

Connecticut Department of Children and Families

# Human Anti-trafficking Response Team (HART) in Connecticut

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**State of Connecticut**

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# Executive Summary

It has been nearly 15 years since Connecticut took their first steps in addressing human trafficking within their borders. Over the years, champions have made certain the light would continue to shine on this very important issue that for many years was drastically misunderstood. The numbers of children referred to the Connecticut Department of Children and Families (CTDCF) now exceeds 1,000 individuals all with high risk indicators that demand a collaborative response. CTDCF took the lead in responding to the children referred with a coordination of an internal human trafficking response team, which evolved over the years into a multi-department, multi-agency partnership and advanced service system response.

The Human Anti-trafficking Response Team (HART) was created in order to focus on and reduce child trafficking, with more than 200 members at various levels in law enforcement, the provider community, faith-based network, state agencies, medical services, and attorneys. In October of 2014, CTDCF, in partnership with ICF Incorporated, LLC, received a \$1 million federal grant to improve and evaluate Connecticut's response to child victims of domestic sex trafficking. This five-year grant from the U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau supported CTDCF's efforts to coordinate the response by local and state agencies, including law enforcement and the medical community, so that child victims of human trafficking received effective and comprehensive treatment and legal services.

Over this period, the State of Connecticut Legislature have created legislation to promote public awareness and prevention of child sex trafficking, to provide for ongoing monitoring of efforts to combat trafficking, to clarify mandatory reporting, and to provide a statewide oversight and monitoring body. CTDCF has increasingly sharpened its focus on the growing issue of trafficking afflicting children across the State. Since 2008, over **1,000** children have been referred to DCF as possible victims of child trafficking. CTDCF has put forth tremendous efforts to end the sale of Connecticut's children. These efforts fall within three categories: Identification and Response, Awareness and Education, and Restoration and Recovery.

There are six Human Anti-trafficking Response Teams in Connecticut. These are inter-disciplinary teams led by experienced HART Liaisons, including; the child's treatment team, specialized providers, and legal representation, if indicated. The HART Liaison works with the local Multi-Disciplinary Team (MDT) ensuring the cases are afforded all resources to maximize prosecutions while ensuring the child and families are provided the appropriate medical and mental health services they are entitled to as victims.

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*Over the years, [the State] has learned that our children in Connecticut are being victimized by one of the most horrific crimes in the world.*

—Tammy Sneed, Director, Office of Human Trafficking Services, Department of Children and Families

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CTDCF has focused its efforts to accomplish the following 4 goals over the period of this grant: 1) conduct a needs assessment with current stakeholders to determine gaps in service and services in need of replication and/or enhancement within the current Connecticut System of Care for Trafficking Victims; 2) develop inter- and intra-agency collaborations and infrastructures needed to enhance, expand and sustain delivery of service to victims in DCF care, victims who have aged or opted out of care, or victims living with a parent or guardian at the time of referral; 3) develop a data collection and reporting system which can be incorporated into the CTDCF Results Based Accountability (RBA) framework for evaluating the efficacy of services and systems, and identifying data trends to support improved identification and understanding of risk factors and early indicators to inform treatment and support services; and 4) create new forums for intra-agency data sharing, research design and information dissemination.

At the inception of the grant, the annual number of child trafficking victims reported to CTDCF were well under 100 each year, ranging from 2 to 79 victims. Over time, the number of referrals drastically rose to more than 200 youth annually and continued at that level for three consecutive years. In 2018, the number of boys referred reached an all-time high at 27 youth. At the beginning of the grant, one third of the referrals African American/Black (35%) and one quarter were Caucasian (26%) and Hispanic (24%). In 2018, the racial makeup of referrals shifted to nearly half being Hispanic (46%)—double the number five years prior.

This influx of identification may be in large part due to the training efforts across the state. CTDCF has conducted more than 700 trainings for over 15,000 individuals, with a continual increase in the volume of requested trainings from year to year. In the last six months of the grant alone, 117 trainings were conducted reaching more than 2,791 participants. Additionally, more than 13,000 surveys were conducted across these trainings and showed significant improvements in knowledge, beliefs, and comfort with child trafficking across all professions and fields.

Across all project goals, there was significant improvement. Connecticut is a leading state in the combat against trafficking and to see such significant improvement speaks volumes about the dedication and infusion of knowledge that occurred across the community. Many of the goals initially established as part of this grant were met and exceeded midstream and as a result, HART established new focal areas and committees to continue to make significant strides in the final two years and filling important gaps in their response.

One of the major lessons learned is the need for additional web-based training to meet the training demands across the state. Current legislation requires identified professionals to be trained annually. CTDCF hopes to change this requirement to every 3 years for refresher trainings; the legislation did not pass during the 2019 legislative session. As shown in the volume of trainings conducted through this grant (700+) and the number of individuals trained being well beyond 15,000 individuals, with only 249 trainers in the state, there is a dire need for support.

Another lesson that continues today is, although additional foster parents continue to be trained to become placement providers for trafficked children, CTDCF has learned an increase in volume does not equate to an increase in open beds. There continues to be a barrier of homes being filled when a request is made for a specialized home.

Overall, the results of the evaluation indicate that the HART project addressed most of the proposed outcomes and greatly exceeded what was planned for this grant, with only a couple areas that continue to be a focus of HART or rely on external forces for full achievement that are frankly out of the control of the team. For example, the legislation remains misaligned with the TVPA, but

improvements have been made and HART has very actively educated legislators and continued to find ways to reduce child trafficking without full legislative support. Also, the tracking of youth outcomes has improved but has not been fully implemented. The increase in the number of organizations with record keeping and increased collaboration across organizations indicate improved infrastructure is needed to provide a fully coordinated response to trafficking that relies on collection, sharing, and use of common data.

The decreases in need for trainings on knowledge and identification for HART members indicates a better ability to identify trafficked victims and movement toward more advanced understanding among those providers closest to child victims. Improved identification and training is also evidenced in the decrease of training as a barrier to identification. However, recommendations for even more collaboration with law enforcement and education indicate there is still room for improvement of a cross-system response to trafficking. The increases in barriers to access indicate that, once victims are identified, victims' access to needed resources remains challenging given limited resources, staff turnover, and factors related to low rates of self-identification and continued care.

This grant has had a tremendous impact in Connecticut and set the stage for continued growth in combating trafficking. As presented in the sustainability plan and throughout this report, the Children's Bureau funding was instrumental in enhancing the State HART and making improvements over the last five years that have built capacity and enabled the response framework to fully mature and establish roots for years to come.

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*“Let victims know **THERE IS A LIFE WHERE TRAFFICKING WON’T HAPPEN.**”*

*-Child Trafficking Survivor Interview*

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# Chapter 1

## Introduction

In the United States, human trafficking is a growing and profitable industry generating an estimated 32 billion dollars a year and involves exploitation of our most vulnerable youth (Belser & Patrick, 2005). According to the Office on Trafficking in Persons, child trafficking occurs when “minors are compelled to perform a commercial sex act regardless of the presence of force, fraud or coercion” or when “individuals are compelled to work or provide services by force, fraud or coercion” (ACF, 2019). **The majority of reported human trafficking cases are sex trafficking and an estimated 40 percent involve the trafficking of a child** (Banks & Tracey Kyckelhahn, 2011). Communities around the country are working to combat child trafficking in settings that regularly serve youth such as schools, hospitals, and law enforcement agencies. Though the strategies, settings, and resources differ from community to community, best practices recommend using a collaborative multiagency approach to providing services (Hemmings et al., 2016). Coordination, however, can be challenging due to the restrictions and practices of individual agencies. In Connecticut, the Department of Children and Families (CTDCF) has taken the lead in implementing a multi-disciplinary approach to child trafficking and growing the state’s ability to prevent trafficking and respond to victims and survivors.

### Human Trafficking in Connecticut

Connecticut is a small east coast state with a population of only around 3,500,000 (Census Bureau, 2018). Despite its small size, it is an attractive location for trafficking activities given its high-density interstate highways connecting New York and Massachusetts and two large casinos. Since 2008, more than 1,000 children between the ages of 2 and 18 have been referred to CTDCF as possible victims of child trafficking (HART, 2018). **Most of these victims were living with a parent or guardian when the suspected trafficking occurred, and the majority had previously**

## *Defining Domestic Minor Sex Trafficking*

Under the federal Trafficking Victim Protection Act, domestic minor sex trafficking is the recruitment, harboring, transportation, provision, or obtaining of a U.S. citizen(s) or legal permanent resident(s) under the age of 18 for the purpose of prostitution, pornography or erotic dancing/stripping. However, children who are not legal residents may also be trafficked for the purposes of labor or sex.

Under federal and Connecticut law, children under the age of 18 are considered victims of human trafficking, not criminals. There is no need to prove fraud, force or coercion.

Throughout this report and efforts across the State, Domestic Minor Sex Trafficking (DMST) and Commercial Sexual Exploitation of Children (CSEC) are collectively referred to as Child Trafficking.

### *Sources for Legal Definitions*

The Federal Trafficking Victim Protection Act of 2000 (reauthorized in 2008)

Gen. Stat. §53a-82: A person must be 16 or older to be guilty of prostitution. If the person is between 16 and 18, there is a presumption that the actor was coerced into committing such offense by another person.

**experienced sexual abuse and/or neglect** (HART, 2018). However, the actual number of child trafficking victims is unknown and likely to be significantly higher than the reported rate given that it continues to be difficult to identify victims due to lack of self-identification and recognition as victims, the hidden nature of human trafficking, and the use of the internet in its facilitation (Clawson & Grace, 2007).

The State understands the challenges and complexities of identifying at-risk youth and/or victims. Conclusive, reliable statistics and data evidencing the extent of the problem are elusive, and while numerous national projections have been completed, no reliable national estimate exists on the incidence or prevalence of child trafficking. One of the main obstacles to identifying youth who are or have been involved with child trafficking and providing them with services is the misunderstanding by young people of their situation and the lack of desire and ability to seek help. Many child victims do not realize the dangerousness and exploitative nature of their situation and may confuse a trafficker's caretaking activities with true caring (Institute of Medicine, 2014). Recognizing these challenges and the complexities of identifying and responding to at-risk youth and/or victims, CTDCF has been collecting basic data since 2008 to ensure high risk and confirmed victims, whether male, female or LGBTQI youth, are properly identified, and offered coordinated, appropriate ongoing support and access to services resulting in positive outcomes that include a successful transition from child welfare to the community. One of the key objectives over the last decade has been to increase prosecutions in these cases without further traumatization of the victims.

While there have been several legislative efforts to combat the sexual exploitation of children, there is some incongruence that remains between the Trafficking Victims Protection Act (TVPA) and the State of Connecticut's legislative definition of child trafficking. To highlight two differences, Connecticut's law requires an exchange of sex for a "fee" and a third-party trafficker, which differs

from the standard established in the federal statute (Shared Hope International, 2015). The TVPA's definition broadens the criteria by eliminating the requirement for a third-party trafficker and establishing the criminality of the exchange of "something of value" with a child for sex. As result, Connecticut laws often lead to confusion among law enforcement agencies and misidentification of child trafficking victims as prostitutes, which yield criminal charges rather than referrals to services and/or limit the legal action judicial officers can take.

Two other critical elements in combatting child trafficking in the state are collaboration and information sharing among agencies who specifically serve child trafficking victims, such as mental health agencies and shelters, and the organizations who serve child trafficking victims as part of their general populations, such as schools and hospitals (Bounds, Julion & Delaney, 2015). As Connecticut improved collaboration and coordination to address this domestic crisis, the systems and services have also continued to evolve. This increased awareness has resulted in the need to further develop and refine the coordinated response to the issue, including increased intergovernmental collaboration and coordination, continued legislative reforms, and enhancing the multidisciplinary trainings that CTDCF spearheads for many partners throughout the state. Specialized training is now required for workers in a variety of settings to ensure child trafficking victims are correctly identified and provided with appropriate services.

Recognizing these challenges and the expanded work in the state, the Connecticut Department of Children and Families entered into this grant seeking to identify existing gaps in services, increase inter- and intra- agency knowledge of and response to child trafficking, improve existing processes and infrastructures to better serve child trafficking victims, and disseminate information and best practices.

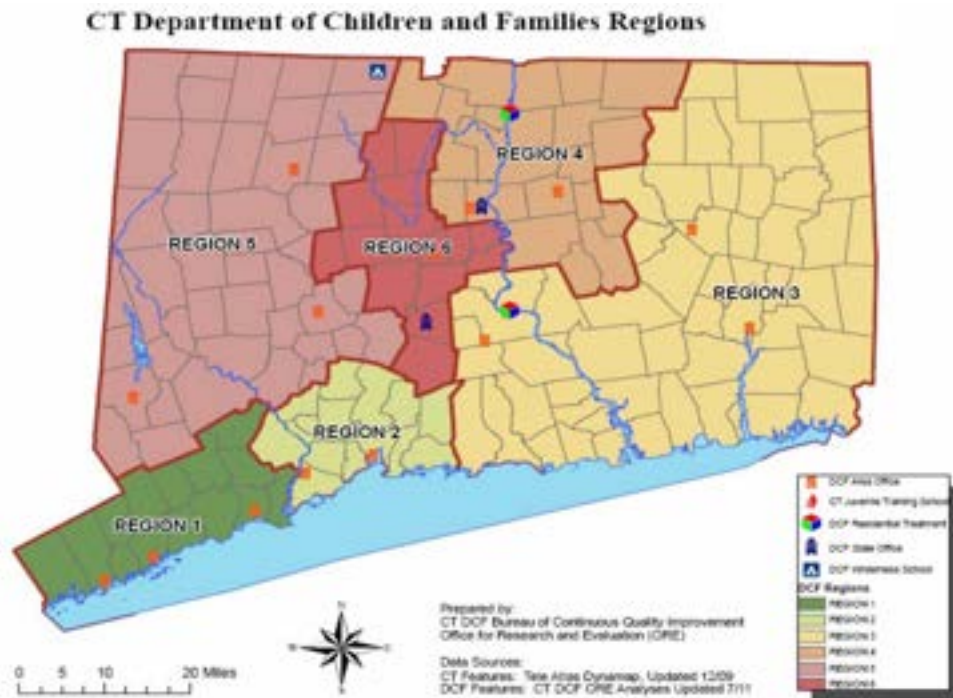
## Response to Trafficking and CTDCF's Role

The main recipient of this grant is the State of Connecticut's Department of Children and Families (CTDCF). As the provider of child welfare services for the state of Connecticut, CTDCF is uniquely placed to identify cases of child trafficking and unite multi-disciplinary agencies in providing services. In 2008 they developed and implemented Human Trafficking Response System (HTRS) to benefit children identified as victims of or at high risk for trafficking or commercial exploitation. In 2014, their role in the care of child trafficking cases was expanded through Public Act 14-186 (S.B. 5040) which allowed CTDCF to provide child welfare services to any minor child identified as or believed to be a victim of human trafficking by CTDCF. All suspected cases of child trafficking are referred to CTDCF through their 24/7 Careline where specialized staff determine whether the case meets the appropriate criteria. If it does, Careline workers immediately refer it to a Human Anti-Trafficking Response Team (HART) Liaison. This act also established CTDCF as the provider of child trafficking training for law enforcement and

### DCF Careline

Connecticut law (Public Act 17-32) requires that DCF is notified every time a child is arrested for prostitution. In CT, children under the age of 18 cannot be prosecuted for prostitution. If there is any reason to suspect that a child has been trafficked for the purposes of sex work, notification is conducted through the DCF Careline at 800-842-2288.

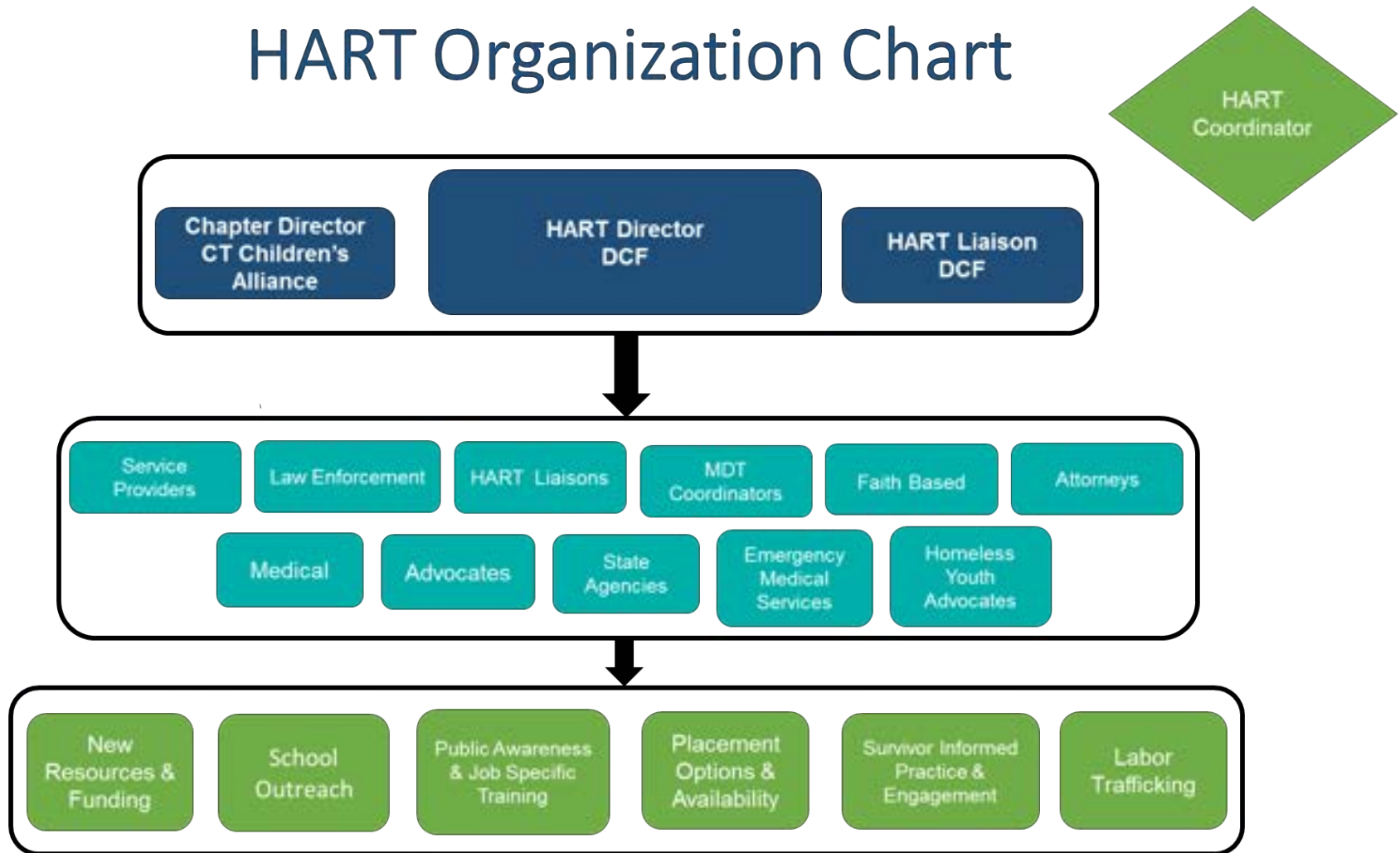
allowed Multi-disciplinary Teams (MDTs) to review child trafficking cases in order to provide better coordinated services across agencies.



This shift positioned CTDCF as the leader for systemic and interorganizational change and allowed for better identification of child trafficking victims and coordination of services. The expansion of CTDCF's provision of services and coordination for all child trafficking confirmed or suspected cases, regardless of whether a parent or guardian is involved in the trafficking, is unique in that it goes beyond the traditional child welfare scope of services. Instead of focusing on maltreatment and current involvement in the child welfare system as the only risk factors for child trafficking, this approach allowed CTDCF to broaden their scope and identify and serve a larger swath of victims. Additionally, the decision to refer all child trafficking victims or suspected child trafficking victims to CTDCF meant that mandated reporters were required to report any cases of youth engaging in commercial sex acts directly to CTDCF. Previously, many of these cases were viewed as criminal cases. The change removed the individual bias of judicial officers, hospital workers or others in determining whether the minor was a victim of child trafficking and placed it in the hands of the trained CTDCF workers, which leads to better identification of cases (Werkmeister, Olander & Feely, 2018). It also led to a shift in public opinion and larger public concern about the identification and needs of this population. The change in the law created an opportunity for CTDCF to establish a coordinated systemic response to case referrals from the Careline.

In the early months of the grant, the team structure for HART was revised. A decision was made to restructure to ensure greater collaboration within the system and to ensure those individuals who are working directly with referred clients are represented on these teams and are assisting with making decisions related to needs of trafficked youth. The 3 HART related teams now include HART, HART Leadership and the Regional HARTs. Across Connecticut there are now over 200

# HART Organization Chart



HART members addressing child trafficking from a statewide perspective in their unique positions including law enforcement (local, state and federal), hospitals, emergency medical services, schools, lodging industry, service providers, faith-based communities and local community groups. HART has several specialized committees (see HART Organization Chart above) focused on areas identified during the annual HART retreats. At the core of this response was now the HART Leadership. The HART Leadership consists of HART Liaisons from all six regions in the state, 3 MDT Coordinators, the Connecticut Children's Alliance (CCA) Chapter Director, and two specialty members, which changed over time. HART Leadership focus on case response including policies, CTDCF and MDT collaboration, specialized service providers and training needs for teams responsible for child trafficking cases. HART Leadership is divided into six "Regional HART" teams lead by the CTDCF area offices, each representing a different CTDCF region. The Regional HARTs are interdisciplinary teams of child welfare personnel, multidisciplinary team (MDT) coordinators, state and federal law enforcement agencies, foster care providers and clinical providers among others. This regional structure facilitates a local response to human trafficking cases and fosters collaboration among stakeholders to better serve child trafficking victims and strengthen local communities understanding and commitment of child trafficking.

Besides providing a coordinated response to child trafficking cases, these Regional HARTs also recommend policies, procedures, and guidelines and design and conduct trainings. For example, Regional HARTs created a policy for CTDCF's child trafficking case management, including intake procedures, assessments and screenings, a human trafficking screening tool, a flow chart of services, decision mapping, and descriptions of the role and responsibilities of the HART Liaison managing the case. The Regional HARTs have also used their expertise as service providers to meet the high demand for specialized training that rose across the state as awareness of the issue grew. Their trainings have also been delivered across the country and the team members have been invited to share their cross-system approach to combat child trafficking to a diverse range of audiences.

## Overall Goals of HART

CTDCF aimed to enhance the cross-system coordination in order to improve identification and provide effective, appropriate services for child trafficking victims across the state. Specifically, this grant focused on four main goals:

- Conduct a needs assessment with current stakeholders to determine gaps in service and services in need of replication and/or enhancement within the current Connecticut System of Care for Trafficking Victims;
- Develop inter- and intra-agency collaborations and infrastructures needed to enhance, expand and sustain delivery of services to victims in DCF care, victims who have aged or opted out of care, or victims living with a parent or guardian at the time of referral;
- Develop a data collection and reporting system which can be incorporated into the CTDCF Results Based Accountability (RBA) framework for evaluating the efficacy of services and systems, and identifying data trends to support improved identification and understanding of risk factors and early indicators to inform treatment and support services; and
- Create new forums for intra agency data sharing, research design and information dissemination.



