs by Zoom and the participant chooses to keep their video off; however, if participants turn their cameras on during a Zoom interview then, they will be video recorded as well (Zoom does not have an option for turning video recording off when cameras are turned on).
- We will only be referring to the audio recording to fill in our notes if needed and will not be looking at the video recording.
- Recordings will be destroyed as soon as we finish using them to check notes.
- Coordinating and scheduling the interview
  - (If virtual) ITTIC interviewer will send a Zoom link with dial-in information directly to interviewees or via BCC/IIB case managers.
    - The participant may share their email address with ITTIC interviewer so that ITTIC interviewer can send Zoom links directly.
    - If the participant prefers not to share their contact information, then ITTIC will send this information to the case manager to share with interviewee.
  - ITTIC will communicate timing of warm hand-offs and interviews to NORC note takers so that they can be on standby to join if participant does not agree to recording. If interviewee indicates that they are not comfortable with recording the interview, then the NORC note taker will plan to attend the interview. If participant initially indicated they are okay with recording but changes their mind, the ITTIC interviewer will contact the NORC note taker (on standby) to join.
    - NORC note takers will attend virtually regardless of whether the interview is in-person or virtual.
  - Prior to the interview, either the BCC/IIB case managers or the ITTIC interviewer will share the Participant Information Sheet and the List of Buffalo Area Organization with interviewee via email or in-person (depending on the mode of the interview), if possible.

**Guidance for Interviewer:** Please review the attached ITTIC T-I Interviewer Guidance

**Background and Informed Consent Script (to be administered by ITTIC interviewer):**

Hello, my name is [Interviewer Name] and I work for [Employer] as a [position]. Thank you for agreeing to speak with me. You are welcome to turn your video on for this interview, but you can also keep it off. Did you receive the information sheet about this interview as well as a list of Buffalo Area Organizations? *(If participant indicates no, then screen share these materials if possible and note that their case manager will be following up with them. If it is not possible to screen share, offer contact information on resource sheet verbally.)*

**Interview Purpose:** I'm interested in speaking with you to hear more about your experiences receiving services from different organizations here in Buffalo. I'm working with NORC at the University of Chicago, a nonprofit research organization that has a grant from the National Institute of Justice, to understand how organizations in Buffalo are working with people who have been trafficked. We want to understand what impact those organizations are making on people's lives and whether there is any way that their services could be improved.

Additionally, our purpose today is to learn how to design interviews in a way that works best for people who may have some concerns about participating in research. So part of the goal today is to learn

things that can help us improve how we do these interviews in the future. We'll use what we learn today along with what we've learned from other interviews to describe how organizations are working to provide services.

After we get settled, we will have about 45 minutes for this conversation and to thank you for your time, we'd like to give you an \$81.25 gift card.

**Rights:** Although we have 45 minutes to talk, you can end the interview at any time and your participation is completely voluntary. You will still receive an \$81.25 gift card even if the interview ends early. You may decline to answer any question you wish. If anything makes you uncomfortable or you would rather not discuss, please let us know and we can move on. Your participation in this interview will not impact the services or support you receive now or in the future.

**Confidentiality:** We will take notes during the interview, and make a recording to help us clean the notes afterward if this is okay with you. Although we might include what we learn from you in written products, we will not use your name or any identifying information in any of our project reports. As a federally funded research project, we have a privacy certificate from the U.S. Department of Justice. This means that even if a court or lawyer asks us for information about you, we cannot give it to them. All personally identifiable information will be destroyed at the end of this project.

**Potential Risks and Benefits of Participation:** The risks of participating in this interview are minimal, but greater than everyday living. Some of the questions in this interview will be about your past experiences working with organizations here in Buffalo, whether they were positive or not so positive experiences, which could be stressful. Learning about your experiences could potentially provide information about what organizations' services are helpful to you, and how to improve organizations' services for future clients in Buffalo, and eventually, elsewhere in the United States.