## Target Population

The main focus of HART was on identification of youth who are at risk or who have experienced child trafficking, focusing primarily on those who have current or past involvement with the child welfare system, and regardless of other demographics. More specifically, HART was targeting victims in DCF care, those who have aged or opted out of care, and/or victim living with a parent or guardian at the time of referral. Given that there are several risk factors that contribute to child trafficking victimization, including age, poverty, sexual abuse, family status, substance/physical abuse, learning disabilities, loss of parent/caregiver, runaway/throwaway, sexual identity, and lack of support systems, HART strategically focused on classes of youth that were the most vulnerable and least likely to be identified to help ensure the response was fully inclusive (Clawson, Dutch, Soleman & Grace, 2009). In addition, some training and resources specifically targeted youth aging out of the child welfare system, homeless youth and unaccompanied youth, as each population has been identified at high risk for child trafficking and would help to facilitate prevention and self-identification.

While youth were the main victim population of interest, stakeholders from various professions were the focus for training and enhancing the system-level coordination in order to effectively respond to victimization. This included: child welfare staff, probation staff, court personnel, law enforcement at all levels, legal representation at all levels, service providers, schools, medical providers including school nurses, universities including schools of social work and medical students, and multiple community organizations including the faith based community.

## Overview of HART Structure and Cross-system Partnerships

Strong community partnerships are pivotal to the success of the HART model. CTDCF has engaged a wide number and variety of stakeholders to provide wraparound services for child trafficking victims.

### State Multi-Disciplinary Teams and Children's Advocacy Centers

State Multi-Disciplinary Teams (MDTs) and Children Advocacy Centers (CACs) play an important role in the case plan and care of child trafficking victims. They also provide a place where different services providers can come together to respond to the case. Representatives from the 17 MDTs sit on the Regional HARTs and HART liaisons sit on the MDTs to ensure information sharing and collaboration of care. When a case comes through the Careline, the HART Liaison consults the Decision Map and engages the MDT and CAC. CACs are available to provide trauma-informed services such as forensic interviewing, mental health care, and medical exams to assist in the gathering of evidence and the provision of care to child trafficking victims. These teams are provided training and technical assistance to ensure they have the knowledge and tools necessary to provide the best care possible.

### Law Enforcement and Judicial Officers

Law enforcement officers are key members and partners of HART. They conduct the criminal investigation of the case and often play a role in securing the safety of victims. Lawyers and state's attorney's offices are also essential partners. Legal services provide defense and civil legal services to the victims and the state's attorney's offices decide whether to prosecute cases.



## What other agencies or organizations should be involved in the State HART or Regional HARTs?

- There has been limited success recruiting schools and other educational organizations.
- Survivors currently participate, some self-identify and others do not publicly identify as survivors. However, survivor participation is low.
- More medical professionals, such as staff from medical clinics like Planned Parenthood.
- Law enforcement and prosecutors have participated, but it has been inconsistent over the last few years.

### Service Providers

CTDCF recognized that it is limited in the work that it can do on its own and has engaged several different stakeholders to provide services ranging from mental health care to shelter beds. Several of these organizations are part of HART or contract with CTDCF to provide services to child trafficking victims.

### Federal Partners

CTDCF works with several federal partners and federal law enforcement agencies to share information and assist in the pursuit of federal human trafficking criminal cases.

### State Partners

In addition to working with individual agencies, CTDCF also works with several different committees and organizations that work at the state level to address child trafficking. These organizations include the Connecticut Institute for Refugees and Immigrants (formally the International Institute of Connecticut), the Connecticut Coalition Against Trafficking, and the Trafficking in Persons Council, with the HART Project Lead as an appointed member.

### Faith Based Organizations

Early on, CTDCF identified several faith-based organizations who had the capacity to serve child trafficking victims and provide other financial and educational supports. One of the goals set in this grant was to engage these organizations which CTDCF has done successfully resulting in additional services, expanded outreach, and increased funding.

### Medical Agencies

Medical services providers are also members of HART and the MDTs. HART has been active in training these agencies to better provide services to child trafficking victims and increase their knowledge and comfort identifying victims.

### Formalizing Partnerships

Because CTDCF engages many different partners for many different purposes, they utilize several different partnership agreements including Memorandums of Understanding, contracts and information sharing agreements. These various agreements have allowed the agency to meet the various policy and procedural constraints of other agencies while allowing for standardized practices and agreed upon expectations across participating programs.

# Chapter 2

## Overview of HART Model

### HART Goals and Objectives

While Connecticut has been able to develop a nascent system of response to the human trafficking of children in its state, through this project CTDCF sought to enhance its ability to provide a complete system of care that would effectively address the needs of these very complex children in a uniform and sustainable manner across the state. Using the existing HART statewide structure and regional teams, existing partnerships and curriculums and the funds provided by this grant it set forth to:

#### **Goal 1: Evaluate CTDCF's current and enhanced Human Trafficking Response Systems (HTRS) and services.**

Objective 1: Develop and implement a statewide needs assessment.

Objective 2: Identify current resources and services available to trafficking victims in CT and gaps in services.

Objective 3: Assess victim experience of, and level of satisfaction with existing services and programs for trafficking victims in CT.

**Goal 2: Develop inter- and intra-agency collaborations and infrastructures to enhance and sustain comprehensive, coordinated clinical support and legal services for all child victims of human trafficking in CT.**

Objective 1: Train all Regional HART service providers including models developed in select CTDCF Regions.

Objective 2: Develop and implement CAC/ MDT enhancements to meet needs of all child trafficking victims across the state of Connecticut.

Objective 3: Planned rollout of specialized training related to boys and LGBTQI youth at high risk or confirmed victims of child trafficking.

Objective 4: Planned rollout of new Foster Care Model, Training and Resource Guide.

Objective 5: Develop CSEC/ DMST criteria for provider credentialing.

Objective 6: Develop and enhance legal resources for child trafficking victims.

Objective 7: Identify and implement strategies to enhance and develop new legislation to protect high risk and confirmed victims of child trafficking.

Objective 8: Develop collaborations with Faith Based Networks.

**Goal 3: Develop and enhance data collection and reporting systems to inform CT of the prevalence of child trafficking, promote collaboration, and secure additional funding for support services and programs.**

Objective 1: Ensure computer data collection and reporting systems collect key data elements necessary to produce automated performance indicator and outcome reports;

Objective 2: Use automated outcome reports to inform continuous quality improvement strategies for identifying and supporting victims of human trafficking.

**Goal 4: Create new forums for intra-agency data sharing, research design, and information dissemination.**

Objective 1: Participate in periodic teleconferences, webinars and professional conferences.

Objective 2: Develop public service announcements and informational materials to disseminate throughout CT and other jurisdictions.

Objective 3: Coordinate educational forums, conferences and shared learning opportunities on CSEC/DMST.

In the short term, the accomplishment of these goals would generate strategies to enhance services and fill gaps identified by the needs assessment, improve CTDCF's knowledge of effective practices and service delivery, allow for the implementation of continuous quality improvement strategies, draft and present bills promoting better systemic care for child trafficking to the Connecticut state legislature, increase CTDCF's treatment efficacy, disseminate information in



professional journals and venues, and increase CTDCF's capacity to assess child trafficking demographic services, service utilization and satisfaction. In the long term, the accomplishment of these goals would lead to sustainable systemic changes that would allow for prevention and greater identification of and services for child trafficking victims.

## HART Activities

CTDCF, in collaboration with its' partners, sought to achieve these goals over the course of the five-year grant through several activities.

### Evaluate Existing Services and Response Structure

To facilitate an effective and robust evaluation of the HART Project, ICF Incorporated, LLC (ICF), in partnership with the CTDCF, conducted data collection in three phases that occurred over the five-year period. Phase I of the evaluation occurred in the first year of the project. During this phase ICF conducted a baseline needs assessment that provided a snapshot of needs of the field as they existed at the beginning of the study. Specifically, they sought to identify and measure levels of knowledge and awareness around child trafficking, level of preparedness to identify and respond to child trafficking victims, level of collaboration between agencies to respond to child trafficking victims, factors that influence the identification of victims, and the challenges around identifying and providing the types of services child trafficking victims require. Phase II of the evaluation occurred in the third year of the project. During that phase ICF conducted a progress assessment to begin to uncover how the needs changed and improved with this federal funding and provide information to CTDCF to help improve the processes and inform a strategic plan moving forward.

This evaluation included surveys and interviews with key stakeholders and victim interviews. The electronic survey was administered to key stakeholders who make up the main state-wide HART, the Regional HARTs and each of the 17 state MDTs. ICF also conducted in depth in person and telephone interviews with representatives from each of the teams including individuals from law enforcement, state's attorney's offices, victim service providers, foster care providers and CTDCF workers. In the first year, to establish a more comprehensive baseline, key leadership was interviewed individually to gather more nuances to the partnerships and existing response structures in place at the outset of the grant. Focus groups were then used to gather groups of professionals, such as services providers. Interviews were conducted with leadership in the third year of the grant as a mid-point check-in on progress and to help inform the strategic planning session for the last two years of the grant. In year five, ICF followed up with second round of surveys and final interviews to determine how the state had progressed over the course of the project. The bulk of the questions remained the same over the years for consistency with only a



HART Website:

<https://portal.ct.gov/DCF/HART/Home>

few changes made to reflect the new themes, committees, and activities that emerged as part of the strategic planning that occurred mid-grant.

Child trafficking victims were also interviewed in year two as part of the baseline needs assessment. Like the stakeholder interviews, the victim interview questions sought to assess victims' needs and experiences with services, CTDCF, the HART response, and other systems in place to respond to child trafficking. The questions also sought to gather more information about common risk factors and methods for recruitment that could help with the identification of future victims. To conduct the interviews, CTDCF and ICF worked with HART's Liaisons and Love146 to identify child trafficking victims and obtain the needed permissions from parents, guardians, and the participants themselves. The interviews were then conducted by ICF in-person. During the final year of the grant, ICF conducted another round of victim interviews to determine the impact of the various elements for the project and collect ideas for future areas of focus for Connecticut child trafficking services.

With the assistance of ICF, the CTDCF completed three other assessment activities during this grant period. In 2017, the project stakeholders engaged in a strategic planning process to evaluate their current progress and highlight priorities for the remainder of this grant period. This session was facilitated by a consultant from the National Human Trafficking Training and Technical Assistance Center. As a result of this process, the group concluded that their focus over the next two years would be on labor trafficking, education/schools, and streamlining their current work to better address gaps identified in the first phase of the evaluation.

As part of the cohort of evaluation partners for the trafficking grant cluster, ICF also administered the Wilder Collaboration Factors Inventory (Wilder) in year one and then again in the last quarters of years three and five. The purpose of the survey was to measure changes in collaboration among the HART members through the time period of the grant. Participants completed the survey during a HART meeting and results were collected and analyzed by ICF.

Lastly, in partnership with ICF, one of the largest efforts was the administration of the Trafficking Awareness Surveys using a pre- and post-test design to measure the impact of CTDCF trainings on participants' levels of knowledge, beliefs, and comfort or confidence in delivery of services. This survey was also developed by the cohort of evaluation partners and consistently measured over the course of five years.

### What are Multi-disciplinary Teams (MDTs)?

In Connecticut, Multi-disciplinary Teams were established by the Children's Justice Act Grant to coordinate the investigation and prosecution of cases of child abuse and neglect and ensure the protection and treatment of the child involved. The teams are made up of stakeholders from several different agencies who share information to provide a coordinated response. MDTs have been established as a best practice because of their ability to reduce that amount of trauma experienced by a family or child and facilitate the access to needed services. MDTs often work in conjunction with Children Advocacy Centers where children involved in suspected child abuse cases can provide information necessary to the investigation of cases and receive preliminary care in one place, reducing the burden on the child and non-offending caregivers.

## Train Community Stakeholders

Training was a major component of CTDCF's efforts to enhance services to child trafficking victims. Currently, Connecticut legislation mandates training for law enforcement, schools K-12, hospital emergency departments and urgent care facilities, superior court judges, prosecutors, public defenders and other attorneys. Before the start of the project, CTDCF already had several curriculums created including "Introduction to Child Trafficking in CT" for the general public and "Child Trafficking Day 1 and Day 2". The funding from this project allowed for the refinement of the material and delivery more widely across the state to diverse audiences consisting of probation staff, court personnel, law enforcement at all levels, legal representation at all levels, service providers, schools K-12, medical providers including hospitals, physicians and nurses, universities including schools of social work and medical students, Transportation Security Administration (TSA) agents, and multiple community organizations including the faith-based community.

Additionally under this grant, CTDCF developed and delivered the "Child trafficking of Boys and Male Bodied Youth" curriculum in response to a need for enhanced general knowledge about human trafficking in boys and members of the LGBTQI community, adapted the "Into to Child Trafficking in CT" curriculum to specifically meet the needs of Emergency Medical Services (EMS), law enforcement personnel, medical providers, provided further training for foster care parents through the "Training Series," sought to decrease the number of children entering child trafficking through the "Child Trafficking Youth Awareness" curriculum, and raise awareness of human trafficking among the hospitality industry through "Introduction to Child Trafficking in Connecticut for Connecticut Lodging Association." The funds provided through this grant also allowed the program to increase the number of certified facilitators for their trainings and other human trafficking trainings such as the *My Life My Choice* curriculum and the *Not a #Number* curriculum.

Because of the large number of mandated trainings, CTDCF originally struggled to fulfill the training requests of the community. To solve this problem, more than 28 Train of Trainer (ToT) courses were held where individuals in the community were trained to be certified facilitators in the different curriculums and assist existing facilitators by taking that training and material back to their communities. The train-the-trainer courses has been extremely successful and helped spread trainings in schools, law enforcement agencies, and other stakeholder groups such as parent and teacher associations.

CTDCF conducts faculty meetings once a year with all trainers, and curriculum updates are completed annually too. All training curricula has been updated regularly. In the last quarter of the grant, for example, CTDCF conducted five ToTs in order to increase its trainer capacity. ToT's were held for the following curricula: one ToT for the *Youth Awareness Curricula*, two ToTs for *Introduction to Human Trafficking in Connecticut for Law Enforcement*, one ToT for *Child Trafficking Training for Medical Providers/ Emergency Medicine* and one ToT for *Introduction to Human Trafficking in Connecticut for Emergency Medical Services*. From these ToTs CTDCF has increased its statewide capacity to 240+ trainers statewide.



## Approved Curricula on the Training of Child Trafficking in CT

### Introduction to Child Trafficking in Connecticut

This curriculum is designed to enhance an individual's understanding of Child Trafficking. The training assists participants in identifying victims of Domestic Minor Sex Trafficking (DMST) as well as receiving tips on how to best respond and support identified trafficking victims. Participants will learn definitions, federal and state legislation related to human trafficking, prevalence of DMST in CT, pathways to victimization, warning signs, impact to the victims, and who are the buyers/exploiters of this crime. The training is 2 ½ hours and materials utilized are videos and PowerPoint. CEU's are available.

### Introduction to Human Trafficking in Connecticut for Law Enforcement

This curriculum is similar to the one outlined above with the exception that it is geared for police offices (both municipal and state) and other law enforcement personnel. A special video has been developed to assist law enforcement with identifying victims of human trafficking during routine traffic stops. This training is 2 ½ hours and materials utilized are videos and PowerPoint.

### Introduction to Human Trafficking in Connecticut for Emergency Medical Services:

This curriculum is similar to the ones outlined above with the exception that it is geared for emergency medical services personnel (Paramedics, EMT's, and First Responders). EMS specific information and resources are included to assist EMS with identifying victims of human trafficking during emergency responses in the community. This training is 2 hours and materials utilized are videos and PowerPoint. CE's and CEU's can be provided.

### Child Trafficking Training for Medical Providers/ Emergency Medicine

This curriculum is similar to the ones outlined above with the exception that it is geared for emergency medical services personnel (physicians, nurses, social workers and any person that works within an emergency department, hospital, clinic, physician's office, etc.). Medical specific information and resources are included to assist medical providers with identifying victims of human trafficking and opportunities to provide important medical services and support to victims. This training is offered as a 1-hour training as well as an expanded version of 2-hours. Materials utilized are videos and PowerPoint and also includes brief case activity(s).

### Introduction to Human Trafficking in Connecticut for Hotel/ Motel/ Lodging

This curriculum is similar to the ones outlined above with the exception that it is geared for hotels, motels and lodging establishments. Specific information and resources are included to assist employees with identifying victims of human trafficking while staying at such establishments. This training is 1 1/2 hours and materials utilized are videos and PowerPoint.

## Sex Trafficking of Boys & Male Bodied Youth

This curriculum is designed to enhance an individual's understanding of Domestic Minor Sex Trafficking (DMST) with emphasis on boys and male bodied youth. The training assists participants in identifying boys and male bodied youth victims, understanding the unique warning signs and the impact on this population. Participants will learn definitions, federal and state legislation related to human trafficking, prevalence of DMST in CT and who are the buyers/ exploiters of this crime. The training is 2 ½ hours and materials utilized are videos and PowerPoint. CEU's are available.

### Fostering in the best & hardest of times: Helping foster parents care for high risk kids and child victims of commercial sexual exploitation (2-day training)

This course is designed for foster parents including components from four targeted curricula:

- 1) *Introduction to Child Trafficking in Connecticut*
- 2) *Caring for High Risk Youth and Child Victims of Sex Trafficking*
- 3) *Understanding Girls: A Trauma Informed Perspective*
- 4) *Domestic Minor Sex Trafficking of Boys & Male Bodied Youth*

### Child Trafficking: What is it, how to see it, and how to respond to it - Day 1 and 2

This course provides a framework for understanding the complex issue of child trafficking by providing a framework for responding in a well-prepared and collaborative manner. The roles of the Department, providers, law enforcement, as well as other systems in addressing the problem will be examined. This course explores the prevalence of child trafficking cases in Connecticut and provides an overview of national and state laws governing this work. Participants will learn what it takes to successfully manage a child trafficking case. Specific information relating to boys and LGBTQ+ youth will also be discussed. This is a full day training (6 hours) and is delivered by lecture with videos and activities. CEU's are available. This training is offered at the DCF Academy for Workforce Development. NOTE: Day 1 and Day 2 must be taken together.

The second day of this course focuses on building engagement skills to work with youth and caregivers around issues of child trafficking. Focus is also given to case planning for youth and families. Participants will learn about targeted services to support youth who are at high risk of or confirmed victims of child trafficking. This course will conclude with an expert panel presentation. This is a full day training (6 hours) and is delivered by lecture with videos and activities. CEU's are available. This training is offered at the DCF Academy for Workforce Development. NOTE: Day 1 & Day 2 must be taken together.

## Youth Specific Curricula

### Youth Awareness on Child Trafficking

The Connecticut's HART developed a 45 to 60-minute Youth Awareness presentation to educate youth ages 12 to 18 on child trafficking. This curriculum was vetted with youth across the state to ensure the content was impactful and relevant to youth of this age range. The Youth Awareness presentation is a one-time educational opportunity to raise awareness with the ultimate goal of providing the Not a #Number prevention groups to smaller groups of youth.

### Youth Prevention - Not a #Number

Love146's Prevention Curriculum, *Not a #Number*, is an interactive five-module curriculum designed to teach youth how to protect themselves from human trafficking and exploitation through information, critical thinking, and skill development. The program integrates a holistic view of the issue by focusing on respect, empathy, individual strengths, and the relationship between personal and societal pressures that create or increase vulnerabilities. Through open conversations, engaging activities, the use of media, and

opportunities for disclosures, participants find ways to move beyond awareness to behavioral change. For a preview of *Not a #Number*, visit [www.love146.org/curriculum-preview](http://www.love146.org/curriculum-preview).

To schedule a training contact: [DCFHART@ct.gov](mailto:DCFHART@ct.gov)

## Develop and Implement Child Advocacy Center (CAC) and Multi-Disciplinary Team (MDT) Enhancements

MDTs and CAC's play a critical part in providing services and care to child victims of abuse. In 2014 this role was further expanded as a result of Public Act 14-186 (S.B. 5040) which allowed MDTs to review human trafficking cases. In April of 2018, this was further expanded so that all child trafficking CTDCF Careline referrals go to an MDT coordinator, which was expected to result in an increase of referrals that receive a MDT case review. CTDCF worked closely with MDTs and CACs over the period of this grant to expand their capacity to serve child trafficking victims in response to these legislative mandates. This close relationship was maintained through representation of HART and MDT members at each group's meetings which allowed for sharing of information and collaboration.

CTDCF trained all MDT teams using their "Introduction to Child Trafficking in Connecticut" curriculum and provided technical assistance. The two-pronged approach resulted in a consistent yearly increase in the number of MDT members who felt equipped to handle child trafficking cases as shown by satisfaction surveys. CTDCF also helped introduce several new protocols and procedures for these teams including a forensic interview protocol, a standardized state-wide MDT response protocol for child trafficking cases, and an automated data system where MDT could submit case information and referrals in order to better child trafficking victims' services. The two groups also worked together to create a formal system for cross-jurisdiction collaboration.

Additionally, many MDT coordinators began several initiatives to better coordinate with HART teams and respond quickly to the needs of child trafficking cases, such as MDT coordinators attendance at CTDCF's 48-hour response meetings, bi-monthly MDT conference calls to address complicated cases, and smaller comprehensive case reviews for cases to allow for deeper and more complex case discussion. Lastly, looking beyond the grant to meet the goals identified in the strategic planning session in year three, MDT members from a couple different jurisdictions came together to meet and discuss how to identify and address child victims of labor trafficking.

### According to the Connecticut Children's Alliance:

In 2016, 46% of MDT partners felt there were enough services to support DMST victims in CT and 56% of MDT partners felt they had a clear understanding of the system set up to respond to DMST victims in CT.

However, in 2017, 71% of MDT partners felt there were enough services to support DMST victims in CT and 81% of MDT partners felt they had a clear understanding of the system set up to respond to DMST victims in CT.

*CCA 2018, Outcome Measurement System (OMS) Data.*



## Develop Child Trafficking Criteria for Providing Credentialing

Developing a credentialing process for service providers who want to serve child trafficking victims is an important element of ensuring a sustainable pool of trained individuals prepared to meet the needs of this population. Due to their expertise in developing curriculum and training stakeholders, CTDCF was perfectly situated to develop the process and garner the appropriate endorsements. During the grant, CTDCF explored an endorsement system and met with key national stakeholders to develop criteria for credentialing but determined additional funding would be needed to achieve their goal. The director of the HART program, Tammy Sneed, shared the need of credentialing process across the country with federal partners in hopes to garner support for this effort beyond the period of this grant.

## Increase Judicial System Response to Child Trafficking Victims

Access to the judicial system, through both legal representation and vigorous prosecution of offenders, were two needs CTDCF identified for child trafficking victims. To increase the pool of lawyers able to provide legal supports to child trafficking victims, CTDCF subcontracted with the American Bar Association to provide specialized training to lawyers. They also partnered with Connecticut Legal Services to provide legal representation to victims. From an offender prosecution standpoint, CTDCF worked with the Connecticut Human Trafficking Task Force in responding to reported cases and collaborating in their prosecution. The task force is coordinated by the United States Attorney's Office and includes the Connecticut State Attorney's Office, State Police, Federal Bureau of Investigation, and Homeland Security.

### Domestic Child Sex Trafficking Webinar Series

The ABA Center on Children and the Law, in partnership with the Connecticut Department of Children and Families, the Division of Public Defender Services/Child Protection/Juvenile Unit, and the Connecticut Human Anti-Trafficking Response Team (HART), presented a four-part webinar series for attorneys who work with children and youth who are victims or at risk of being victims of Domestic Child Sex Trafficking. Each webinar is described below, followed by evaluation results for the series. Resources shared during the webinars can be accessed at:

[https://abacenter.adobeconnect.com/ct\\_dcst](https://abacenter.adobeconnect.com/ct_dcst)

**Domestic Child Sex Trafficking 101:** This interactive webinar addressed the fundamentals of the justice system response to Domestic Child Sex Trafficking. ABA Center on Children and the Law attorney Eva Klain covered the legal response to child sex trafficking, including involvement with the child welfare or juvenile justice systems, the range of case types, screening and assessment of risk, and provisions of Connecticut and federal laws. The session also covered the victim's trauma experience and how it may affect behavior and provide guidance on how to communicate with victims through a trauma-informed approach.

Recording can be found here: <https://youtu.be/ymic6lyEiqE>

**Trauma-informed Legal Advocacy:** This webinar focused on the fundamentals of trauma and its effects on child clients, including complex trauma and children's coping strategies. Leslie Jones of the Montgomery County (PA) Public Defender Service explained the implications of clients' trauma histories on legal practice and provided tools and resources on how to integrate trauma knowledge into daily legal practice on behalf of victims of Domestic Child Sex Trafficking.

Recording can be found here: <https://youtu.be/C5P4Gj8xVAw>

**Judicial Responses to DCST: Runaway Youth and Youth Missing from Care:** The runaway youth population presents an opportunity for courts to identify and appropriately respond to victims of sex trafficking and youth at risk of victimization. Afua Addo, Manager of Gender and Justice Initiatives at the Center for Court Innovation, spoke about trauma-informed responses, specialized trafficking dockets, and the tools and resources available to judges.

Recording can be found here: <https://youtu.be/8tKWu1rgDFc>

**Juvenile Defenders: Representing Victims of Sex Trafficking:** This webinar examined substantive and systemic challenges to defending clients who are victims of domestic child sex trafficking. Sharonda Bradford, Deputy in Charge – Compton Branch, Los Angeles County Public Defender's Office, identified approaches to better identify and address the needs of youth who may be victims, explained how trauma plays a role in client interactions, and described practices that can enhance juvenile defenders' responses to child survivors of sex trafficking.

Recording can be found here: <https://youtu.be/5IUo49tun1o>.

## Advocate in the Connecticut State Legislature

Connecticut's trafficking laws have been historically challenging and do not currently fully align with the TVPA. Recognizing the difficulty this legislative roadblock presents for child trafficking victims, CTDCF prioritized advocating for legislative changes. One way this was done was through the Trafficking in Persons Council (TIP), with the HART project director, Tammy Sneed, as an appointed member. TIP consults with government and non-governmental organizations (both state and federal) to develop recommendations to strengthen state and local efforts to prevent trafficking, protect and assist victims, prosecute traffickers, and provide updates and progress reports on trafficking in Connecticut. The TIP Council reports annually to the Connecticut General Assembly.

Every year for the last several years, new legislation has been proposed to strengthen Connecticut's response to trafficking. Attempts to align Connecticut's language with the TVPA have not been successful. In 2018, Connecticut's grade from Shared Hope dropped from a B to a C as a result of CTs inability to align its laws with the TVPA.<sup>1</sup> However, the Connecticut legislature passed four major bills during this grant that made some improvements to the systemic response to child trafficking.

- Public Act 14-186 (S.B. 5040) mandated an MDT Response be made available to all victims of child trafficking.
- Public Act 15-195 (H.B. 6849) broadened the conditions under which human trafficking can be considered a crime for a minor, increased services to victims, allowed for wiretapping, increased minor victims' ability to access crime victim compensation and expanded conditions for courts erasure of juvenile police and court records.
- Public Act No. 16-71 (H.B. 5621) set age of prostitution eligibility at 18, required stricter tracking of cases by judicial officers and required lodging businesses to provide annual training and awareness campaigns and keep guest transactions for at least six months.
- Public Act No. 17-32 revised the penalties for human trafficking and required the attorney general to develop and report on proposed certification in state contracts to conform with

<sup>1</sup> [https://sharedhope.org/PICframe8/reportcards/PIC\\_RC\\_2018\\_CT.pdf](https://sharedhope.org/PICframe8/reportcards/PIC_RC_2018_CT.pdf)

the provisions of the federal Executive Order 13627, strengthening Protections Against Trafficking in Persons in Federal Contracts.

- Public Act 17-129 mandated that the Chief State's Attorney's Office and municipal police chiefs must annually report on efforts to combat human trafficking to the Trafficking in Persons Council.
- Public Act 17-190 updated the Child Advocacy Center and MDT case criteria and services standards.

Additionally, CTDCF was part of efforts to create legislation to protect child trafficking disclosures to service providers from being used against them in court proceedings.

Looking forward, there were two proposed bills during the 2019 legislative session that would have addressed some of the current legislative challenges and continued misaligned with the TVPA; the legislation did not pass. Additional language has been proposed to ensure the State Trafficking in Person Law is aligned with the TVPA. Without alignment prosecution of cases and services for victims will continue to be impacted. Connecticut continues to be faced with the challenge of providing victim services for child trafficking victims. The youth's attorneys are on occasion blocking services due to the risk of youth sharing incriminating information that may be subpoenaed and used against them by law enforcement and the courts. The total number of youth that have been encouraged not to participate or denied access to services is over 25 youth to date. Toward the middle of the 2017 legislative session a piece of legislation was put forth to provide privilege communication rights to Love146. Surprisingly there was resistance to this legislation by other advocates in the field of sexual assault and domestic violence. Due to the resistance the legislation was withdrawn. This issue was brought before the Trafficking in Person (TIP) council in the fall of 2017 as a potential legislation recommendation by TIP. A subcommittee of TIP worked tirelessly to develop language in which all the major agencies agreed. The discussion at the subcommittee level included the difference between confidentiality and privileged communication. HB 7399 was proposed during the 2019 legislative session to address this matter, but some of the language proposed by the subcommittee was not included. In addition, language was included to change the mandated training requirements from annually to every three years. Again, the proposed legislation did not move forward. The TIP council is working on new proposals for the upcoming 2020 short session that reduces the recommended changes and breaks the legislation into two separate pieces, an attempt to pass the most important issues.

## **Collaborate with Faith Based Networks**

Before the start of this grant, CTDCF noted an increase in faith-based network's interest in understanding and combatting the impacts of child trafficking. During this grant, CTDCF established a collaboration with The Underground, a group of churches with a ministry focus of working with youth at risk of sex trafficking.

Community awareness is a strong initiative of The Underground; they present in churches, learning centers/universities/town schools, and conferences utilizing the HART curricula in which many of the Underground members are trained. The awareness events include experts of subject matter and will typically draw crowds of 100-200 attendees with various backgrounds and interests. The Underground utilizes these events to engage people to stay with them through The Underground Newsletter which provides communities with information about: news of rescues and arrests, statewide awareness events, trainings, volunteer and advocacy opportunities, and prayer nights.

The Underground is a grass-roots faith-based initiative dedicated to ending sex trafficking in Connecticut. Since it began in late 2013, The Underground has grown to over 1,800 members from almost 200 churches and ministries. The Underground uses a unique model that allows churches to pool human and financial resources to work cooperatively toward the common goal of ending modern-day slavery. Because of that cooperation, The Underground is able to put all donations directly toward benefiting victims and survivors in Connecticut. The hope of The Underground is to gather the faith-based community and engage them to serve in the fight against sex trafficking. With that goal in mind, The Underground has undertaken several initiatives aimed at education, prevention or survivor care.



The Underground has funded 100 Emergency Backpacks for Greater Hartford Local Police Departments, two Wilderness Camp Luncheons for Love146 which service minor victims of child trafficking with an adventure day in August 2019 and another in November 2019. The Underground purchased 5,000 hotline cards for front line workers. They completed a PSA with Tribune Media. In its first two weeks, this PSA reached through Broadcast Media: 923,287 Adults ages 18+ (51% overall reach with 22% being reached 3 or more times) and 365,771 Adults ages 25-54 years (44.4% overall reach, with 18.7% being reached 3 or more times).

As a collaboration, The Underground has created Partnerships Against Trafficking Humans (PATH) in order for Connecticut to show unity in eradicating trafficking in all its forms. The Underground is actively getting various groups, churches, businesses and municipalities to join PATH.

The Underground purchased, created and distributed 516 back to school back packs for high risk youth and confirmed victims of child trafficking. Each back pack contains all the school products a child needs to succeed, a note of encouragement, and a hotline piece that case workers use to provide awareness to youth and assure youth that need help that they can get help by contacting the National Human Trafficking Hotline.

The Underground continues to mobilize local outreach activities and has established numerous teams throughout Connecticut to distribute Human Trafficking Hotline Signage pursuant to *Public Act 17-32, An Act Concerning Human Trafficking*. Major outreach occurred in Hartford through students at UCONN and a group called The Hartford Project.

This continues to be a great way to engage the community in spreading awareness. Prior to teams distributing signage, a 45-minute training is provided to equip the volunteers. The training covers trafficking definition and terms, child trafficking CTDCF HART Data, and instructions on how to interact with local businesses.

The Underground is establishing a Mentor Program for young adults who want to live independently. This is in the development stages and The Underground is currently working on policies. Services are expected to begin in 2020. The Underground continues to provide resources for young adults such as food, housing assistance, furniture, and to assist in safe shelter.

The Underground has partnered with Amirah New England to bring a transitional housing program to trafficked victims in Connecticut. This program will prioritize young adults ages 18-24 with a 2-year, 3-phased program of care, that is supported through community funding and no cost to the survivor. Besides therapeutic services on site, survivors will have opportunities to learn life skills, go to school or learn a trade in a home setting. The Underground successfully bridged numerous

churches to raise funds in order to repair and rehab a home for Amirah. The program will open January 2020 to serve eight young women.

The Underground is partnering with FUSE to bring emergency beds to rescued adult victims in Connecticut. This unit has been secured, rehabbed, and is fully furnished. This is a short stay program that will allow victims to rest in a safe, secure place. Food and shelter will be provided while referral sources determine where family is or a pathway of care which may include detox, rehab, and housing placement. There is no cost to the victim. The Underground is funding the rent for 18 months during the pilot.

## **Develop a Computer Data Collection Reporting System**

Data gathering is a critical component of the work being done through HART. The previous system was inefficient and did not allow for CTDCF to easily pull trends and identify problems. CTDCF quickly identified the need for a unified computer data collection system that would allow for HART Liaisons across the state to quickly enter data. Through conversations with IT personnel at CTDCF and in coordination with ICF, key data indicators were identified for the new system. The DCF Program Information Exchange (PIE) System was determined to be the best route for direct data entry by HART Liaisons and the system went live in October of 2016.

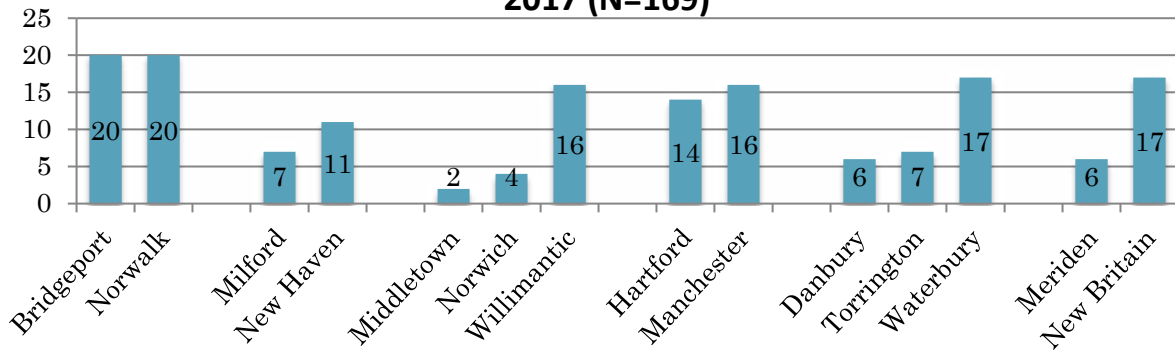
The goal of PIE is to allow HART Liaisons to enter their information directly and then for CTDCF to be able to run reports. CTDCF entered historical data from 2014-2016 to allow for analysis of trends and gathered data from LOVE146's Survivor Care Services. CTDCF continues to have difficulties with timely data entry due to HART Liaison capacity. CTDCF fully transitioned away from utilizing an Excel-based data tracking spreadsheet as of July 2018. The historical data allows CTDCF to track youth that may have been victimized on multiple occasions. CTDCF currently have a number of generic automated reports and data extract functionality within the system and is being utilized by CTDCF personnel to produce quarterly reports. There are still remaining challenges with user adaptation of the system however, and CTDCF continues to provide training and coaching to ensure all data is entered correctly and in a timely manner.

## **Build Continuous Quality Improvement (CQI) Infrastructure**

As part of its efforts to identify and respond to emerging trends in child trafficking victim demographics and service provision, CTDCF recognized the need to improve its current data collection methods. The baseline needs assessment informed the understanding of current services and gaps in services at the outset of the grant. In response, CTDCF created the infrastructure needed to enact a CQI plan. They increased data collection ability through implementation of the PIE data system to better track victims who are referred to Regional HART Liaisons and developed outcome measures for HART to determine impact of programs and help identify gaps in services. Though CTDCF is still undergoing some challenges in pulling the necessary data from PIE, the hope is that developed infrastructure will help improve future data efforts and automation of outcome reports. CTDCF was able to gather data for Love146's Survivor Care Services both from Love146 and through the Results Based Accountability (RBA) Report Cards required by the CTDCF.

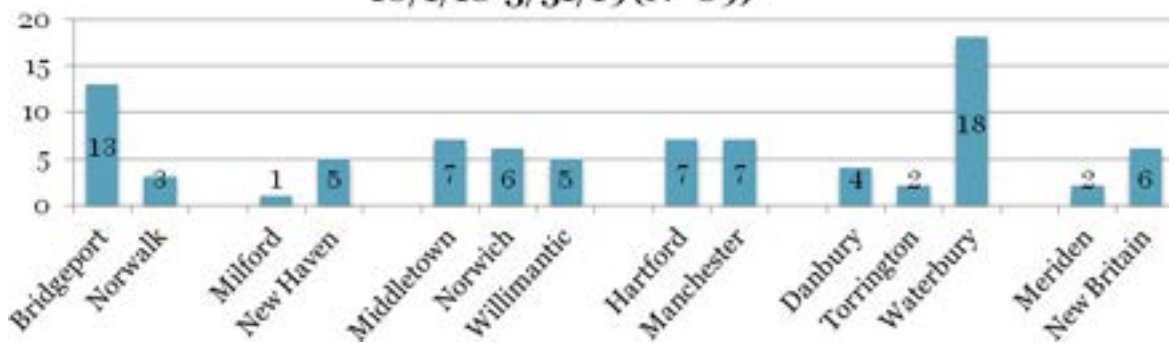
The following is an overview of the information collected by the Love146 Survivor Care Program.

**REFERRALS BY DCF AREA OFFICE  
 2017 (N=169)\***



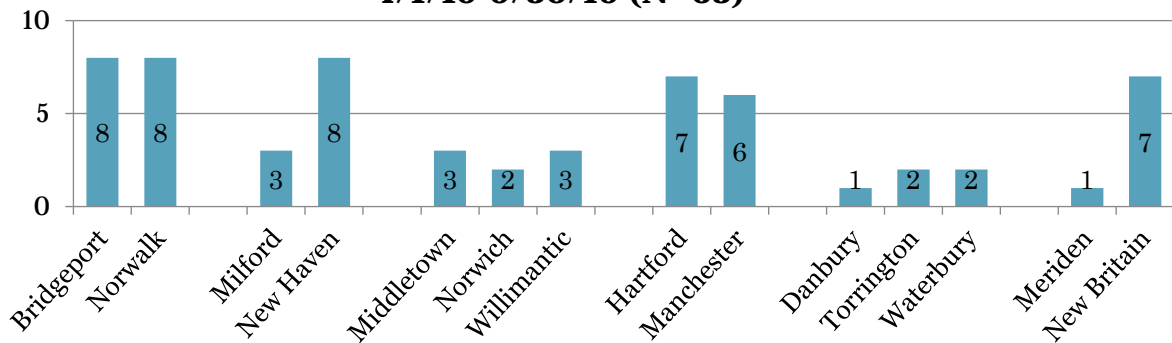
\*6 youth were not affiliated with a DCF area office

**REFERRALS BY DCF AREA OFFICE  
 10/1/18-3/31/19 (N=89)\***



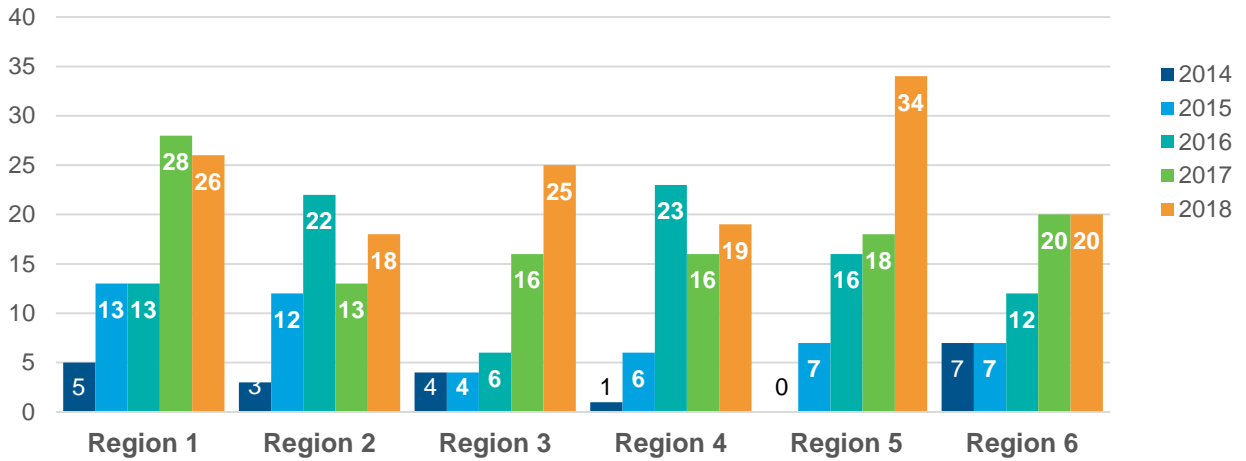
\*3 youth were not affiliated with a DCF area office

**REFERRALS BY DCF AREA OFFICE  
 4/1/19-9/30/19 (N=63)\***

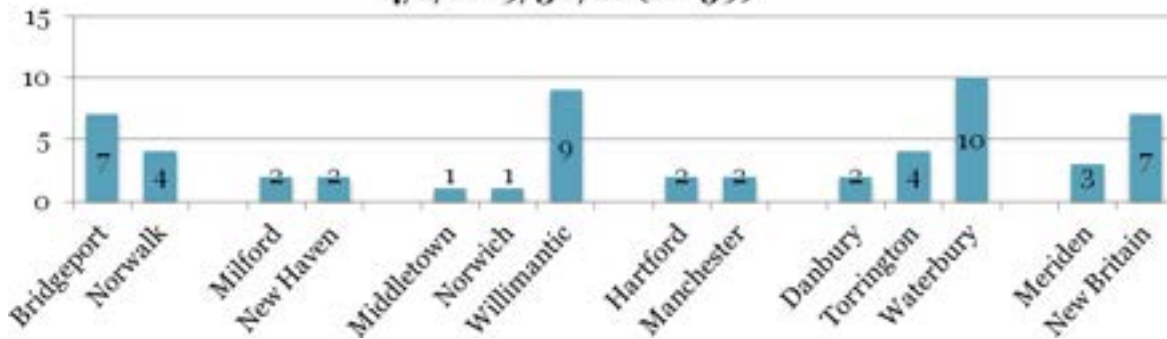


\*3 youth were not affiliated with a CTDCF area office

### TRENDS IN RAPID RESPONSES BY DCF REGION 2014-2018

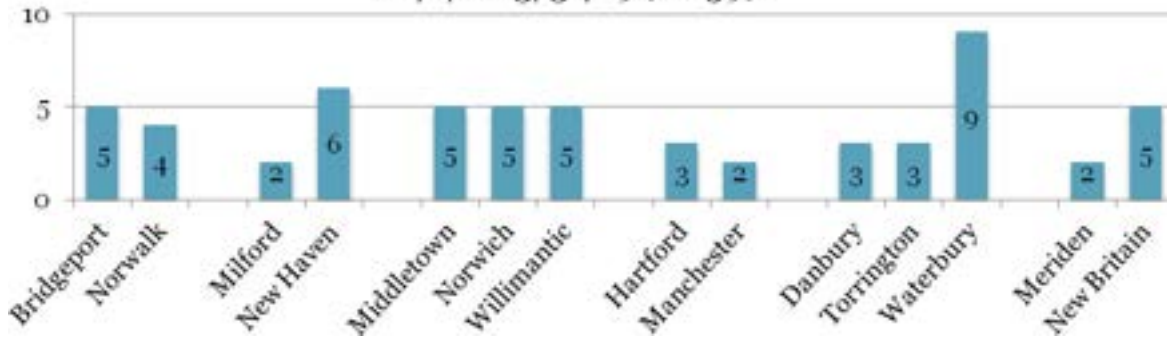


### RAPID RESPONSES BY DCF AREA OFFICE 4/1/18-9/30/18 (N=59)\*

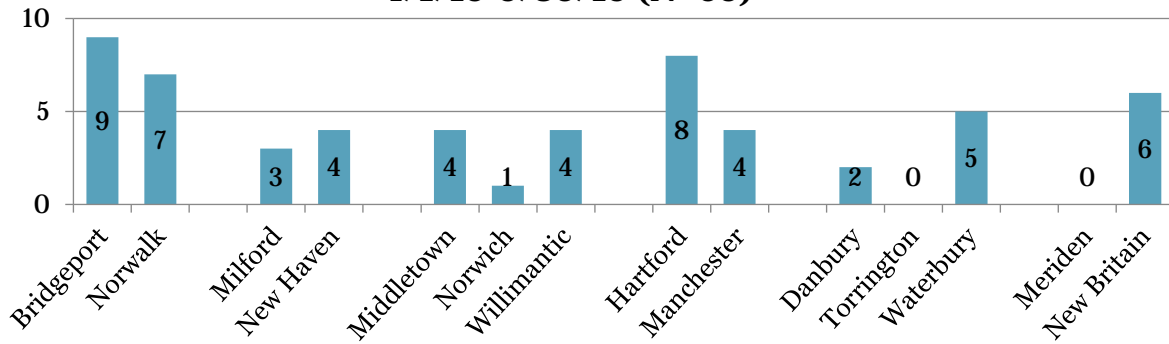


\*3 youth were not affiliated with a DCF area office

### RAPID RESPONSES BY DCF AREA OFFICE 10/1/18-3/31/19 (N=59)\*

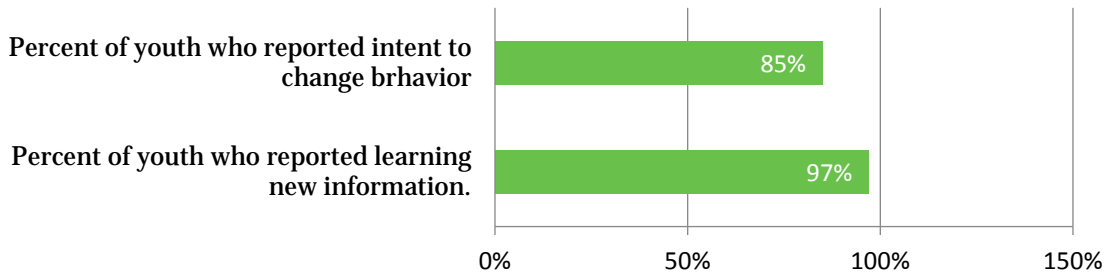


**RAPID RESPONSES BY DCF AREA OFFICE**  
**4/1/19-9/30/19 (N=59)\***

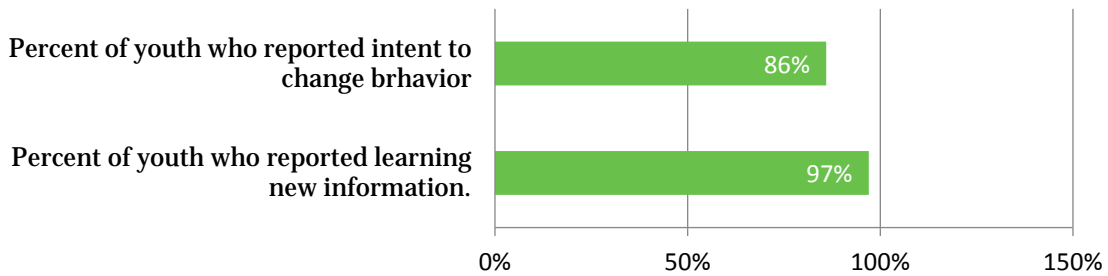


\*2 youth were not affiliated with a CTDCF area office

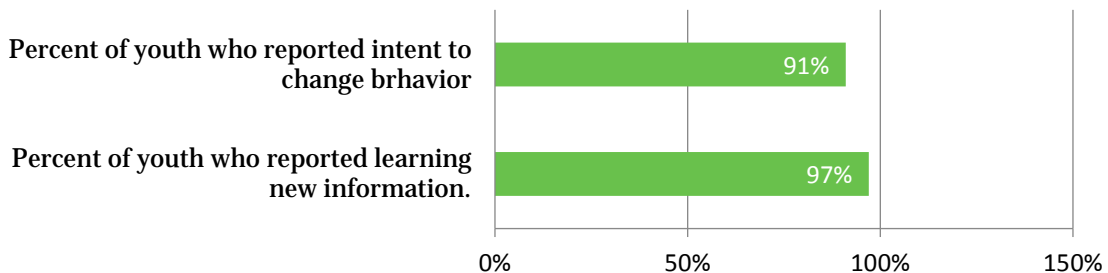
**RAPID RESPONSE OUTCOMES**  
**4/1/18-9/30/18 (N=59)**