If you have any questions about this study after the interview, you can call the NORC Project Director, [Name] at [Phone Number].

If you have questions about your rights as a participant in this research project, please call the **NORC Institutional Review Board Administrator at 866-xxx-xxxx**.

Do you agree to participate in this interview? Any questions or concerns?

(For interviewees that previously gave verbal consent to recording) As I mentioned before, we would like to record this interview for note-taking purposes. Is this still okay with you? If so, I am now going to start recording. (If virtual) Please note that if you turn your camera on, then the recording will include video recording in addition to the audio. *(If participant indicates they are no longer okay with recording, then the ITTIC interviewer will immediately contact a member of the NORC research team on standby to join the interview).*

#### **I. Service Experience:**

*Interviewer Note: Per the pre-interview protocol above, the interviewee should have received the list of Buffalo Area Organizations. Confirm whether interviewee received this list. If not, attempt to screen share via Zoom. If screen sharing is not possible, use List of Organizations as prompts.*

1. To start, have you had contact with any of the following types of organizations over the past year: housing support, legal aid, medical care, counseling, substance use treatment, education/job training? *(If possible, show interviewee list of Buffalo Area Organizations and ask*



*them to indicate which they have had contact with as they feel comfortable; emphasize that same confidentiality/privacy rights still apply)*

- a. Regarding these services, what would you say worked and what would you say didn't work?
  - i. What was most helpful about the services or supports?
  - ii. What would you have liked to see that would have been more helpful?
  - iii. Do any of these organizations feel like a safe contact place that you could turn to at any point in the future if you needed support, even if you hadn't talked to them in a while?
- b. In thinking about how these organizations can support and work with an individual such as yourself, what is most important? What really matters?
  - i. *Probe: Among all these services, which would you say are most important or most helpful?*
- c. If that were to occur – if that support were to be in place – what would be possible for you in terms of goals and next steps?
  - i. *Probe: Where do you want to go next? What is important to you in terms of next steps?*
- d. *(For individuals who indicate they have had contact with BCC HTIC on attached checklist of Buffalo Area Organizations)* The Buffalo Human Trafficking Intervention Court's goal is to connect people who are survivors of trafficking to organizations who can provide that safe support over time. Do you feel like the BCC HTIC was helpful that way?
  - i. Do you feel like you could go back (privately) to anyone at the BCC HTIC for additional advice or help?
  - ii. *(If participant indicates that BCC HTIC was helping in connecting to other organizations/services)* Now that you know about some of these organizations and services through BCC HTIC, how would you access them in the future?

## II. Evaluation Participation

As I noted before, one of the goals of this conversation is to learn how to design interviews in a way that works best for people with different lives, schedules, and needs.

2. Would you mind telling me what motivated you to participate in this interview today?
3. Did you have any concerns prior to participating? If so, what were they?
4. One of the things we're hoping to do is observe sessions between individuals and their case workers (e.g., at International Institute of Buffalo). We want to know how we could set things up in a way that might make you feel comfortable if someone like me were to be a silent observer at a meeting with you and your caseworker. I do want to say that we would have the same legal protections of your privacy in place as for this interview. What do you think about having someone like me....
  - a. Observe in-person at a meeting between you and your case worker?

Sometimes having someone like me observe in-person could be a challenge because of distance, or schedules, or public health restrictions like COVID. So we have two other options that we might have to rely on. What do you think about the following options? Having someone like me...

- b. Observe virtually (e.g., by calling into) a meeting between you and your case worker?
- c. View a recording of a meeting between you and your caseworker?
- 5. Imagine someone like me is observing a session between you and your case manager/worker either in person or remotely. What information would you want from your case manager in that situation about, for example, privacy or confidentiality?
  - a. *Probe: For example, at the beginning of this interview, I told you about how we could not give your information to a court or lawyer even if they asked for it. Was that helpful?*
  - b. Is there anything else you would want to know that would make you comfortable with having a trained social worker who was not your case manager observe your session?
    - i. *Probe: For example, would it help you to know that the extra social worker was observing to evaluate the services provided by that organization?*
- 6. [If indicates any concern or lack of comfort with this situation any of the options] Would you mind telling me more about that?
- 7. Some of these organizations in Buffalo want to know how their services are working for people so they ask researchers like us to evaluate their programs. To do that, we would need to ask clients' permission to collect information on what services they are receiving or how they are doing. We would have the same legal protections in place to protect your privacy. Are there any other ways that we could introduce a study like that to make you more comfortable to consent to participate?
  - a. [If indicates any concerns] Would you mind telling me more about that?
- 8. Before we end today, is there anything else that you think would be helpful for me to know?

\*\*\*\*\*

### Post-Interview Protocol

- Gift card distribution
  - To avoid unnecessarily sharing personally identifiable information (PII), case managers from IIB may distribute gift cards to interview participants. Depending on interviewee preference, these gift cards will be distributed via email or the participant may pick up the gift card in person from their IIB case manager.
  - If participant is comfortable with sharing their contact information, then NORC may send the gift card directly to the participant via email or by text if the participant does not have an email address.
- Follow-up with interviewee
  - Immediately following the interview, interviewer will follow up with the case managers who participated in warm hand-off to confirm interview occurred.
  - Case managers who originally referred the interviewee and participated in the warm hand-off will follow up with interview participant within 24 hours to offer resources and or referrals.
- Trauma-informed interviewer debriefing
  - The research team (ITTIC interviewer and NORC note takers) will meet at a regularly scheduled time (i.e., once a week) and discuss:
    - How did the interview process go?
    - Is there anything about the interview(s) causing any sense of distress or unease for you?

- The research team will exchange contact information and will be encouraged to reach out for support outside of the debriefing sessions. Support for debriefing can be provided from anyone on the larger NORC or ITTIC project team.

## Information Provided to Survivors Volunteering for Interviews

### Buffalo Evaluation Information Sheet

**What is the purpose of the interview?** NORC at the University of Chicago, a nonprofit research organization, has a grant from the National Institute of Justice (NIJ) to understand how organizations in Buffalo are working with people who have been trafficked. This study seeks to understand what impact those organizations are making on people's lives and whether there is any way that their services could be improved. NORC will use the information from this and other interviews to describe how organizations are working to provide services.

Additionally, our purpose today is to learn how to design interviews in a way that works best for people who may have some concerns about participating in research. This interview will also help them understand how to better do interviews like these in the future.

**How long will it take?** After we get settled, the interview will be at most 45 minutes. To thank you for your time, we'd like to give you an \$81.25 gift card.

**Who will be interviewing me?** A clinical social worker from the University of Buffalo will conduct these interviews. A member from the NORC research team may join to take notes.

**What are my rights as a research participant?** You can end the interview at any time and your participation is completely voluntary. You will still receive an \$81.25 gift card even if the interview ends early. You may decline to answer any question you wish. If anything makes you uncomfortable or you would rather not discuss, please let us know during the interview and we can move on. Your participation in this interview will not impact the services or support you receive now or in the future.

**How will my information be protected?** The interview may occur in person at the International Institute of Buffalo or virtually over Zoom, depending on your preference. If over Zoom, you may keep your camera off if you prefer. We will take notes during the interview, and make an audio recording to help us clean the notes (which will not include your name), if it's okay with you. The recording will include a video of the interview, but only if you choose to turn your camera on if using Zoom. We will delete the recording as soon as we finish checking our notes. Although we might include what we learn from you in written products, we will not use your name or any identifying information in any of our project reports. As a federally funded research project, we have a privacy certificate from the U.S. Department of Justice. This means that even if a court or lawyer asks us for information about you, we cannot give it to them. All de-identified data will be archived with the National Archive of Criminal Justice Data (consistent with requirements by NIJ) and any remaining personally identifiable information will be destroyed at the end of this project.