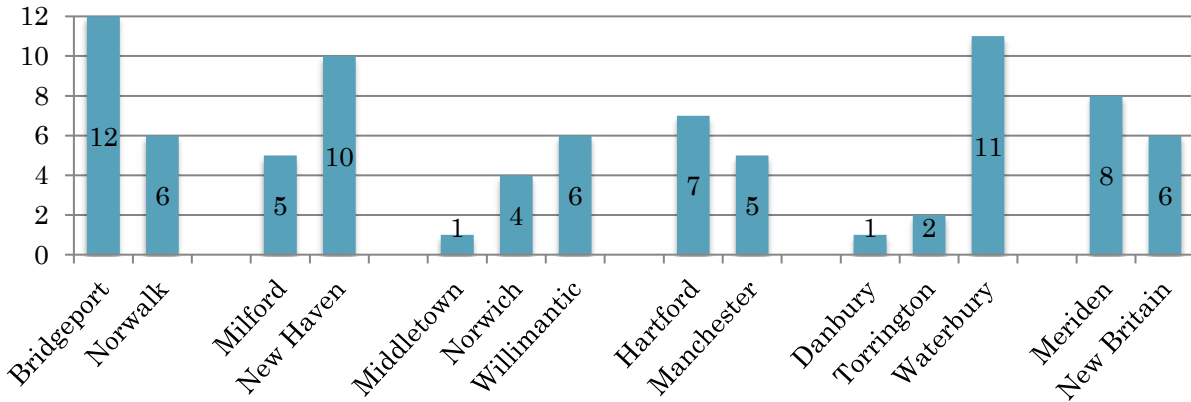
**RAPID RESPONSE OUTCOMES**  
**10/1/18-3/31/19 (N=59)**



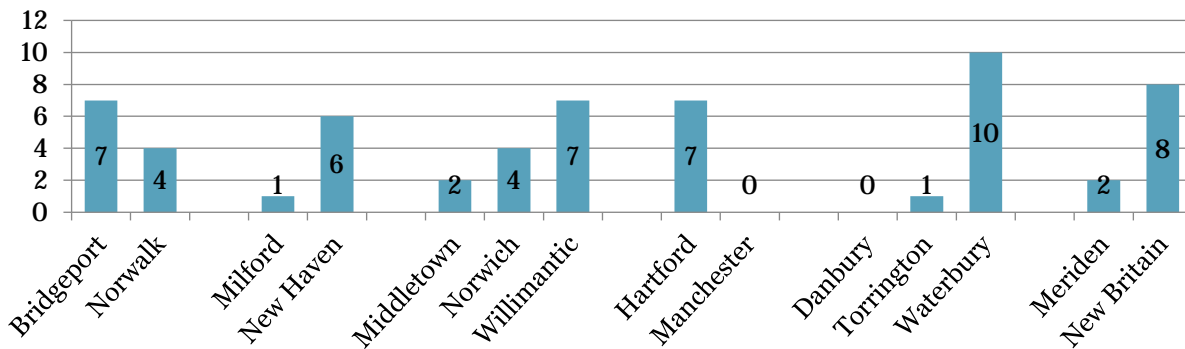
**RAPID RESPONSE OUTCOMES**  
**4/1/19-9/30/19 (N=59)**



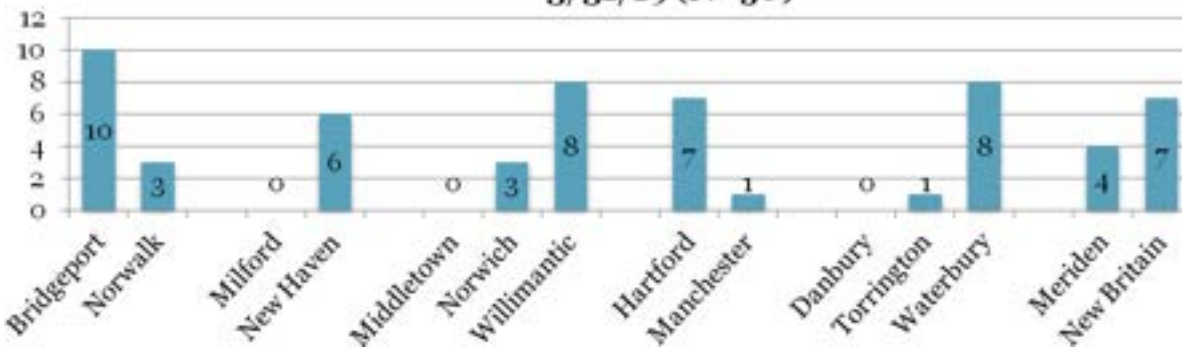
### LONG-TERM SERVICES BY DCF AREA OFFICE 2017



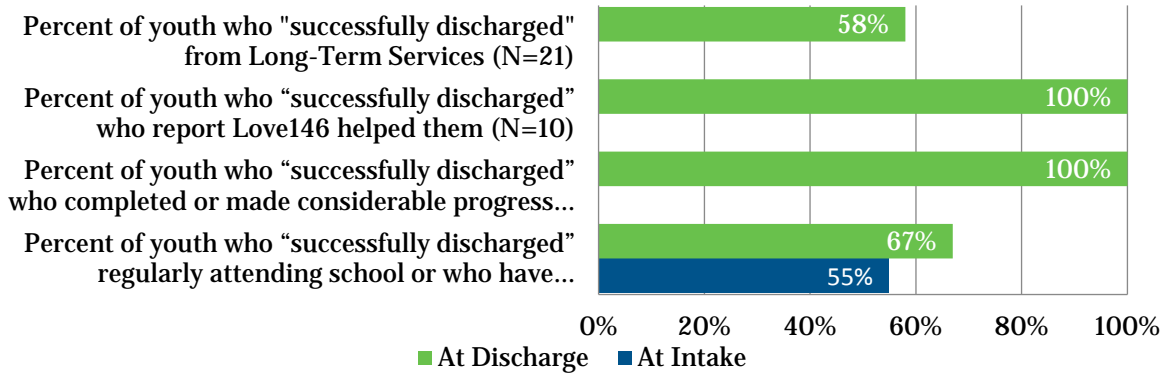
### LONG-TERM SERVICES BY DCF AREA OFFICE 4/1/19-9/30/19 (N=59)



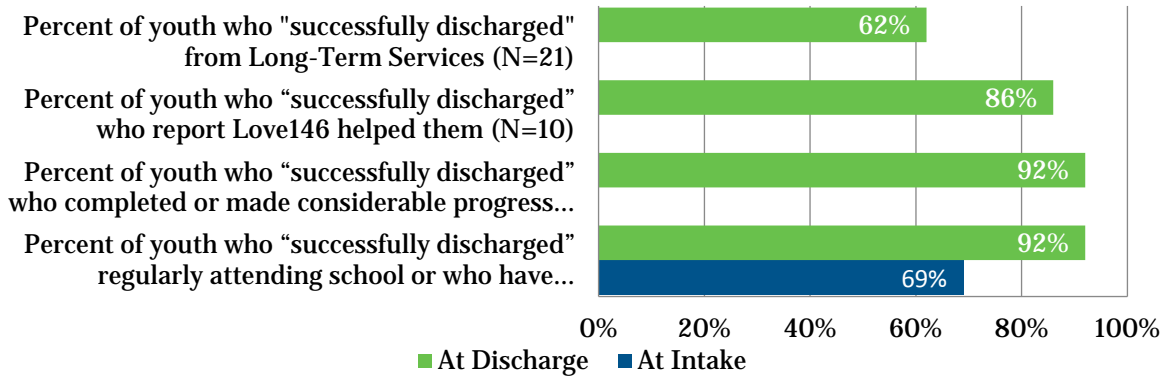
### LONG-TERM SERVICES BY DCF AREA OFFICE 10/1/18- 3/31/19 (N=58)



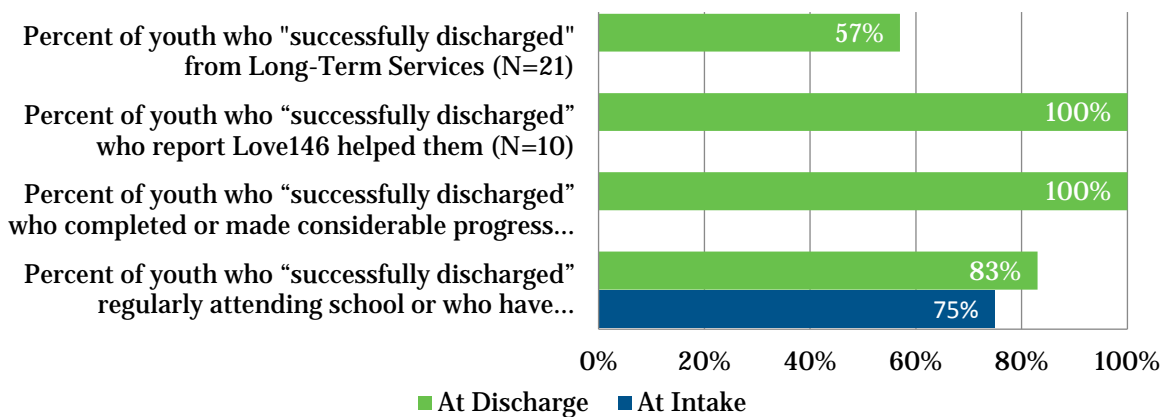
### LONG-TERM SERVICE OUTCOMES 4/1/18-9/30/18



### LONG-TERM SERVICE OUTCOMES 10/1/18-3/31/19



### LONG-TERM SERVICE OUTCOMES 4/1/19-9/30/19



## Create New Forms for Intra-Agency Data Sharing, Research Design and Information Dissemination

CTDCF recognized the challenges of both sharing case information between agencies and sharing best practices across the state and the country. In response, CTDCF engaged in several efforts this grant to both develop partnerships and create new forums for information sharing. CTDCF created formalize partnerships that allowed for case data sharing with the Connecticut Institute for Refugee and Immigrants (CIRI), CT Coalition Against Trafficking (CTCAT) and TIP. Additionally, CTDCF started sharing case information for the purposes of prosecution with MDTs as well as with the US Attorney, States Attorney, FBI, State Police and local law enforcement.

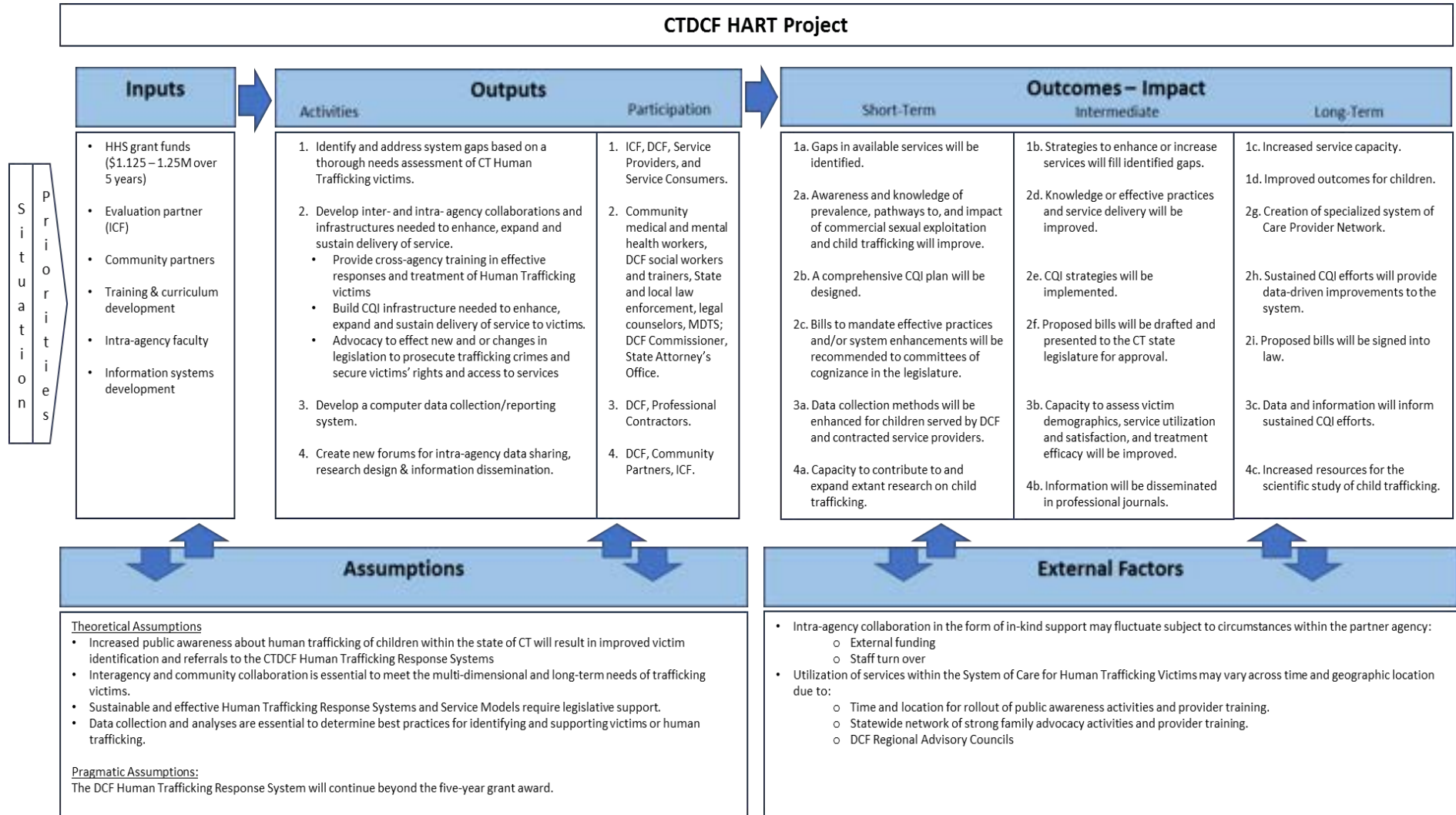
CTDCF also increased its outreach efforts to educate the community about child trafficking and reach potential victims. CTDCF partnered with Love146 to run a series of social media ads targeting Connecticut youth and ran a public awareness campaign for the general public with Fox 61. During this grant, CTDCF has also presented at many webinars, trainings and conferences in both Connecticut and across the country. Additionally, HART hosted their own annual conference to bring together law enforcement, child protective services staff, lawyers, social workers, therapists, teachers, forensic interviewers, medical professionals and child advocacy center staff to learn from regional and national experts how to strengthen their response to child abuse and exploitation cases across Connecticut. Lastly, CTDCF continues to disseminate information through the CTDCF HART webpage, the *HART HELPS* biannual newsletter, and TIP council meetings.

## *HART HELPS, Spring Edition*



Source: <https://portal.ct.gov/-/media/DCF/HumanTrafficking/pdf/HART-Helps-Spring-2019---Final.pdf?la=en>

## Exhibit 2-1: HART Logic Model



# Chapter 3

## Program Evaluation

ICF Incorporated, LLC (ICF) served as the evaluation partner for this grant. Led by Principal Investigator, Samantha Lowry, the evaluation employed an action research model with ongoing feedback throughout the life of the award to share back interim findings and integrate evaluation results into the statewide approach. This chapter presents the results of the baseline needs assessment and outcome evaluation for the CTDCF HART Project.

### Overview of Evaluation Design

To facilitate an effective and robust evaluation of the HART Project, ICF in partnership with CTDCF, conducted data collection in three phases that spanned the five-year grant period. Phase I of the evaluation occurred in the first year of the project. During this phase ICF conducted a baseline needs assessment that provided a snapshot of needs of the field as they existed at the beginning of the study. Phase II of the evaluation occurred in the third year of the project. During that phase ICF conducted a progress assessment to begin to uncover how the needs changed and improved with this federal funding and provide information to CTDCF to help them improve their processes and inform their strategic plan moving forward. During the third phase in year five, ICF conducted a final assessment to compare outcomes over time. This report will outline the activities undertaken during the project period and the progress made towards achieving the before outlined outcomes and goals.

### Key Research Questions

The evaluation was governed by several key research questions and intended outcomes to be measured:

- What is the HART structure and current membership? What is the level of inter-/intra-agency collaboration?
- What is the level of knowledge and awareness about child trafficking before and after HART/CTDCF training? Which professions have increased awareness and knowledge as a result of HART/CTDCF training?
- Does training increase readiness and comfort responding to child trafficking? How does that vary by profession?
- What other forms of training are needed?
- What forms of child trafficking are being identified and by which agencies? What demographic groups are being underserved or unserved?
- Does the expansion and restructuring of HART improve the number and type of child trafficking victims identified?
- What types of services are offered/needed for child trafficking victims?
- What are the current victim service responses to child trafficking in the State? How has that changed as a result of HART?
- To what extent are current services fulfilling victims' needs?
- What are the barriers to providing victim services?
- How does the expansion of HART influence policies, practices, and legislation to prevent and combat child trafficking?

Evaluation of the current system and services will allow CTDCF to identify gaps and generate strategies to fill those gaps and enhance services. It will also improve CTDCF's knowledge of effective practices, which will improve service delivery. In the long term, these improvements will result in increased service capacity and improved outcomes for children. CTDCF's improvement of inter- and intra- agency collaboration and infrastructures will also improve services and child outcomes through the creation of a specialized systems of care, which can quickly and effectively respond to the needs of child trafficking victims. To monitor the continued services and ensure CTDCF employs data driven decisions and responses, the CQI strategies will ensure the data collection and reporting system is providing accurate data. Lastly, the increase of data collection and cultivation of new forums for information dissemination will lead to the ability to propose and pass bills addressing the needs of child trafficking victims in the Connecticut legislature, more information shared in professional journals and increased resources for the scientific study of human trafficking and child trafficking.

### Study Methodology and Data Collection

ICF worked in collaboration with CTDCF to develop and conduct a baseline needs assessment in order to understand existing challenges around identifying and responding to child trafficking victims. ICF used information from the kick-off meeting to guide the sampling approach and the instrument design for the data collection component of the evaluation. Data collection for the evaluation involved three components: 1) electronic surveys of stakeholders who make up the HART, HART Leadership, Regional HARTS, and each of the 17 MDTs; 2) in-person and telephone interviews of select key stakeholders (law enforcement, prosecutors, victim service providers, foster care providers, DCF) who make up HART, HART Leadership, Regional HARTS, and MDTs; and 3) interviews with individuals who have been identified by select victim service providers as child trafficking victims. In addition to these research activities, ICF also administered

the Wilder Collaboration Survey—cluster level tool—to the State HART at three time points over the duration of the five-year grant. ICF also analyzed the Trafficking Awareness Surveys—second cluster level tool—administered by trainers before and after each introductory training.

## Stakeholder Perspective and Statewide Results

Instruments were developed in early 2015 and IRB approval was received on June 2015. The DCF IRB application was subsequently submitted approval certificate was received in October 2015. The survey was administered in October 2015 and concluded in January 2016. Analysis of the stakeholder survey and interviews, Wilder Collaboration Inventory, and the Trafficking Awareness Surveys (TAS) were conducted to provide an initial feedback loop. Baseline findings were shared during the strategic planning session in Phase II to provide feedback to HART and assist with forming the new direction of the initiative. These findings were also shared during the HART national webinar in September 2018 and final findings from the second wave of surveys in September 2019.

### Methodology

The statewide stakeholder survey was sent to individuals across the state of Connecticut who provide services or may come into contact with victims of child trafficking. The survey was sent to an estimated 180 key stakeholders. Key stakeholders included child welfare personnel, victim service providers, clinical providers, foster care providers, legislators, and federal, state, and local law enforcement. Survey items were constructed from validated measures identified from the literature and include items related to the following outcomes:

- Stakeholder awareness of trafficking
- Stakeholder collaboration
- Trafficking victim identification
- Service outcomes for trafficked youth

Survey questions were focused on understanding the level of knowledge and awareness around child trafficking, the level of preparedness to identify and respond to child trafficking victims, the level of collaboration between agencies to respond to child trafficking victims, the factors that influence the identification of victims and the challenges around identification, and the types of services child trafficking victims need as well as reported gaps in services. The survey tool was updated for the second wave and included similar measures to the first administration as well as a few additional domains of focus that assess key elements of CTDCF's response to trafficking over the last three years of the grant.

A total of 195 surveys were received from stakeholders across the state: 142 in 2015 and 53 in 2019. Five responses were excluded due to duplication and respondents opting-out of the survey. The remaining 190 surveys were analyzed using descriptive statistics to provide basic information regarding the range of victim services in Connecticut, perceived gaps in and challenges to service provision, emerging trends in victim services, and recommendations on how to improve the field's response to child trafficking victims throughout the state. Where appropriate, additional statistical tests were used (e.g., independent samples T-tests) to compare the baseline survey with the outcome survey to assess whether the differences were statistically significant. Findings from these analyses are presented and discussed below.

Interviews were conducted at two time points with 14 stakeholders who all had varied service roles – these roles included law enforcement, HART coordinator, HART liaisons, trainers, and those who work with the CAC/MDTs. Some stakeholders were interviewed at both time points and others only had a single interview. The HART Coordinator and HART Project Lead were interviewed during the progress assessment as well and shared insights during regular conference calls. The perspective of stakeholders in Connecticut was valuable to gather insight on the provision of services offered to trafficking victims from those who worked directly with child trafficking cases. Stakeholders provided information on the state of victim services in Connecticut and provided recommendations for the future of services for child trafficking victims.

### Respondent Background

Survey respondents represented a diverse range of organizations, geographic services areas, and level of experience with child trafficking victims.<sup>2</sup> Most commonly, respondents worked within the child welfare system (e.g., DCF) – 32% (see Exhibit 3-1). Smaller numbers were reported for other organizations, including 12% of respondents were a part of municipal law enforcement, 10% were a mental health provider or counselor, 10% were part of a child advocacy center, and 8% were victim service providers.

**Exhibit 3-1: Respondent Position**

	Overall	2015 (n=139)	2019 (n=51)
<b>Victim Service Provider</b>	8%	8%	8%
<b>Victim Advocate/Advisor</b>	7%	7%	10%
<b>Child Advocacy Center</b>	10%	9%	12%
<b>Forensic Interviewer</b>	5%	6%	2%
<b>Health Care Provider</b>	2%	3%	0%
<b>Mental Health Provider/Counseling</b>	10%	11%	8%
<b>Mentoring</b>	2%	0%	6%
<b>Foster Care Provider</b>	1%	1%	2%
<b>Parental Caregiver Service Provider</b>	2%	1%	4%
<b>Congregate Care Provider</b>	.5%	0%	2%
<b>Education/Schools</b>	2%	1%	4%
<b>Vocational/Job Training</b>	.5%	0%	2%
<b>Child Welfare (DCF)</b>	32%	29%	41%
<b>Juvenile Parole (DCF)</b>	.5%	1%	0%
<b>Probation/Detention (CSSD)</b>	3%	3%	2%
<b>Juvenile Defense Attorney</b>	.5%	1%	0%
<b>Municipal Law Enforcement</b>	12%	16%	2%

<sup>2</sup> Respondent backgrounds were similar across both the 2015 and 2019 surveys, so the combined numbers are reported here. The breakdown of respondent background by survey year can be found in the Exhibits.

	Overall	2015 (n=139)	2019 (n=51)
<b>Sheriff's Department</b>	0%	0%	0%
<b>State Police</b>	2%	3%	0%
<b>Federal Law Enforcement</b>	.5%	0%	2%
<b>U.S. Attorney's Office</b>	.5%	0%	2%
<b>District/County/State Attorney</b>	5%	5%	4%
<b>Judge</b>	0%	0%	0%
<b>Other</b>	13%	12%	16%

Over half of respondents (53%) were early to mid in their career, with 10 or less years of experience while another quarter of respondents (26%) had 15 years or more of experience. While respondents had a wide range of experience in their field, their years of experience with cases involving victims of child trafficking was much smaller – 41% had 1-5 years of experience and only 22% had more than 5 years of experience with victims of child trafficking (for more information see Exhibit 3-2).

**Exhibit 3-2: Years of Experience**

	Years of Experience in Field of Work		Years of Experience with cases involving victims	
	2015 (n=126)	2019 (n=46)	2015 (n=95)	2019 (n=32)
<b>1-5 years</b>	32%	45%	45%	29%
<b>6-10 years</b>	20%	14%	9%	18%
<b>11-14 years</b>	12%	4%	4%	6%
<b>15+ years</b>	27%	26%	6%	10%

Survey respondents represented all six regions of Connecticut. Over half of respondents (58%) served Regions 3 (20%), 4 (19%), and 5 (19%) (shown in Exhibit 3-3). Thirty-seven percent (37%) of survey respondents served the remaining 3 regions and 16% of survey respondents served the state of Connecticut as a whole.

**Exhibit 3-3: Respondent Region Served**

	Overall	2015 (n=139)	2019 (n=51)
<b>Region 1</b>	15%	16%	14%
<b>Region 2</b>	11%	9%	14%
<b>Region 3</b>	20%	17%	26%
<b>Region 4</b>	19%	19%	18%
<b>Region 5</b>	19%	20%	16%
<b>Region 6</b>	11%	9%	16%
<b>State</b>	16%	11%	29%

	Overall	2015 (n=139)	2019 (n=51)
<b>Federal</b>	1%	0%	4%
<b>Other</b>	7%	7%	6%

Survey respondents represented the various collaboration bodies involved in the HART Project (see Exhibit 3-4). About half (52%) of survey respondents served on the CTDCF HART, with 17% serving on the HART Leadership team and 35% serving as a Regional HART team member. Survey respondents represented each of the 17 multidisciplinary teams (MDTs) in the state, with greater representation from New Haven (7%), Waterbury (7%), Bridgeport (6%), and Windham (6%) MDTs (Exhibit 3-5). Respondents also reported their involvement in task forces: 11 percent in 2015 and 25 percent in 2019. Of the 15% of stakeholders involved in another task force, the most common task forces were the Connecticut Coalition Against Human Trafficking (CTCAT), Governor’s Task Force on Justice for Abused Children (GTFJAC), and the Trafficking in Persons Council (TIP).

**Exhibit 3-4: Respondent HART Role**

	Overall	2015 (n=139)	2019 (n=51)
<b>Team Member</b>	35%	30%	51%
<b>Leadership Team Member</b>	17%	10%	37%
<b>None</b>	49%	58%	26%

**Exhibit 3-5: Respondent MDT**

	Overall	2015 (n=139)	2019 (n=51)
<b>New Haven</b>	7%	7%	10%
<b>Milford</b>	6%	4%	8%
<b>Norwalk</b>	4%	4%	4%
<b>Stamford</b>	3%	4%	2%
<b>Bridgeport</b>	6%	6%	6%
<b>Torrington</b>	4%	5%	2%
<b>Windham</b>	6%	5%	10%
<b>Hartford</b>	5%	5%	4%
<b>MDT 14</b>	5%	6%	2%
<b>North Central</b>	4%	4%	2%
<b>Central</b>	4%	4%	4%
<b>East Central</b>	5%	7%	2%
<b>Tolland</b>	5%	5%	4%
<b>Danbury</b>	3%	4%	0%
<b>Waterbury</b>	7%	7%	6%

	Overall	2015 (n=139)	2019 (n=51)
New London	6%	7%	4%
Middlesex	5%	6%	4%
None	28%	25%	37%

Most of the stakeholders who were interviewed participated on the state HART and were the main point of contact from their agency. Stakeholders reported a shift from HART being more DCF-populated to it being multi-disciplinary and including more diverse backgrounds and level of professionals.

## Findings

### IDENTIFICATION OF VICTIMS

A primary goal of the HART project was to increase identification and provision of services to child trafficking victims. To assess the progression of this goal, respondents were asked how victims came to the attention of their organization, the number of cases their organizations handled, and the number of cases that were confirmed child trafficking (i.e., Domestic Minor Sex Trafficking [DMST] or Commercial Sexual Exploitation of Children [CSEC]), and then the findings were compared between the two time points.

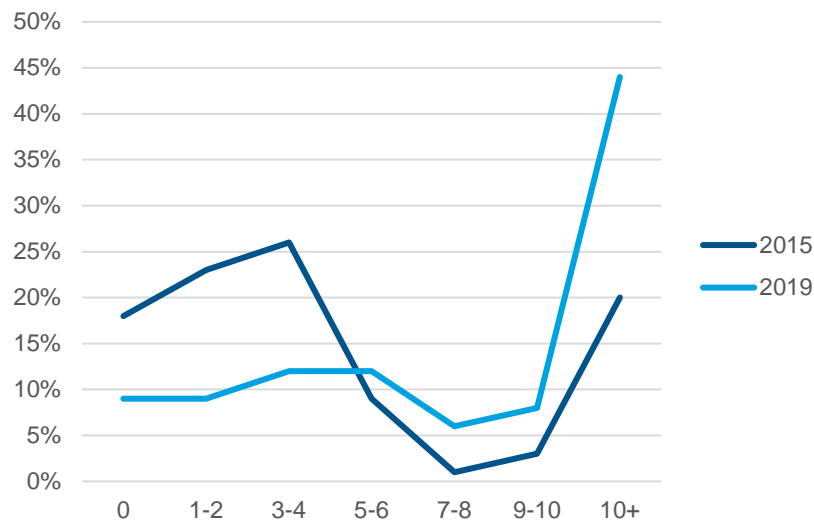


### What are some common indicators or risk factors of CSEC/DMST cases?

- A common indicator is youth that are “lacking something” – this is hard to identify because it is not typically associated with trafficking. What is missing to the youth can range from not having tangible items to a lack of stability and loneliness. Youth then tend to look to an outside source to fill what is missing. We need to focus on third parties who are trafficking youth and giving them expensive material items and making them see clients.
- The red flags we see include unknown whereabouts, branding tattoos, weapons, and drugs.
- In the state, more than 60% of those who are trafficked are living at home during the time of the victimization, so we need to learn more about what to look for other than the typical red flags and risk factors such as being system-involved.

Exhibit 3-6 presents the number of cases organizations reported handling. In 2015, 18% of stakeholders reported handling zero cases, and 49% reported serving 1-4 cases. The number of cases served was overall low, with only 33% of organizations serving 5 or more cases. In 2019, 9% of stakeholders reported handling zero cases, and 21% reported serving 1-4 cases. Seventy percent of organizations served 5 or more cases.

**Exhibit 3-6. Number of Child Trafficking Cases Handled in the Last year**



Because the number of cases served are combined (with options encompassing multiple numbers, such as 1-2), it is difficult to directly test the change in the number of cases served because the exact number of cases served is unknown. However, the number of cases handled in 2015 and 2019 (shown in Exhibit 3-6) can be compared using a Wilcoxon-Mann-Whitney test. This test was significant, indicating that the distribution of answers to the number of cases served was significantly different between the two years. The Exhibit below shows that the distribution shifted to the right and, given the significant finding, this indicates that the number of cases served significantly increased from 2015 to 2019. More information on the number of cases served can be found in the Exhibit below.

**Exhibit 3-7: Number of Cases Served**

		2015 (n=92)	2019 (n=34)
<b>How many victims of DMST/CSEC handled by your Org in last year?***</b>	<b>0</b>	18%	9%
	<b>1-2</b>	23%	9%
	<b>3-4</b>	26%	12%
	<b>5-6</b>	9%	12%
	<b>7-8</b>	1%	6%
	<b>9-0</b>	3%	8%
	<b>10+</b>	20%	44%

		2015 (n=88)	2019 (n=29)
<b>Of those, how many were confirmed DMST?****</b>	<b>0</b>	38%	7%
	<b>1-2</b>	35%	35%
	<b>3-4</b>	9%	17%
	<b>5-6</b>	5%	3%
	<b>7-8</b>	2%	7%
	<b>9-0</b>	1%	3%
	<b>10+</b>	10%	28%
		2015 (n=86)	2019 (n=29)
<b>Of those, how many were confirmed CSEC?***</b>	<b>0</b>	40%	24%
	<b>1-2</b>	39%	32%
	<b>3-4</b>	8%	7%
	<b>5-6</b>	2%	7%
	<b>7-8</b>	2%	3%
	<b>9-0</b>	0%	3%
	<b>10+</b>	9%	24%
		2015 (n=85)	2019 (n=32)
<b>Of those, how many were DCF involved already?****</b>	<b>0</b>	22%	19%
	<b>1-2</b>	35%	16%
	<b>3-4</b>	19%	9%
	<b>5-6</b>	7%	9%
	<b>7-8</b>	4%	3%
	<b>9-0</b>	2%	3%
	<b>10+</b>	11%	41%

\*\*\*p<.01, \*\*p<.05, \*p<.10

Clients come to the attention of organizations through various sources, however, according to the survey responses, CTDCF is the main organization that connects victims to the services they need – 60% of stakeholders reported victims came to their organization through the CTDCF Careline or CTDCF referrals in 2015, and in 2019 that number went up to 68%. In 2015, the other most common ways victims came to the attention of the organization were criminal investigations (30%) and participation in MDTs (22%). In 2019, victims more commonly came to the attention of organizations via referrals from other agencies (31%) and participation in MDTs (31%) (see additional details in Exhibit 3-8).

*“[There are] better services for youth in regions that are at the table more.”*

**Exhibit 3-8: How Victims Come to the Attention of the Organizations**

	2015 (n=139)	2019 (n=51)
Careline	30%	29%
CTDCF Referrals	30%	39%
Referrals from Other Agencies	20%	31%
Community Tips/Referrals	6%	6%
Walk-Ins	7%	0%
Community Outreach*	4%	10%
Missing Persons Reports	8%	10%
Participation in MDTs	22%	31%
Criminal Investigations	30%	30%
Calls for Service	12%	8%
Other	8%	8%

\*\*\*p<.01, \*\*p<.05, \*p<.10

Stakeholders also reported whether their organization had any formal procedures or policies that provide instructions for how to identify and respond to child trafficking victims (refer to Exhibit 3-9). In 2015, 21% of respondents indicated their organizations had formal policies in place, whereas in 2019 this number doubled to 41% reporting their organizations had such policies in place.

**Exhibit 3-9: Are there formal procedures or policies in your organization on how to identify and respond to child trafficking victims?**

	2015	2019
<b>Yes</b>	21%	41%
<b>No</b>	29%	14%
<b>Unsure</b>	12%	6%



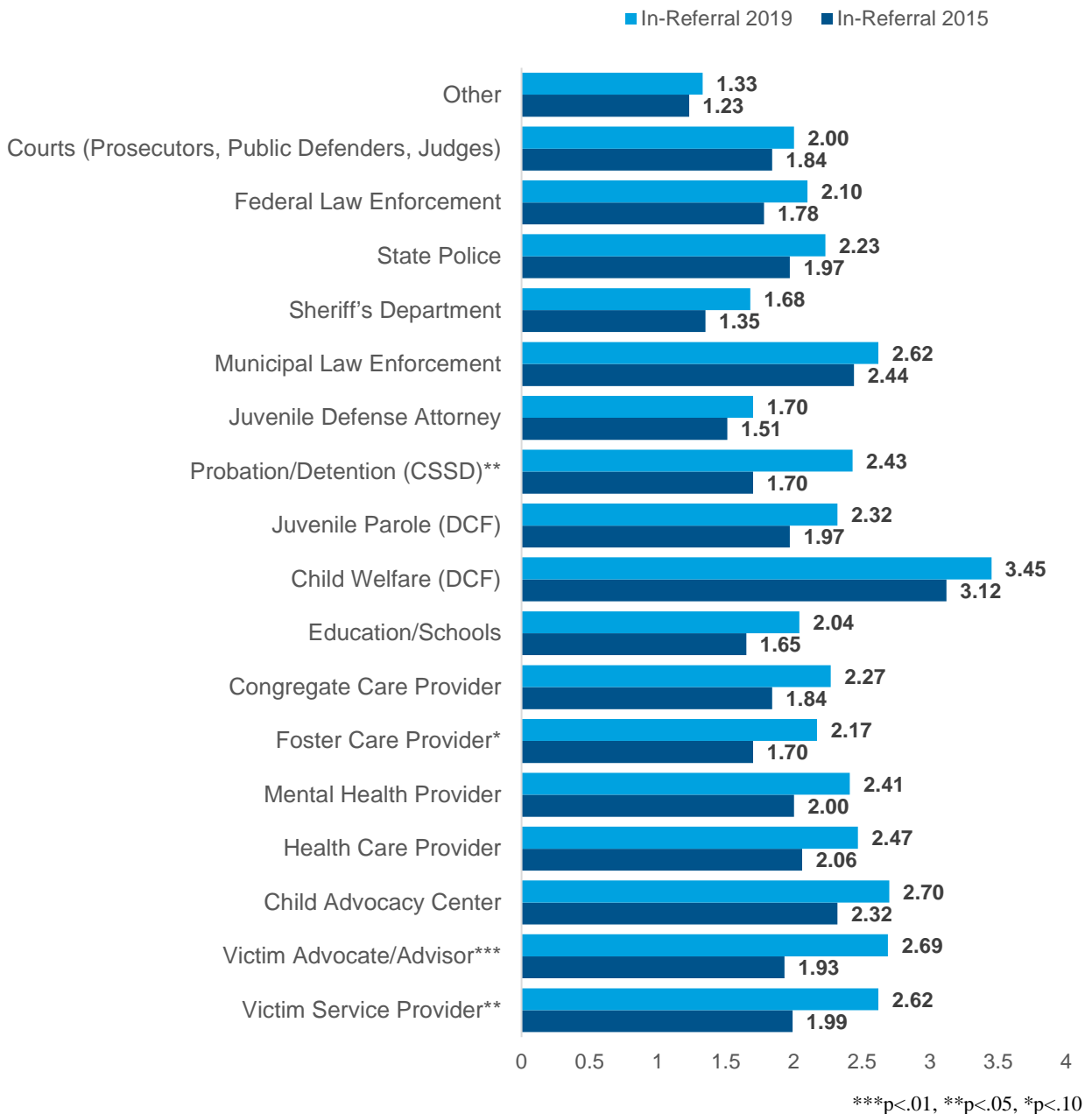
**What challenges do stakeholders face identifying CSEC/DMST victims?**

- One of the biggest challenges is self-identification on the part of trafficking victims. Because of the previous law enforcement approach of seeing victims as criminals, victims feel guilty or shameful talking about their trafficking experience.
- Stakeholders also believe that victims are falling through the cracks because a case is not accepted for investigation. Practices differ between regions. In one region, a HART consult is conducted if a child has been missing for 48 hours to see if they are at risk of all trafficking – this should be case in all regions, but that there is no way to enforce this practice.

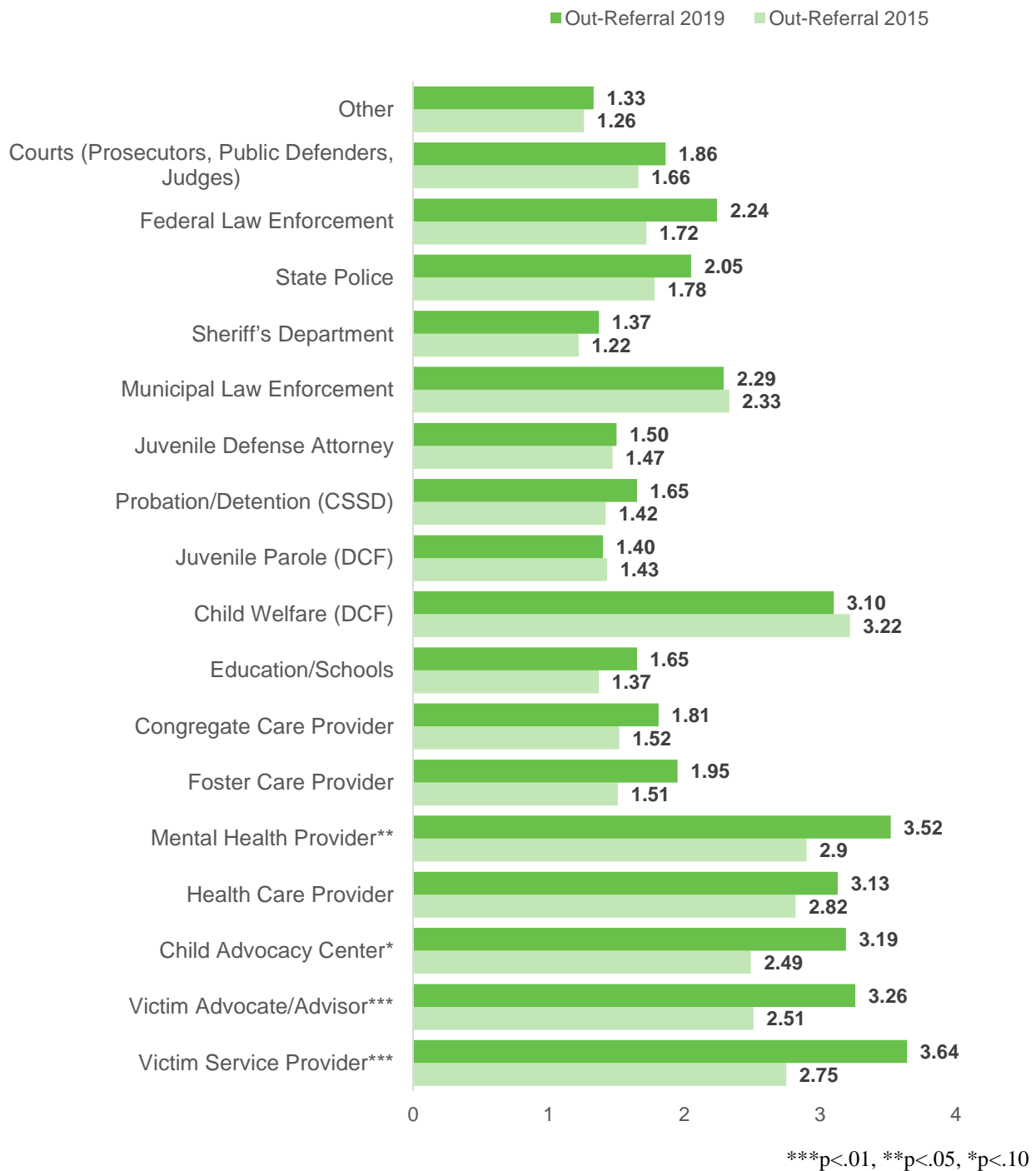
## REFERRALS

Stakeholders were asked to report on their organizations' volume of both receipt cases via referrals from other sources and the extent to which they refer cases to other sources. Stakeholders rated whether their organization receives case referrals (i.e., in-referrals) and refers out cases (i.e., out-referrals) on a Likert scale (0=Never, 1=Rarely, 2=Sometimes, 3=Often, and 4=Always). Exhibits 3-10 and 3-11 present the in- and out-referrals for both 2015 and 2019. In 2015, the most common in-referrals were from child welfare and municipal law enforcement. In 2019, the most common were child welfare and victim advocates. However, the most out-referrals in 2015 were to child welfare and mental health providers; and in 2019 the most out-referrals were to victim service providers and mental health providers.