**Who can I contact if I have questions about this study?** If you have any questions about this study after the interview, you can call the NORC Project Director, [Name] at [Phone Number].

If you have questions about your rights as a participant in this research project, please call the NORC Institutional Review Board Administrator at 866-xxx-xxxx.

**What can I do if I'm looking for resources after the interview?** See the next page for local and national resources. The individual who connected you to NORC for this interview will reach back out to you to touch base as well.

*Thank you for your participation in this interview!*

**SEE NEXT PAGE FOR RESOURCES**

## Buffalo Area, NY Resources

### International Institute of Buffalo

716-222-3890

Survivor Support offers safe, free and confidential services for those affected by domestic violence and human trafficking.

### Crisis Services of Erie County

24 Hour Crisis Hotline- 716-834-3131

Anyone of any age who is experiencing a personal, emotional or mental health crisis can call 24 hours a day.

Crisis Services of Erie County also has a Rape Crisis Program for victims or potential victims of rape that can be reached by the same number listed above.

Additional hotlines are available at: <http://crisiservices.org/24-hour-hotline/>

### New York State Domestic Violence Hotlines and Sexual Violence Hotline

1-800-942-6906, English & Español available

This number will direct you to a local hotline that can provide you with information on domestic violence resources in your community.

## National Resources

### National Human Trafficking Hotline

1-888-373-7888 or text HELP to BEFREE (233733)

This toll-free phone and SMS text line and live online chat function are available 24 hours a day, 7 days a week to connect victims and survivors of sex and labor trafficking with services and supports to get help and stay safe.

Help is available in English or Spanish, or in more than 200 additional languages through an on-call interpreter.

### Suicide Prevention Lifeline

1-800-273-TALK (8255)

This hotline provides 24/7 support and help if you are feeling depressed and/or thinking about suicide.

### National Center for Victims of Crime

1-855-4-VICTIM (1-855-484-2846)

This hotline provides support and helps direct you to a state referral service for legal assistance or mental health care providers. They can also refer you to a local service provider who can provide more specific referrals. This number can be reached Monday-Friday from 12pm-5pm ET.

### National Domestic Violence Hotline

1-800-799-7233 or TTY 1-800-787-3224 En Español

This hotline provides 24/7 support as well as a 24/7 online chat to talk confidentially if you are experiencing domestic violence, seeking resources or information, or questioning unhealthy aspects of your relationship.

### National Sexual Assault Hotline

1-800-656-HOPE (1-800-656-4673)

This hotline connects you to a trained staff member from a sexual assault service provider in your area, who can offer confidential support in finding local resources and referrals in your area and information about the laws in your community. You can also access 24/7 help online by visiting [online.rainn.org](http://online.rainn.org).

## Buffalo Area Organizations

*Please indicate any of the organizations you have worked with. Like all other information shared during this interview, this information will be kept confidential. Our Privacy Certificate from the U.S. Department of Justice means that even if a court or lawyer asks us for information about you, we cannot give it to them.*

### Housing

- TRY Program
- Office Of Mental Health (SPOA)
- Gerard Place
- Haven House
- Cornerstone Manor/Buffalo City Mission
- Buffalo Safe House
- Other:\_\_\_\_\_

### Health/Treatment Services

- Evergreen Health Services
- Endeavor Health (formerly Mid-Erie)
- Best Self Behavioral Health
- ECMC
- Pathways Clinic
- Alba De Vida
- Beacon Center
- Bry-Lin Behavioral Health Center/Hospital
- Horizons Health Services
- Spectrum Human Services
- Catholic Charities of Buffalo
- Jericho Road Community Health Center
- Planned Parenthood of WNY
- Other:\_\_\_\_\_

### Education/Job Training

- Buffalo Employment and Training Center
- Erie Community College-E2R Program
- Catholic Health Services
- Other:\_\_\_\_\_

### Victim Services

- International Institute of Buffalo
- Crisis Services of Erie County
- Women’s Services Inc
- Family Justice Center
- People Against Trafficking Humans (PATH)
- Other:\_\_\_\_\_