**Exhibit 3-10: In-referrals of Cases**



### Exhibit 3-11: Out-referrals of Cases



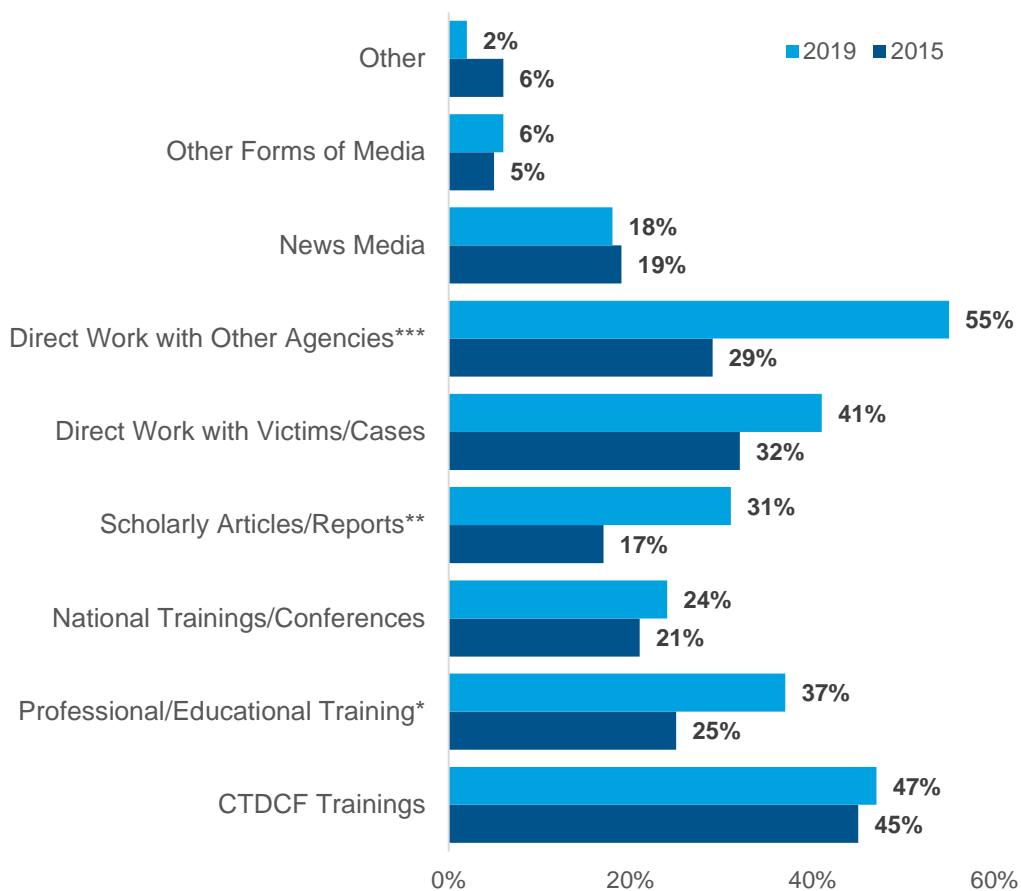
Comparing 2015 to 2019 shows some significant differences in stakeholder responses. The starred sources in the Exhibits above indicate those that significantly changed from 2015 to 2019. For out-referrals, victim service providers, victim advocates, foster care providers, and probation and detention all significantly increased, indicating that cases were referred to these sources more frequently in 2019 than in 2015. For out-referrals, victim service providers, victim advocates, child

advocacy center, mental health providers, and federal law enforcement all significantly increased, indicating that cases were more frequently referred out from those sources in 2019 compared to 2015.

### SOURCES OF KNOWLEDGE

Another goal of the HART Project was to raise awareness about child trafficking and increase stakeholders' understanding of child trafficking. Survey respondents were asked about their primary sources of knowledge. Overall, the most common source of knowledge was CTDCF trainings, with direct work with victims and direct work with other agencies being other common sources (Exhibit 3-13). Exhibit 3-12 shows the differences in sources of knowledge for 2015 and 2019, with statistically significant differences denoted (\*). Using a chi-square significance test, professional/educational training, scholarly articles/reports, and direct work with other agencies significantly increased between 2015 and 2019, indicating that these sources of knowledge for child trafficking were significantly more common in 2019.

**Exhibit 3-12: Main Sources of Knowledge**



\*\*\*p<.01, \*\*p<.05, \*p<.10

**Exhibit 3-13: Main Sources of Knowledge on Child Trafficking Victims**

	Overall	2015 (n=139)	2019 (n=51)
<b>CTDCF Trainings</b>	45%	45%	47%
<b>Professional/Educational Training*</b>	28%	25%	37%
<b>National Trainings/Conferences</b>	22%	21%	24%
<b>Scholarly Articles/Reports**</b>	21%	17%	31%
<b>Direct Work with Victims/Cases</b>	35%	32%	41%
<b>Direct Work with Other Agencies***</b>	36%	29%	55%
<b>News Media</b>	19%	19%	18%
<b>Other Forms of Media</b>	5%	5%	6%
<b>Other</b>	5%	6%	2%

\*\*\*p<.01, \*\*p<.05, \*p<.10

### TRAINING RECEIVED AND FUTURE NEEDS

Trainings are a major component of CTDCF’s strategy to increase identification and awareness of child trafficking victims. In the year prior to the baseline survey, in 2015, CTDCF implemented training initiatives with great success and progress. Within that year, all MDTs across Connecticut were trained on the *Introduction to DMST/CSEC* curriculum. CTDCF also implemented a new *Caring for High Risk Youth and Victims of CSEC/DMST* training to further engage the foster care system in identifying and responding to child trafficking.

In the survey, respondents indicated the number of professional training hours per year that are required by their organizations. In 2015, the majority (83%) of stakeholders indicated that their organizations had no training requirements. By 2019, this number of individuals with organization having no requirements decreased to less than half (42%) of stakeholders; this difference is statistically significant, indicating that significantly more organizations had some sort of requirement for training in 2019 compared to 2015 (see Exhibit 3-14).

**Exhibit 3-14: Hours Per Year of Training Required by Organization**

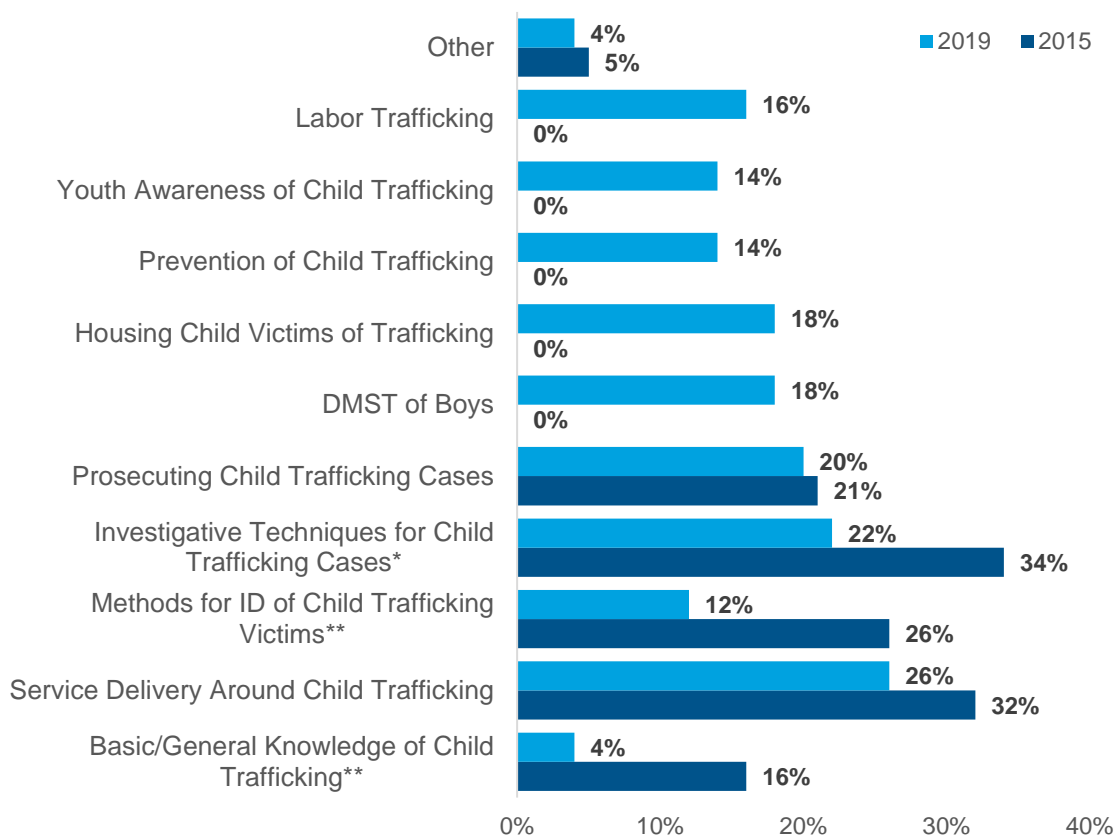
	2015 (n=87)	2019 (n=29)
<b>No requirement</b>	83%	42%
<b>1-6 hours</b>	13%	42%
<b>7-10 hours</b>	1%	3%
<b>11-20 hours</b>	2%	10%
<b>21-40 hours</b>	0%	3%
<b>41+ hours</b>	1%	0%

\*\*\*p<.01, \*\*p<.05, \*p<.10

Although CTDCF has made progress in implementing new training initiatives and trainings have been successful in increasing knowledge and awareness of child trafficking, stakeholders have reported on the need for further expansion and enhancement of training initiatives. When asked what types of training they would like to receive more of, the most common answers in 2015 were investigative techniques (34%), service delivery around child trafficking (32%), and methods for identification of child trafficking victims (26%). In 2019, stakeholders reported wanting more training on service delivery around child trafficking (26%), investigative techniques for child trafficking cases (22%), and prosecuting child trafficking cases (20%). Using a chi-square test for comparison of means between 2015 and 2019, there were significant differences for wanting training on basic knowledge of child trafficking, methods for identification of child trafficking victims, and investigative techniques for child trafficking cases (see Exhibit 3-15). Importantly, these differences all showed a significant *decrease* in the percentage of stakeholders interested in that type of training. This indicates that training on those topics increased between 2015 and 2019 and stakeholders felt that they had better access to training in those areas.

*“Train people system-wide so that when you lose people, you don’t lose the work.”*

**Exhibit 3-15: Additional Training Needs**



\*\*\*p<.01, \*\*p<.05, \*p<.10

Respondents also had the opportunity to offer their recommendations for enhancing and expanding CTDCF's training initiatives. Recommendations included:

- Training on how technology and social media intersects with human trafficking;
- Training on medical service delivery; and
- Training and information on how to connect with the FBI on human trafficking cases.

### TYPES OF SERVICES

The HART Project also sought to obtain information on the organizations and services offered to child trafficking victims. This includes information on record management in the organizations, types of services offered, and how often services are utilized.

Respondents were asked what types of information their organization's record management collects. Exhibit 3-16 shows the responses to this question, with the most common responses being victim referral information, victim demographic information, and services provided to victim. In 2015, 19% of stakeholders reported that their organizations had no record system. In 2019, this number dropped to 4% (a statistically significant difference) indicating that the number of records management systems increased between 2015 and 2019. In terms of the specific information captured, victim demographic information, services provided to victims and victim status all significantly increased between 2015 and 2019.

**Exhibit 3-16: Data within Records Management Systems**

	2015 (n=139)	2019 (n=51)
<b>Victim demographic information**</b>	25%	43%
<b>Location of victimization</b>	19%	28%
<b>Victim referral information</b>	27%	37%
<b>Victim placement at referral</b>	20%	29%
<b>Services provided to victim**</b>	22%	37%
<b>Victim status**</b>	16%	31%
<b>Criminal case information</b>	22%	33%
<b>Other</b>	4%	2%
<b>No record management system**</b>	19%	4%

\*\*\*p<.01, \*\*p<.05, \*p<.10

Stakeholders also reported the types of services offered by their organization. The most commonly offered services were victim advocacy, health care and medical services, and mental health services and counseling. In 2015, one-third of stakeholders reported their organizations offered victim advocacy (32%) and mental health services (35%) and one-quarter offered health care and medical services (24%). In 2019, 37% of organizations offered victim advocacy and mental health services and 35% offered health care. Despite the increase, these differences were not statistically different. However, there were significant increases in the number of organizations offering family

and guardian support services, job training, employment, information and referral, and life skills (see Exhibit 3-17).

**Exhibit 3-17: Services Offered by Organizations**

	2015 (n=139)	2019 (n=51)
<b>Victim Advocacy</b>	32%	37%
<b>Health Care/Medical Services</b>	24%	35%
<b>Mental Health Services/Counseling</b>	35%	37%
<b>Dental Services</b>	7%	12%
<b>Housing/Shelter</b>	16%	14%
<b>Family/Guardian Support Services**</b>	17%	31%
<b>Mentoring Services</b>	13%	22%
<b>Education</b>	10%	16%
<b>Job Training***</b>	2%	12%
<b>Child Care</b>	2%	2%
<b>Employment*</b>	1%	6%
<b>Drug/Alcohol Treatment</b>	11%	18%
<b>Protection/Safety Services</b>	19%	26%
<b>Food</b>	11%	12%
<b>Clothing</b>	11%	14%
<b>Transportation</b>	11%	16%
<b>Information and Referral**</b>	18%	35%
<b>Crisis Intervention/24-hour Hotline</b>	18%	29%
<b>Victim Compensation</b>	9%	16%
<b>Life Skills*</b>	9%	20%
<b>Long Term Care</b>	0%	20%
<b>Other</b>	4%	4%
<b>No Services</b>	9%	4%

\*\*\*p<.01, \*\*p<.05, \*p<.10

Respondents were asked how often different services were utilized by their organization, using a Likert scale (1=Never, 2=Rarely, 3=Sometimes, 4=Often, and 5=Always). Exhibit 3-18 reports the means across respondents for 2015 and 2019 for each possible service. The most commonly used services in both 2015 and 2019 were medical services and mental health services. For every service, the average increased from 2015 to 2019, but this difference was only statistically significant for 6 of the services: education, job training, employment, information and referral,

victim compensation, and life skills. This significant increase indicates that organizations utilized these services more frequently in 2019 than in 2015.

**Exhibit 3-18: Services Utilized by Victims**

	2015 (n=65)	2019 (n=24)
<b>Victim advocacy</b>	2.95	3.13
<b>Health Care/Medical Services</b>	3.08	3.14
<b>Mental Health Services/Counseling</b>	3.05	3.39
<b>Dental Services</b>	1.88	2.00
<b>Housing/Shelter</b>	2.39	2.56
<b>Family/Guardian Support Services</b>	2.51	2.95
<b>Mentoring Services</b>	2.00	2.50
<b>Education*</b>	2.06	2.67*
<b>Job Training*</b>	1.57	2.10*
<b>Child Care</b>	1.60	1.70
<b>Employment*</b>	1.53	2.00*
<b>Drug/Alcohol Treatment</b>	2.02	2.40
<b>Protection/Safety Services</b>	2.46	2.57
<b>Basic Care</b>	2.27	2.45
<b>Transportation</b>	2.28	2.70
<b>Information and Referral*</b>	2.91	3.48*
<b>Crisis Intervention/24-hour hotline</b>	2.50	2.90
<b>Victim Compensation*</b>	2.14	2.76*
<b>Life Skills**</b>	1.98	2.68**
<b>Other</b>	1.73	2.00

\*\*\*p<.01, \*\*p<.05, \*p<.10

### COLLABORATION

Through the HART Project, CTDCF sought to take a coordinated and collaborative approach to responding to child trafficking victims. The goal behind this was to develop inter- and intra-agency collaboration to sustain service delivery.

Stakeholders were asked the extent of cross-collaboration (1=Never, 2=Rarely, 3=Sometimes, 4=Often, and 5=Always) within and between their organization and other organizations when responding to child trafficking cases. Exhibits 3-19 and 3-20 present the average responses for intra-agency (State HART, Regional HART, and MDT) and inter-agency (Regional HART and MDT) findings across various collaboration indicators. Overall, collaboration was fairly low across many response options in 2015.

**Exhibit 3-19: Intra-agency Collaboration**

2015 (n = 38) 2019 (n = 13)	State HART		Regional HART		MDT	
	2015	2019	2015	2019	2015	2019
<b>Formal written agreements, contracts, or MOUs</b>	1.56	2.22	1.84	3.00*	3.68	4.29
<b>Shared facility space</b>	1.54	2.00	1.50	2.75**	2.13	3.43**
<b>Shared materials, tools, or other resources</b>	2.29	3.46**	2.24	2.75	2.78	3.67**
<b>Shared staff</b>	1.41	2.44**	1.25	2.29*	2.00	2.86
<b>Provided/received training with other orgs</b>	2.38	3.62***	2.36	2.63	3.12	3.22
<b>Shared client information as appropriate</b>	2.34	3.58**	2.67	3.38	4.03	4.30
<b>Shared record keeping management information systems data</b>	1.93	2.67	2.07	3.00	2.32	3.67**
<b>Participated in joint conferences or case reviews</b>	2.00	3.33***	2.31	3.38*	3.70	4.44
<b>Jointly provided programs or services</b>	1.97	3.09**	2.00	2.88	3.13	3.63

\*\*\*p<.01, \*\*p<.05, \*p<.10

For intra-agency, the highest level of collaboration was for providing training with other organizations for State HART; sharing client information and participating in joint conferences for Regional HART; and participating in joint conferences for MDT. For inter-agency, the highest amounts of collaboration occurred for jointly providing services for Regional HART and participating in joint conferences for MDT. When comparing between years, the means increased for every category, indicating an overall increase in collaboration, and some of these changes were statistically significant. Specifically, there were statistically significant intra-agency increases in collaboration in the following areas:

- Sharing materials (State HART, MDT)
- Sharing staff (State HART, Regional HART)
- Providing training with other organizations (State HART)
- Participating in joint conferences (State HART, Regional HART)
- Jointly providing programs (State HART)
- Having formal written agreements (Regional HART)
- Sharing facility space (Regional HART, MDT)
- Sharing record keeping management information systems data (MDT)



### Wilder Collaboration Factors Inventory

The Wilder was administered with HART members at three points in time to measure collaboration. From Year 1 to 5, collaboration significantly increased with a *Shared Vision* being the highest overall factor. Detailed results presented in Appendix B.

**OVERALL SCORE:**      **3.97**                      **3.93**                      **4.06**  
    *Wave 1*                      *Wave 2*                      *Wave 3*

There were also statistically significant inter-agency increases in collaboration in the following areas when comparing Regional HARTs and MDTs:

- Sharing record keeping management information systems data (Regional HART, MDT)
- Participating in joint conferences (Regional HART, MDT)
- Having formal written agreements (MDT)
- Sharing materials (MDT)
- Sharing staff (MDT)

Overall, there were more statistically significant changes/improvements when measuring intra-agency collaboration, and the organization with the most improvement across collaboration types was within the State HART.

#### Exhibit 3-20: Inter-agency Collaboration

2015 (n = 38) 2019 (n = 13)	Regional HART		MDT	
	2015	2019	2015	2019
<b>Formal written agreements, contracts, or MOUs</b>	1.35	1.80	2.03	3.40**
<b>Shared facility space</b>	1.22	1.88	1.50	1.80
<b>Shared materials, tools, or other resources</b>	1.58	2.25	1.93	3.00**
<b>Shared staff</b>	1.21	1.80	1.39	2.60**
<b>Provided/received training with other orgs</b>	1.82	2.38	2.27	3.00
<b>Shared client information as appropriate</b>	1.96	2.75	2.87	3.33
<b>Shared record keeping management information systems data</b>	1.60	2.60*	1.68	2.60*
<b>Participated in joint conferences or case reviews</b>	1.59	2.50**	2.27	3.83***
<b>Jointly provided programs or services</b>	1.81	2.57	2.41	3.17

\*\*\*p<.01, \*\*p<.05, \*p<.10

## BARRIERS

Identification of victims is crucial to responding to child trafficking, however that is just the first step. Additionally, offering proper and needed services to those who are identified is equally important in improving outcomes for these youth. In order to gain more information on these important steps, stakeholders were asked to report on barriers to identifying victims as well as barriers to access to services for child trafficking victims.

### Barriers to Identification

Respondents were asked to rate the extent to which they agree or disagree (1=strongly disagree, 3=neither agree nor disagree, and 5=strongly agree) with potential barriers to identification of victims in their organization. Exhibit 3-21 presents these barriers by year. The largest barrier across both years is the reluctance of victims to self-identify. Other highly rated barriers include lack of funding and resources, lack of training about DMST/CSEC victims, and lack of knowledge around human trafficking laws. Comparing 2015 to 2019, only one of the barriers significantly changed from 2015 to 2019: lack of training. In fact, stakeholders reported that lack of training was less of a barrier to identifying victims in 2019 than in 2015, which was a prominent goal for HART.

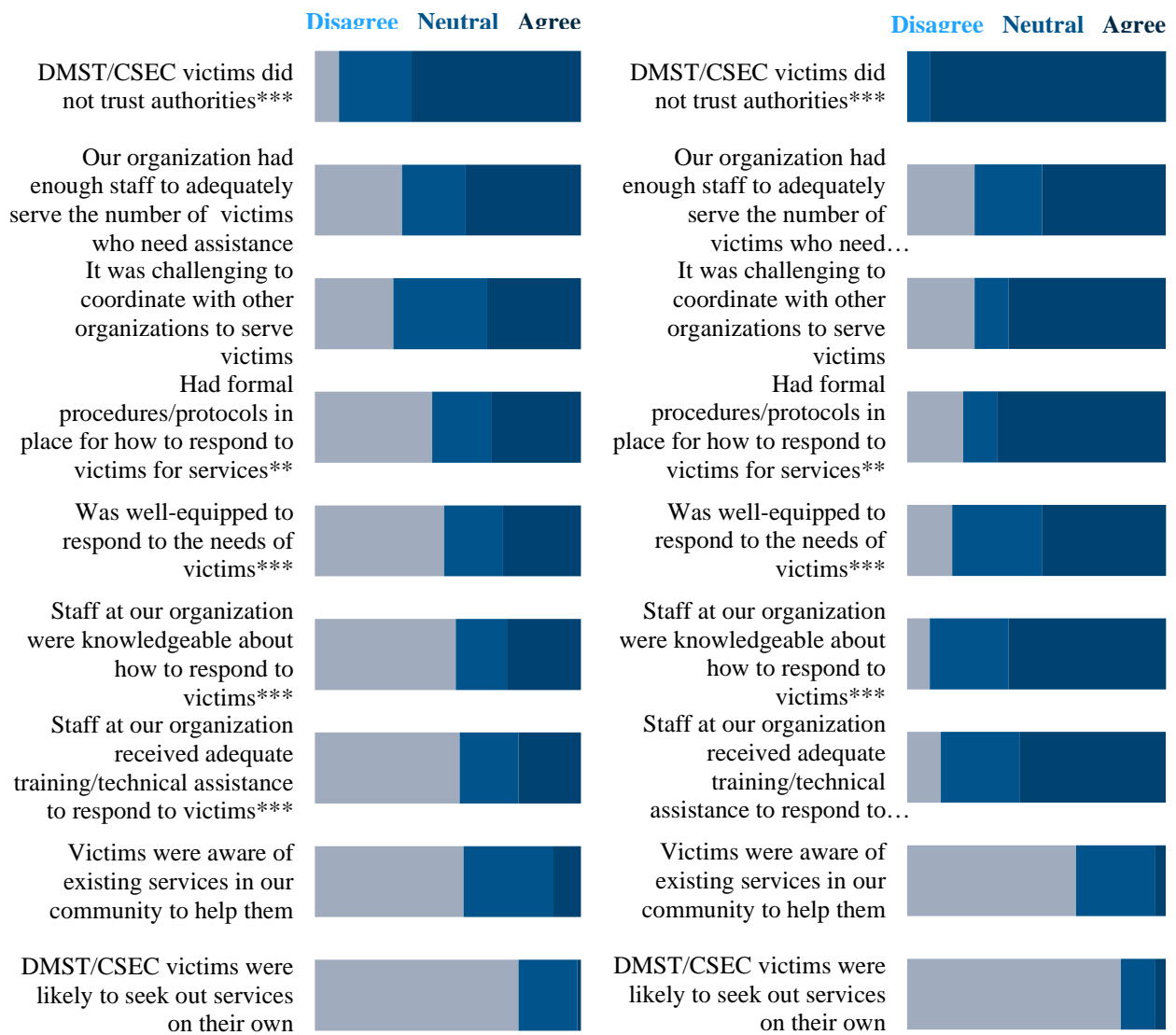
**Exhibit 3-21: Barriers to Identification of Child Trafficking Victims, 2015 and 2019**



### Barriers to Access

Respondents were also asked to rate the extent to which they agree or disagree with potential barriers for DMST/CSEC victims accessing and receiving services (shown in Exhibit 3-22). Across both 2015 and 2019, the most agreed upon barrier was that victims did not trust authorities. Interestingly, for almost all barriers to access, stakeholders reported greater agreement in 2019 compared to 2015, and this difference was significant for five of the barriers: organization equipped to respond to needs of victims, organization had formal procedures in place, staff were knowledgeable, staff received adequate training, and victims did not trust authorities. These significant increases mean that stakeholders felt these issues were less of a barrier to access in 2019 than in 2015, indicating that the barriers were significantly addressed by the HART project.

**Exhibit 3-22. Barriers to Access, 2015 and 2019**



\*\*\*p<.01, \*\*p<.05, \*p<.10



### What challenges do stakeholders face in responding to CSEC/DMST cases?

- Lack of funding to provide for the needs of victims is an agreed upon hindrance among stakeholders. Staff work beyond their role and long hours in order to build rapport with the victim, but do not (and in most cases unable to) bill for overtime pay. Often the provider roles needed to support child trafficking victims are not permanent (or even paid) staff roles. At the end of a grant like this, there is extreme concern that important roles will not exist anymore, thus creating inconsistencies in the response to cases.
- Another difficulty is providing consistent support for victims and ensuring that they are in a healthy mental state throughout the cycle of their case and afterwards. Children can be missing for months, and in these cases, service providers reiterate to youth that they will always be able to come back and receive support. It is even more difficult to support youth who are turning 18 but still need services and their cases take years to resolve.
- Other challenges include: getting into schools to educate youth about human trafficking, a desire for more work on targeting the buyer, labor trafficking, and increasing the understanding that child trafficking and child abuse cases can overlap.



### What are the gaps in services for CSEC/DMST victims? How can HART help in overcoming these challenges?

- A major challenge is being able to provide all the trafficking-specific resources to victims that they need. Foster homes get filled and sometimes youth do not want to live in DCF foster homes, but their choices are limited. It can be difficult to provide victims with services that would be helpful toward their recovery due to limited funding to even access ways to meet their “basic needs”.
- Stakeholders spoke about the need for long-term services that follow the youth. Moving placements and going from one service provider to another can reinforce negative feelings of self-worth in the trafficking victim. In the current state, youth may be missing out on the full capacity of services because inconsistent services are not effective. Having a consistent provider allows the youth to build trust and receive support providers with trafficking-specific knowledge.
- A general theme discussed among stakeholders was the need for consistency within staff as well – once the grant ends, knowledgeable and passionate staff will be lost and new staff will need to be trained. High staff turnover is a major concern. Paid positions such as HART Liaisons or a HART Coordinator would help people invest more into doing the work.

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*“State-level victim compensation is not at the same level as federal victim compensation.”*

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## RECOMMENDATIONS

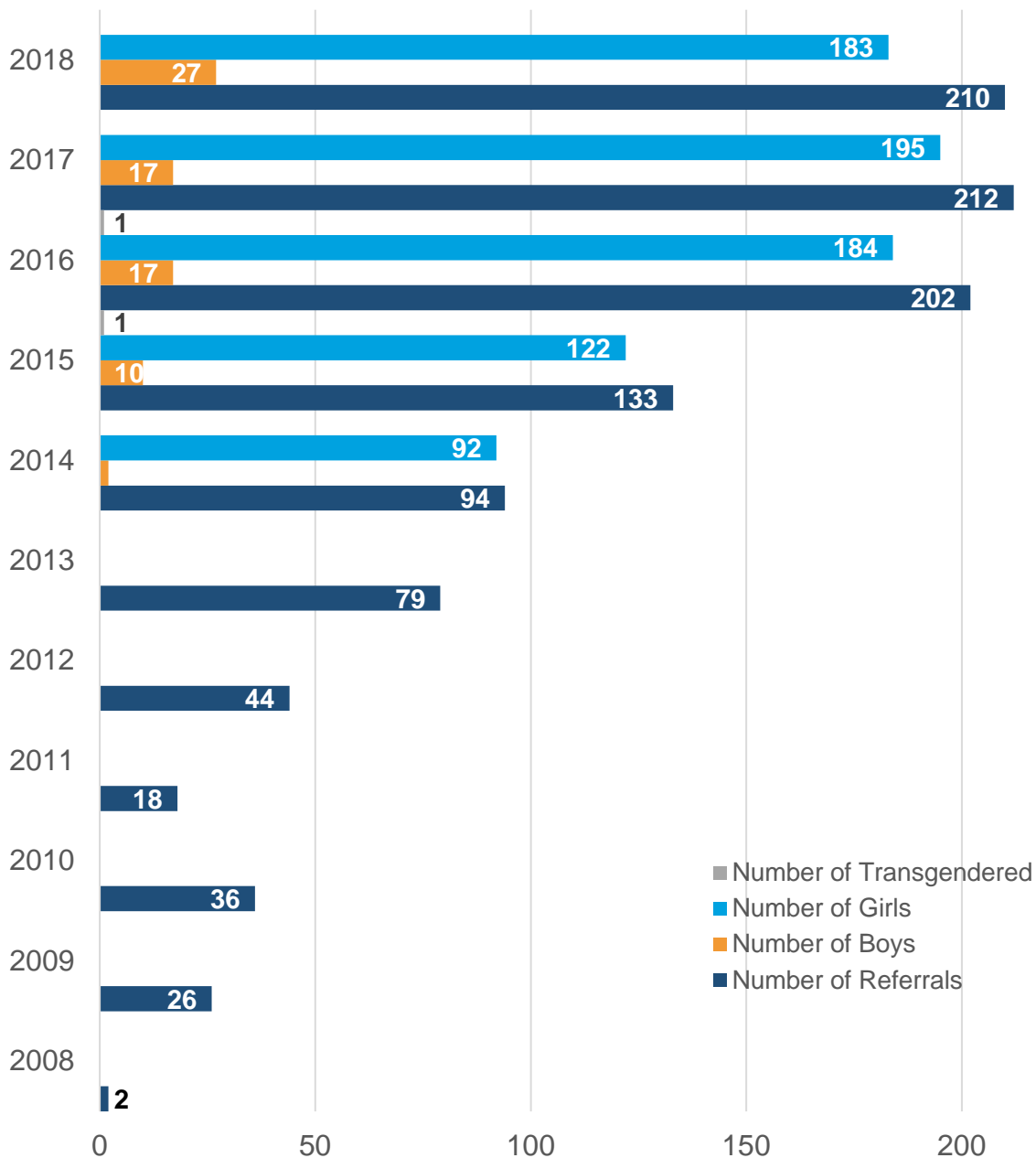
Stakeholders were also asked open ended questions about whether they had suggestions for improving the services their organization provides to child trafficking victims, suggestions for improving collaboration of organizations to identify and respond to victims, and any additional suggestions. The most common responses were:

Suggestions for Improving Services	
Staff & Training	<ul style="list-style-type: none"> <li>▪ More staff to provide interventions</li> <li>▪ Additional training on identification and red flags</li> <li>▪ Continued education</li> <li>▪ Funded trainings</li> </ul>
Law Enforcement	<ul style="list-style-type: none"> <li>▪ Training law enforcement on red flags</li> <li>▪ Working with law enforcement to provide services</li> </ul>
Medical Evaluation	<ul style="list-style-type: none"> <li>▪ Standardize a protocol for medical evaluation of potential victims</li> </ul>
Data	<ul style="list-style-type: none"> <li>▪ Create a centralized database to safely store victim and services information</li> </ul>
Suggestions for Improving Collaboration	
How to improve collaboration	<ul style="list-style-type: none"> <li>▪ Increased funding</li> <li>▪ Provide list of organizations that are possible collaborators</li> <li>▪ Hold regular meetings to establish and cement relationships</li> <li>▪ Within each organization have a collaboration liaison so there is effective and consistent communication</li> </ul>
Who to collaborate with	<ul style="list-style-type: none"> <li>▪ Need to collaborate more with law enforcement so they will refer to victim services when appropriate</li> <li>▪ Collaborate with school systems and train them on identification and red flags</li> <li>▪ Collaborate with defense attorneys and train them on identification and red flags</li> </ul>
Additional Suggestions	
<ul style="list-style-type: none"> <li>▪ HART as an active participant in the MDT</li> <li>▪ Longer-term coordination and continuation of services</li> <li>▪ Raising awareness that there are programs and services available</li> <li>▪ Funding to support the continuation of anti-trafficking efforts</li> <li>▪ A consistent state-wide response to trafficked victims (not so decentralized)</li> <li>▪ Being mindful of other populations besides sex trafficked victims: labor trafficking, young boys and men</li> </ul>	

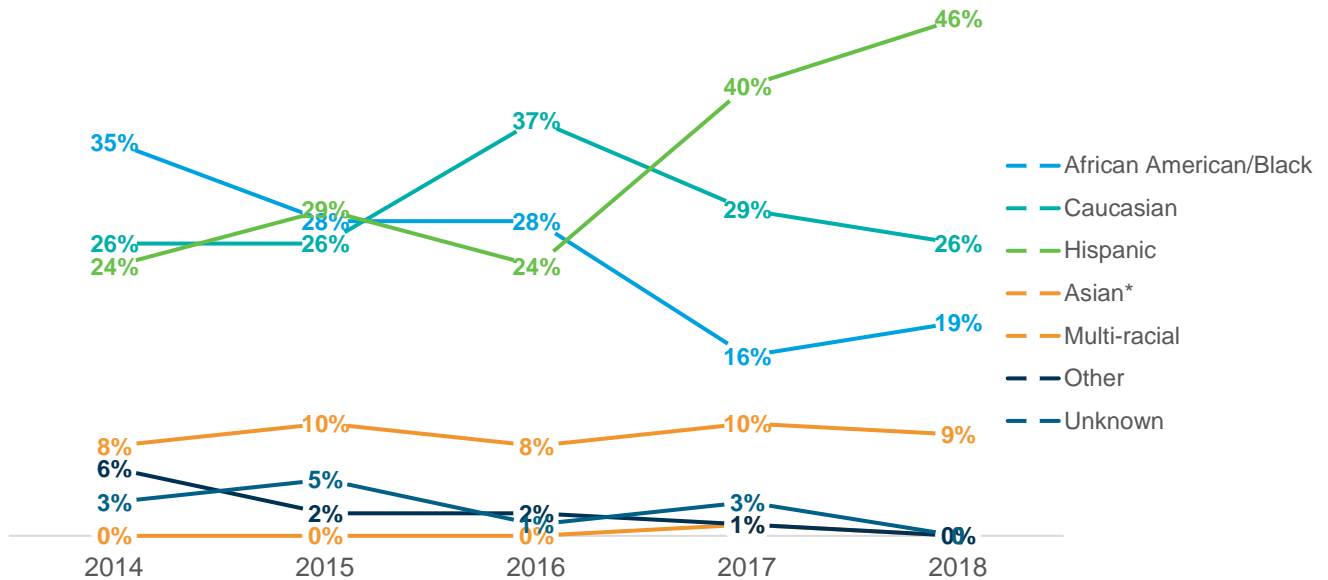
## Administrative Data

Prior to this grant, the annual number of child trafficking victims reported to CTDCF were well under 100 each year, ranging from 2 to 79 victims. Over time, the number of referrals drastically rose to more than 200 youth annually and continued at that level for three consecutive years. In 2018, the number of boys referred reached an all-time high at 27 youth. At the beginning of the grant, one third of the referrals African American/Black (35%) and one quarter were Caucasian (26%) and Hispanic (24%). In 2018, the racial makeup of referrals shifted to nearly half being Hispanic (46%)—double the number five years prior.

**Exhibit 3-23: HART Referrals, 2014-2018 (n=851)**

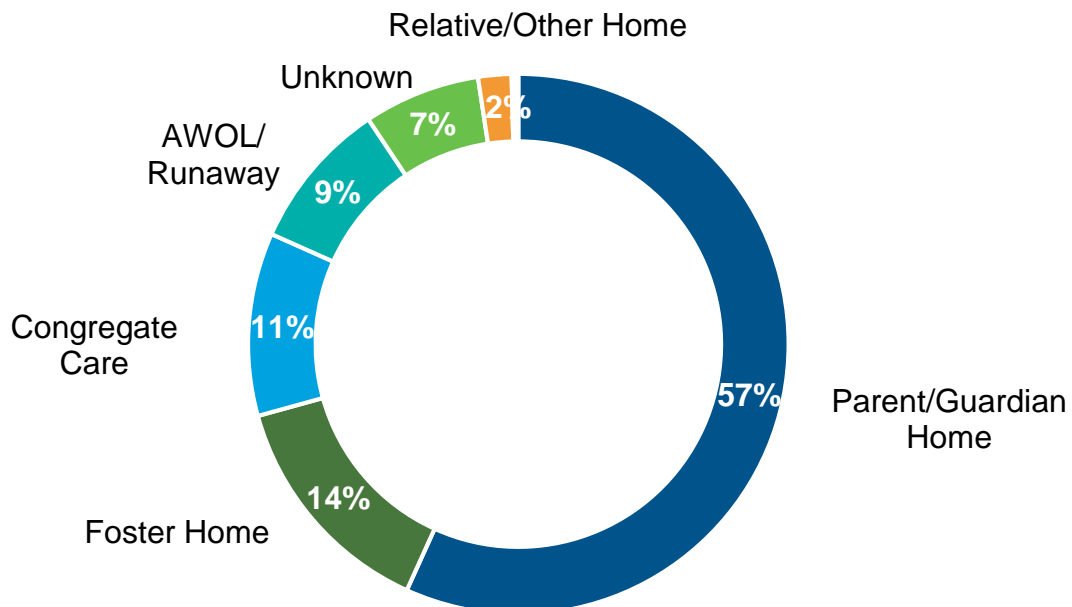


**Exhibit 3-24: Race/Ethnicity of HART Referrals, 2014-2018 (n=851)**



The distribution of referrals by region in 2018 was fairly consistent with most regions referring 10-15% of the total, and Regions 5 and 6 with the most referrals, 23% and 22% respectively. This was a shift from Region 1 leading the way in the previous three years—totaling an estimated 50 referrals each year and dropping by half.

**Exhibit 3-25: Residence at Time of Exploitation, 2014-2018 (n=851)**



The residence of the child or youth at the time of their exploitation for the last 4-years remains well over 50% Parent/Guardian Home; average from 2014 to 2018 presented in Exhibit 3-25. This data element reinforces HART's efforts to educate the various communities across the state.



## Training Evaluation and Trafficking Awareness Surveys

One of the main priorities for HART and CTDCF was to expand and increase the trainings offered on child trafficking to various agencies and communities across the state. Since the start of the grant, CTDCF has conducted more than 700 trainings, with a continual increase in the volume of requested trainings from year to year. In the last six months of the grant alone, 117 trainings were conducted reaching more than 2,791 participants.

### Methodology

The Trafficking Awareness Survey (TAS) was developed by the cluster of evaluators for this grant. TAS focused on three main constructs: level of knowledge, beliefs, and level of comfort. Level of knowledge<sup>3</sup> contained 12 survey items where the trainee was asked to rate their knowledge on a scale of 1 to 5, with 5 meaning complete knowledge or expertise. The survey asked questions regarding risk factors of trafficking, definitions, and other terminology. The second section, beliefs, included only 4 items and asked about victim culpability, such as whether minors choose to engage in prostitution for money. These questions ranged from 1 to 10 with 10 being a completely true statement. Level of Comfort was assessed in 6 items. Again, these ranged from 1 to 10, with 10 meaning that the trainee was completely comfortable with the practice or situation described. For example, trainees were asked about their comfort “having a conversation with a youth to identify if s/he is currently being sexually exploited or is at risk of sexual exploitation.” Sample constructs and additional detail on the scales are provided in Appendix C.

Each set of questions was asked prior to the training to understand the trainee’s level of knowledge, beliefs, and comfort before delivery of the content and then again following the training to determine the effectiveness of the training. These surveys were administered throughout the five-year period and ICF analyzed the surveys annually to share back findings with the trainers and State HART.

### Trainee Background and Demographics

Surveys were analyzed using descriptive statistics (n= 13,522; 6,583 pre and 6,128 post, 811 incomplete) and significance testing to assess how trainings changed or improved level of knowledge and awareness of child trafficking in Connecticut. Exhibits 3-26 to 3-28 provide a descriptive background of trainees. More than half of participants were female (57%) and had more than 10 years of experience (50%), averaging 12.7 years of experience.



13,522

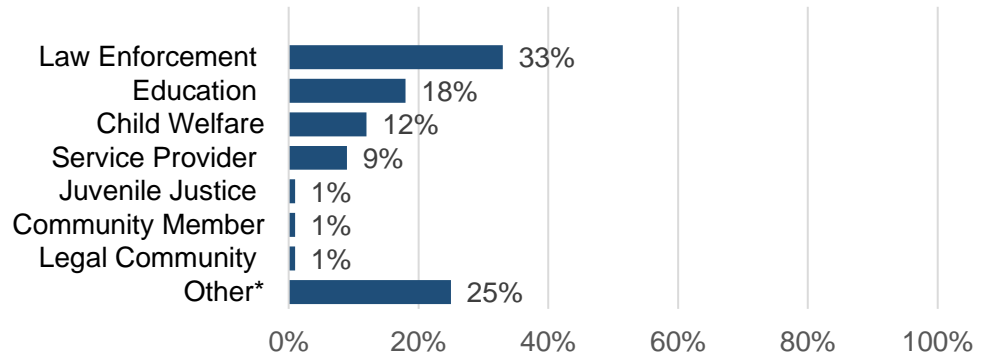
TOTAL SURVEYS

700+

TRAINING EVENTS

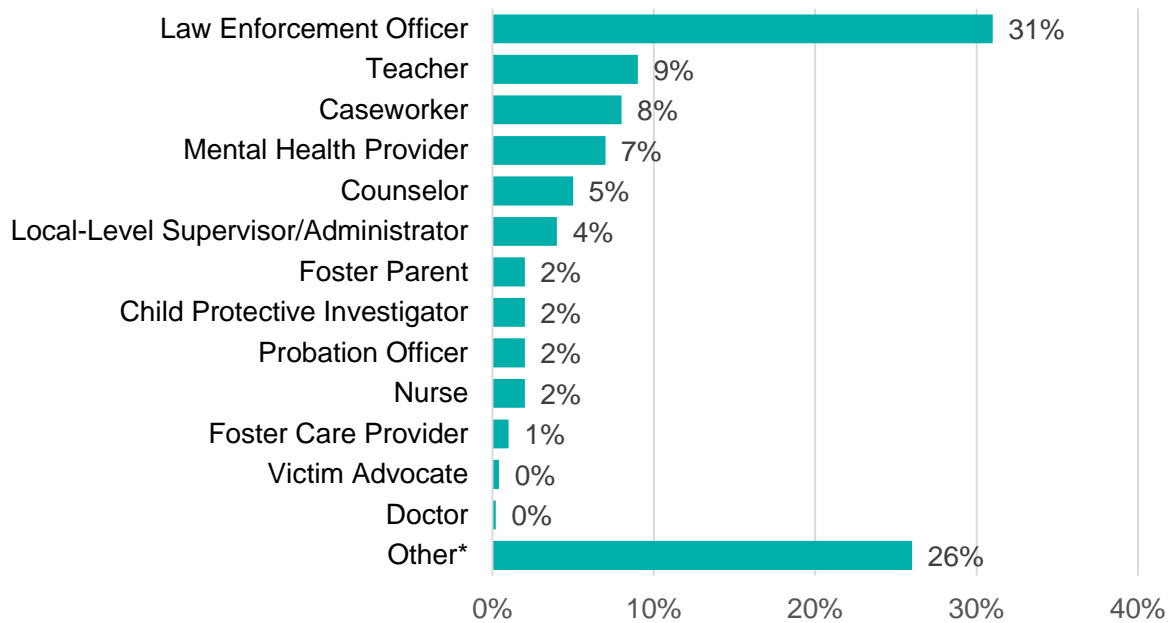
<sup>3</sup> After initial assessment of the new tool, the Knowledge construct was adjusted from a 5-point to 10-point scale. However, due to implementation issues, this scale was *not* adjusted widely and the majority of surveys remained on a 5-point scale and were analyzed accordingly.

**Exhibit 3-26: Trainee's Field of Work (n=5,764)**



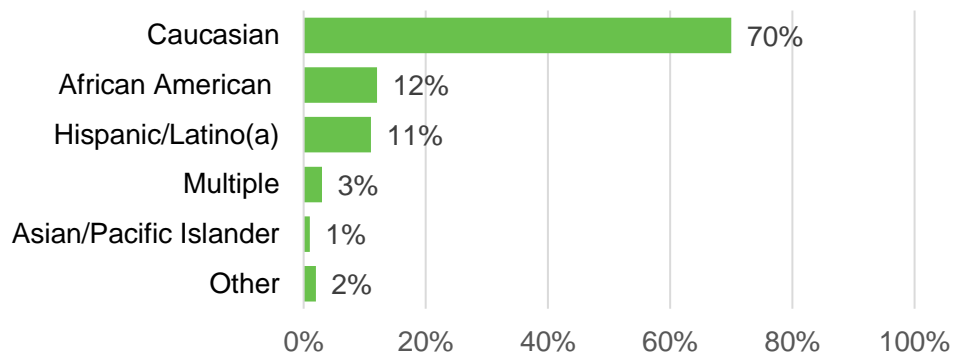
\*Other consists of medical personnel such as nurses, EMTs, paraprofessionals, hospitality staff, and many more.

**Exhibit 3-27: Trainee's Position at Current Organization (n=5,664)**



\*Other consists of administrative staff, courtroom personnel, case managers, clinicians and other medical personnel (EMTs), firefighters, and many more.

**Exhibit 3-28: Race & Ethnicity (n=5,923)**



## Findings<sup>4</sup>

As shown in Exhibit 3-30, each scale changed in a positive direction. In other words, average knowledge increased when comparing the score prior to the training to the level of knowledge after the training. Trainees came in with little knowledge and left more knowledgeable. In terms of beliefs, the statements were rated as being very false at the beginning and then after the training they shifted more so in the direction of being completely false, which is the desired direction based on the curriculum and how the construct was created. The most amount of change was seen in the level of comfort. Coming into the training, most attendees were on the uncomfortable side of the spectrum. However, after the training the average drastically improved with the average rating rising to 6.6 out of 10, meaning trainees were very comfortable after learning the content.

An independent samples t-test was used to compare participants' scores before and after the training. For each of the three constructs there was a significant improvement between the before and after training scores.