### Immigration Services

- Journey's End Refugee Services
- Other:\_\_\_\_\_

### Legal Organizations

- ECBA Volunteer Lawyer's Project
- Neighborhood Legal Services
- Legal Aid of Buffalo
- Buffalo City Court Human Trafficking Intervention Court
- Other:\_\_\_\_\_

# Trauma-Informed Guidance for Interviewers

Developed by the Institute on Trauma and Trauma-Informed Care (ITTIC),  
University at Buffalo, Buffalo Center for Social Research



## ***Role of the Interviewer: Skipping the Stone***

In the context of your role as the interviewer, we invite you to think of your role when responding to adversity, crisis, or trauma as “skipping the stone.”

If you picture a lake or a pond, there are often flat stones. In the event the person you are interviewing begins to share their trauma, it is your role to *skip the stone*: witness and acknowledge, and shift the focus to things like how are they managing?

When we follow-up by asking for more details about their history—“and then what happened?” or “tell me more”—we are *sinking the stone*. This is only appropriate for those who are in the role of the trauma therapist, who are trained to ensure the individual’s safety. It is more hurtful than helpful to let someone get into all the details of their story when you are in this type of interviewer role—both for that individual, and potentially for yourself.

## **Trauma-Informed Values and Principles**

Being trauma-informed as an interviewer means using the trauma-informed values and principles as the filter or lens for everything we do: considering our body language, the questions we ask, and the way we ask the questions. These values and principles allow for us to neutralize the possibility of re-traumatization or triggering the individuals being interviewed.

### ***Trauma-Informed Interview Considerations***

<b>Safety</b>	<ul style="list-style-type: none"><li>• Interact in ways that are welcoming, respectful &amp; engaging</li><li>• Watch for and try to reduce signs of stress</li><li>• Encourage the individual to share only what is comfortable</li></ul>
<b>Trustworthiness</b>	<ul style="list-style-type: none"><li>• Provide clear information about the interview’s purpose &amp; what to expect</li><li>• Express patience, acceptance, and reflective listening</li><li>• Maintain appropriate boundaries guided by interviewer role</li></ul>
<b>Choice</b>	<ul style="list-style-type: none"><li>• Inform the individual about any choices or options available to them</li><li>• Allow individual to set the pace, slow down and take breaks as needed</li></ul>
<b>Collaboration</b>	<ul style="list-style-type: none"><li>• Explore the individual’s circumstances from their perspective</li><li>• Give preferences/priorities of the individual weight in the interview process</li></ul>
<b>Empowerment</b>	<ul style="list-style-type: none"><li>• Use strengths-based, solution-oriented language</li><li>• Ensure all interactions are validating and affirming</li><li>• Acknowledge the strength it takes to get where the individual is</li></ul>

### Trauma-Informed Responses

Our choice of language is particularly important when responding to an individual that is activated/triggered. The goal is to avoid escalating the situation by conveying a message of safety and support.

What to Do	What to Avoid
<ul style="list-style-type: none"><li>• Keep your tone of voice neutral</li><li>• Use “I” statements</li><li>• Convey a sense of care and concern</li><li>• Reflect and validate what person is communicating</li></ul>	<ul style="list-style-type: none"><li>• Absolutes – “must,” “always”</li><li>• Shame/blame – “should,” “why”</li><li>• Sarcasm</li><li>• Over-emphasis on compliance or punishment</li></ul>

#### *Example Responses to Skip the Stone*

What else has helped you to survive?

What else has helped you keep going?

What would be the smallest sign that things are going better? What difference would that make for you?

If there were 3 things you would say to any providers that work with someone in the future, what top 3 things would be your advise to them?

What in your conversations or interactions with providers gave you a sense of hope, even if only a little?

What are you doing to take care of yourself even just a little bit in this situation? What is the most important thing for you to remember to continue to cope/manage?