**Exhibit 3-30: Overall Scores (n=6,256)**

Construct	Average BEFORE the Training	Average AFTER the Training
Average Knowledge**	2.1 A Little Knowledge	3.5 Advanced Knowledge
Average Beliefs**	2.6 False	2.1 Completely False
Average Comfort**	4.8 A Little Uncomfortable	6.6 Very Comfortable

Across all fields of work, average knowledge also increased when comparing the score prior to the training to the level of knowledge after the training. Trainees came in with little to no knowledge and left more knowledgeable. Child Welfare staff came in slightly more knowledgeable and left even more knowledgeable compared to participants in other fields.

**Exhibit 3-31: Level of Knowledge by Field of Work (n=851)**

	Average Scores BEFORE	Average Scores AFTER
Child Welfare**	2.5 A Little Knowledge	3.6 Advanced Knowledge
Education**	1.8 No Knowledge	3.2 Knowledgeable
Law Enforcement**	2.2 A Little Knowledge	3.5 Advanced Knowledgeable
Service Provider**	2.2 A Little Knowledge	3.5 Advanced Knowledgeable
<b>All Fields of Work</b>	2.1 A Little Knowledge	3.5 Advanced Knowledgeable

<sup>4</sup> \* Indicates the difference between means is statistically significant, p<.05

\*\* Indicates the difference between means is statistically significant, p<.01

In terms of beliefs, the statements were rated as being false at the beginning and then after the training they shifted more so in the direction of being completely false. Most notably, this shift for law enforcement participants shows progress in the state. Early on, the, average belief scores did not change before and after the trainings for law enforcement and that is no longer the case. Belief scores among participants in other fields shifted to some extent from false to completely false.

**Exhibit 3-32: Beliefs by Field of Work (n=851)**

	Average Scores BEFORE	Average Scores AFTER
Child Welfare**	2.3 Completely False	1.9 Completely False
Education**	2.6 False	2.3 Completely False
Law Enforcement**	2.6 False	2.1 Completely False
Service Provider**	2.5 False	2.0 Completely False
<b>Across all Fields of Work</b>	2.6 False	2.1 Completely False

Similar to the overall rating, each of the fields showed progression from discomfort coming into the training to being quite comfortable following the session. Child Welfare trainees, however, came in more comfortable than their counterparts in other fields and had the highest average rating following the training (7.0 – Very Comfortable). This child welfare population had lower scores in the earlier portion of the grant and are now coming in with higher levels of comfort to start with.

**Exhibit 3-32: Level of Comfort by Field of Work (n=851)**

	Average Scores BEFORE	Average Scores AFTER
Child Welfare**	5.5 Somewhat Comfortable	7.0 Very Comfortable
Education**	3.8 Uncomfortable	5.8 Comfortable
Law Enforcement**	5.0 A Little Uncomfortable	6.7 Very Comfortable
Service Provider**	4.9 A Little Uncomfortable	6.8 Very Comfortable
<b>Across all Fields of Work</b>	4.8 A Little Uncomfortable	6.6 Very Comfortable

Overall, for all three constructs, there was a significant difference before and after the training. Knowledge, beliefs, and level of comfort all changed positively. There were some questions within the constructs where many participants still had lower ratings after the training, including:

- Knowledge of agency’s process for identifying sex trafficked youth;
- Knowledge of agency’s referral process;
- Knowledge of services available in community to treat sex trafficked youth; and

- Level of comfort with directly asking youth if s/he is trading sex for money, survival needs, or other items of value.

## Youth Perspective

This section highlights the themes that emerged from interviews with child trafficking survivors across the state. Preliminary insight was provided from the perspective of the youth victims to provide interim recommendations to HART on identification and provision of services for child trafficking victims. A second round of interviews was conducted to determine whether and if the recommendations from the earlier years of the grant had been addressed.

## Methodology

ICF conducted in-depth, semi-structured interviews with child trafficking victims (n=14) in Connecticut in order to capture qualitative data on their experience and needs. ICF developed a victim interview protocol that was geared toward gaining a comprehensive assessment of victim needs and experiences with CTDCF and with other systems that are in place to respond to child trafficking. Similar to the key stakeholder interviews, interviews with victims were used to collect information related to study outcomes such as victim services for child trafficking victims, including gaps in services, challenges with accessing services, and victim identification. For example, interview protocols included questions about common risk factors for trafficking as well as methods for recruitment, which could be useful in understanding and explaining challenges that key stakeholders have with identifying victims.

Both ICF's IRB and the DCF IRB were required to review the study procedures involving child victims. DCF IRB approval took an extended period of time and as a result, the victim interviews were delayed and occurred in 2016. HART Liaisons and Love146, in coordination with CTDCF, were responsible for identifying youth to participate and securing parental/guardian consent. Youth verbal assent was obtained by ICF at the time of the interview to ensure all study procedures were fully described and the assent form was thoroughly reviewed by the research team.

Given the intensive planning and coordination that was needed for the first wave of youth interviews, additional time was built into the timeline for the second wave to allow youth readiness to guide when interviews will occur and coordinate accordingly. The number of victims prepared to participate has been less than desired and lengthening of the timeline was an attempt to boost their ability to participate.

## Respondent Demographics

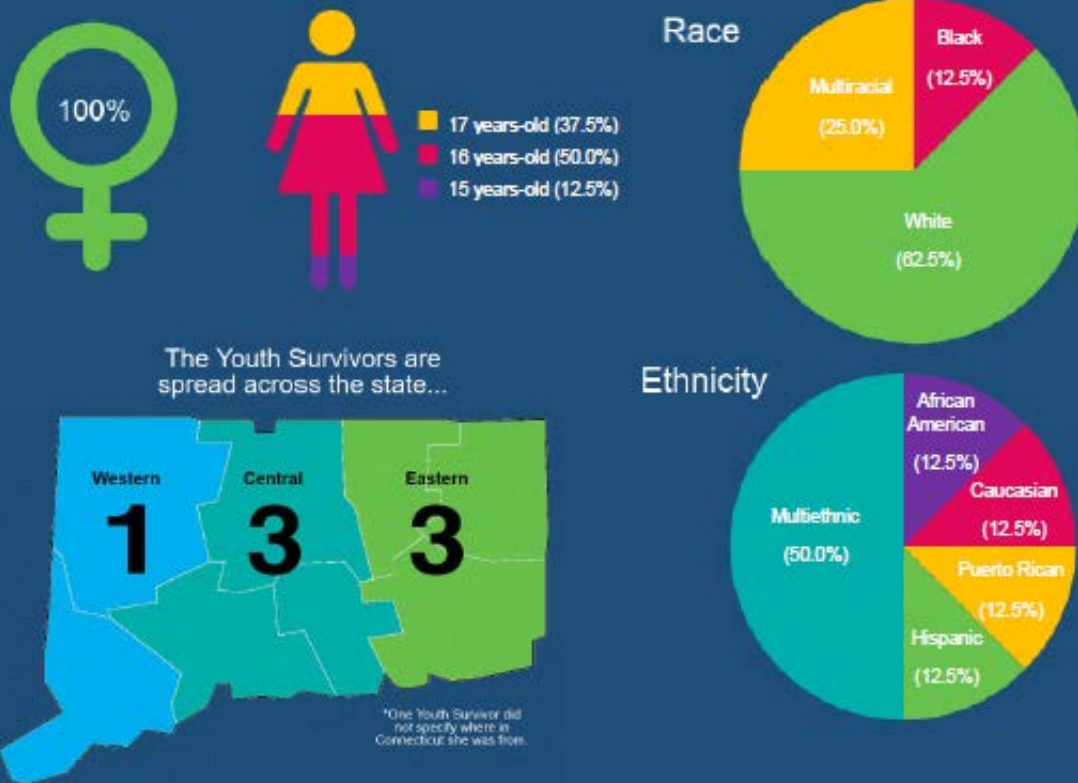
Interviews were conducted with teen-aged survivors aged 14 to 17, many of which had run away several times or moved from placement to placement. Each youth was in a different place of recovery, had a variety of experiences and pathways to services, and resided in several placement locations. When asked where the youth were from, the common theme was Connecticut in the first set of interviews. The second round include only two youth originally from Connecticut.

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*"I can't just [tell] my mom because she's going to call the cops and I don't want her to call the cops. I'm going to get killed and [she] doesn't know how these people act, but I do."*

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## Demographics of the Youth Survivors



*Note: Information above includes only the baseline wave of youth demographics as a means to compare.*

A total of 14 youth were interviewed, 8 in first wave and 6 in the second wave. Initially more than two dozen youth were recruited for interviews in the second wave, however, due to changing circumstances with placement, incidents, and other situations, only 6 were able to be interviewed. One male and 13 female survivors were included in total, with all females in the initial group. Youth were spread across the state and the majority were in the South Central portion of the state in the follow-up interviews. One 14-year-old participated in the follow-up interviews and otherwise there was a similar breakdown by age.

## Youth Findings

### How did youth survivors obtain knowledge about Human Trafficking? When were they first identified as victims?

Most of the youth survivors (86%) had some prior knowledge of what the term “human trafficking” meant before their disclosure, and *most* youth self-identified as a trafficking victim in the interview. Two youth did not reference being a victim throughout the interview and when asked if s/he identify as a survivor, the youth revealed that they do not. However, there was a striking disconnect between recognizing the term and understanding the various forms of human trafficking and how they relate to what the youth were experiencing. There were a variety of ways the youth had first learned about human trafficking. Most of the youths’ initial exposure to the

term was from the internet – specific sources included a Facebook video about a trafficking scam and news articles. Schools had provided very limited exposure to what trafficking may look like in the real world, therefore, youth consistently shared that what they were experiencing “in the life” was not what they thought human trafficking truly was until they were rescued and someone helped to put the pieces together for them. Several stories were shared where youth could have been identified sooner if the people in their lives had a better understanding of human trafficking. The places and people that taught these young survivors about human trafficking included therapy, Department of Children and Families’ (DCF) social workers, long-term care program (i.e., Love146), and hospital staff. One of the survivors was identified as a victim through a police sting, while the other participants were identified as victims later through disclosure while in care.

### What types of services did youth survivors receive?

- Services were defined by the participants and included a wide range of programs, organizations, behavioral health services, and trainings. Youth spoke about in-home programs, probation, family therapy programs, detention facilities, the role of the Department of Children and Families from their viewpoint, Not a Number, My Life My Choice, several local facilities (e.g., Grace Farms and Waterford Country School), detention facilities, and a variety of other systems and supports that provided some type of service.
- Journey House, for example, was home to a few of the youth survivors. It was described as “a locked up facility for runaways, those that had been sexually exploited, and for drug users. If you have nowhere to go or until they find somewhere else for you to go – it’s placement for kids, especially those on parole.” Although the educational opportunities offered at Journey House were seen in a positive light and many staff were highlighted for their strict adherence to the rules and attentiveness to the youth’s needs, it was *not* a desired location according to survivors and resembled the “control exerted by their traffickers.”
- Love146 was brought up in *all* interviews and known for the care backpacks and comforting staff that were “highly involved in [their] care.” This was the *only* service that was described as long-term and unbounded, which youth found to be gravely important. A few youth did not know much about human trafficking, even during their trafficking experience, until Love146 further educated them. Youth also felt supported by Love146 consistently being there for them and being “just a phone call away.”

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*“Love146 has made a very huge impact on the whole broad spectrum of human trafficking in the nation. They’ve really educated me; they’ve really supported me... And they helped me along that road of becoming the young woman that I am today.”*

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### How were youth survivors first connected to services?

Participants walked through their journey with services to capture when they were first identified and how they were connected and referred to the various service organizations that provided care. DCF was the most common source (63%) of identification and referral among the initial group of survivors. Those five survivors were identified by a DCF worker through a conversation and description of the youth’s experiences. Youth described this conversation in many ways, and in several cases, youth had been in placement or DCF care for a couple years before they were

- Youth survivors had a **fear of law enforcement** and expressed that their limited exposure was due to a **lack of trust** and negative experiences with being **treated as criminals**. Victims did not see police as a place for help.
- **Comfort was paramount!** Survivors desired a balance of rules and comfort given the important role that service providers play in their lives. The youth emphasized that an **honest opinion** was needed along with a **longer term support system**. The adults in their lives changed often and bonds were frequently broken.
- The message to Judges was to **look beyond what is on paper** and **listen to the survivor's perspective**. Youth wanted to be more involved in the process and to speak directly to the Judge. "Judges typically lock up youth," which youth were open about and cited as the reason to continue running.
- **Victims overwhelmingly agreed that they did not have a say in the types of services received, nor did they feel in control of their own lives/care.**

identified as a victim. Most of the youth were subsequently placed in a residential program or secure facility following identification and rescue. Four of the survivors in the second group were introduced to Love146 through the mental health facility or while they were in the hospital, and one survivor was introduced to Love146 through the police department. For youth that were more recently identified—within the last two years—the identification and referral was more immediate. Based on the descriptions the youth survivors provided, DCF made an initial referral to Love146 as the first step in providing human trafficking-specific services.

### How did youth survivors describe the services provided by the Department of Children and Families (DCF)?

DCF was often described as the rule maker and authority and less of a service provider in each of the interviews. Youth commonly referred to DCF as the entity that "took [them] away from their family." DCF was considered by half of the youth to be the least helpful service they have received. Youth survivors described DCF as being insensitive to their needs; one youth shared that their parent was informed of the private details shared with DCF, and another youth had their placement preferences ignored. A theme that was consistent in half of the interviews was general

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*Love146 was the most comforting service provided. The rapid response by Love146 caused mixed emotions while in crisis but was later described as the first step to recovery and the one support system that lasts forever.*

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inattentiveness and unavailability of DCF. Being DCF-involved meant that there was a stigma attached to the youth as being a “bad kid” and there was an unshakeable feeling of low self-worth when “no one actually cares [about them].”

## Survivor Recommendations

Each survivor was asked to provide recommendations about how to best help survivors of human trafficking and to speak about how providers can improve services for youth at risk for trafficking in Connecticut. These recommendations from survivors included guidance about raising awareness regarding available services, connecting youth to the appropriate services, and ways to ensure survivors feel comfortable seeking services or telling their story.

### AWARENESS OF HUMAN TRAFFICKING

Participants shared recommendations for how various groups of people and places could raise awareness about human trafficking, including schools, law enforcement, and parents/guardians. One of the main priorities for raising awareness was to educate youth in schools. Multiple youth survivors stated that they did not become aware of what human trafficking was until after experiencing it firsthand or once they were rescued and in specialized schooling systems. Many of the youth suggested that service providers bring resources to schools to help youth learn and understand how to identify human trafficking and be more aware of what services are available. Further, it was suggested by youth survivors that schools host awareness events or offer programs on human trafficking to help survivors cope with the difficulties of reintegration back into school and to ensure other students fully grasp the fact that some youth in their schools are victims. These youth survivors will frequently face opposition from those who do not understand their experience, but this is exemplified in a school setting where bullying and lack of knowledge of human trafficking is rampant among their peers.

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*“More awareness, even for those not in the life. Like for bullies. They’ll call me whore. I’ve had that happen to me... so,*  
**AWARENESS THAT PEOPLE ARE VICTIMS.”**

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Youth survivors also suggested that law enforcement should have more awareness of the needs of sex trafficking survivors. For example, one youth referred to the fact that law enforcement officers often arrest without regard for whether the youth was a victim. A few youth survivors shared that they felt like criminals, and these actions by police seriously diminished any trust they had in law enforcement helping them escape from their pimps. The youth suggested that law enforcement receive awareness training to gain a better understanding of human trafficking and how to respond in a trauma-informed manner.

Finally, youth survivors suggested that parents and foster parents receive training as well. As one youth stated, “They can try to be a little more loving in that time period because they just get so defensive, like it’s their fault.” With awareness training, parents and foster parents can learn how to be more understanding of the survivor’s experience and to be more involved. A common theme in the survivor recommendations was that survivors wanted parents and foster parents to become more comfortable and open to talking about bad situations, involved in their daily lives, and encouraging of healthy environments.

## ACCESSIBILITY OF SERVICES

Advertising and making purposeful connections to services were two key recommendations. Half of the youth survivors suggested that service providers should have a more pronounced social media presence. Examples that were mentioned include Facebook, Snapchat, blogs, websites, TED Talks, and apps for teens. Youth survivors felt that service providers should promote available services through billboards, posters, and advertisements. Two youth survivors recommended school trainings or notices/posters on school property to share about available resources. One youth survivor advocated for public events to raise awareness, such as a walk for awareness where service providers could share about their services.

The youth had different ideas as to what should be the best way to ensure victims are connected with services. All of the following were suggestions directly from the youth survivors: texting, direct calling, direct messaging (over a specific application, such as Instagram, Facebook, or Snapchat), email, blogs, hotlines, and people physically sent into the community and schools. For each of these modes for initiating contact with service providers, the youth survivors had different ideas as to which was the best option. This is partially because each participant had a different experience as a victim, was in different place of recovery, and had a variety of experiences and pathways to services. For example, one survivor suggested texting as being the safest connection for her given her limited ability to speak by phone, yet another youth shared that her pimp monitored her text messaging and a written record would put her at risk. Therefore, the message was to utilize a variety of methods to connect victims and at-risk youth with services so that a multitude of victims can be reached.

The youth survivors also suggested that law enforcement should be an available resource to them, however, a few of the youth had prior experiences where they had not been treated respectfully by police. As a result, the youth shared about their fear the police and lack of trust that law enforcement will actually help and protect them. Survivors wanted law enforcement to be more accessible and to be more discreet in determining if help is needed. One survivor shared about her experience coming into contact with the police through a traffic stop and the officer raising suspicion about her presence in the car with her pimp. Yet the officer did not initiate any means to remove her from the situation and failed to ask the right questions where the youth could subtly disclose that she was in need of help. All of the survivors desired the support of law enforcement.

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*“I think services should be more **FAMILY COORDINATED**. If you’re working with one child, **the whole family is your case**. The services aren’t working unless you are working with the whole family and the environment they are in.”*

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Less than half of the survivors had participated or recognized programs such as My Life My Choice or Not a Number. The few that had participated shared that they had enjoyed **My Life My Choice** because they could “actually talk about [their] experiences without feeling shut down” and “others in the group had been in the life,” so it was easier to share and “be straight.”

## COMPASSION AND HEALTHY RELATIONSHIPS

The major themes woven throughout the interviews included a desire for love, understanding, sensitivity, and comfort. Regardless of the type of service provider, youth felt that the best way to make survivors more comfortable seeking services and sharing about their experiences would be to offer verbal support through real conversations, provide more happiness in their lives, and to let their story come out more naturally. Love146 was mentioned as a model program multiple times and described as the entity that was the most comforting. It was the program and staff that did not judge, asked for the youth's opinion, and offered unconditional support.

One survivor suggested that service providers put less pressure on the survivors to talk right away and especially in group settings. For this particular survivor, she shared about her discomfort talking about her experience with others and how it severely disrupted her process of recovery. As a result, she recommended more survivor led services and support groups that allowed survivors to talk with one another. The benefits of being understood and listened to by someone who had gone through the same experience was emphasized by several participants.

Across the board, survivors felt that their opinion was not accounted for and service providers, particularly DCF, did not allow survivors to have a say in the services that were provided or available to them. Generally, survivors suggested that referrals should be more inclusive of their thoughts and concerns. In fact, one survivor felt she had absolutely no say in her services and stated that she went along with the suggestions to avoid being "locked up" again. This issue was more prominent for the younger survivors.

The survivors voiced many issues with law enforcement and their sheer lack of support and comfort. Youth shared that the police, in particular, do not understand what a victim has been through and they are unwilling to listen to the victim's perspective. Law enforcement officers were described as aggressive and often pointing the blame at the victim. One victim recommended survivor-led training for police on trauma-informed responses and sexual exploitation to allow police to make more meaningful connections with victims. Judges were also described as being less supportive of victims and another entity that was unwilling to allow the victim to speak about his/her experience. This resulted in a sense of distrust and was described as a lack of procedural justice for survivors. As one youth survivor stated, "the only thing [judges] hear is what is on the papers" because they do not listen to the survivor's story. Therefore, they were also a recommended party that should be required to take training on human trafficking and to learn more about victim-centered approaches to justice.

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*"I just want more loving adults ... more **VERBAL SUPPORT** and more **COMFORT**."*

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## Conclusions

In summary, the youth survivors shared an eagerness to be heard, positive experiences with human trafficking-specific care, and mixed experiences with traditionally less victim-centered services. Most of the youth had been in a variety of placements facilities, often moved from social worker to social worker, and were filled with experiences of judgment and being treated as a delinquent. However, they were resilient and able to articulate where the response in Connecticut supported their identification and recovery and where improvements could be made.

DCF and detention center staff were the two main entities identifying victims and ensuring proper referral to services. Although these were two entities described as being more authoritative, youth seemed to understand the role of each and had both positive and negative reactions to the services offered. The rapid response by Love146 was one of the most notable resources that all youth cited in their story because of the impact the care backpack had on them while they were in crisis. There were overwhelmingly positive comments about the long term care program as well and the Love146 social workers. These staff were the most often referenced people that the survivors relied on and felt most comfortable sharing their experiences with. Additionally, therapy and in-home programs were two of the most common services provided to victims. Law enforcement, however, was one of the least accessed services given the survivors' extreme fear and distrust of police.

Participants advocated for raising awareness about human trafficking through schools and trainings programs for law enforcement as well as parents and foster parents. They also made recommendations for how service providers could reach victims through social media outlets, shared their readiness to be made part of the decisions about their care, and supported programs that allowed for real conversations and sharing among victims. Overall, these young survivors wished that those around them—including service providers, parents, and peers—would exhibit more understanding in their time of need and show compassion for them as people. Survivors desired a balance of rules and comfort.

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*“Let victims know **THERE IS A LIFE WHERE TRAFFICKING WON’T HAPPEN.**”*

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# Chapter 4

## Summary and Next Steps

### Conclusions

Below is a side-by-side comparison of key outcomes and areas of focus from the outset of the grant and the current landscape within the state. Across all areas, there was significant improvement. Connecticut is a leading state in the combat against trafficking and to see such significant improvement speaks volumes about the dedication and infusion of knowledge that occurred across the community. Many of the goals initially established as part of this grant were met and exceeded midstream and as a result, HART established new focal areas and teams to continue to make significant strides in the final two years and filling important gaps in their response.

Baseline Needs Assessment (2015)	Outcome Evaluation (2019)
<b>Identification of Victims</b>	
<ul style="list-style-type: none"><li>• Number of organizations serving more than 10 cases was low (20%)</li><li>• 21% of organizations had formal policies for identification</li></ul>	<ul style="list-style-type: none"><li>• Number of organizations serving more than 10 cases increased to nearly 45%</li><li>• 41% of organizations had formal policies for identification</li><li>• Identification has double and remains at an estimate 200 victims per year in referrals and a more diverse population of victims is now being served</li></ul>

Baseline Needs Assessment (2015)	Outcome Evaluation (2019)
<b>Referrals</b>	
<ul style="list-style-type: none"> <li>• Most common in-referrals were from child welfare and law enforcement</li> <li>• Most common out-referrals were for child welfare and victim advocates</li> </ul>	<ul style="list-style-type: none"> <li>• Most common in-referrals were from child welfare and victim advocates</li> <li>• Most common out-referrals were for victim services and mental health providers</li> </ul>
<b>Sources of Knowledge</b>	
<ul style="list-style-type: none"> <li>• Most common source of knowledge was CTDCF trainings</li> </ul>	<ul style="list-style-type: none"> <li>• Most common source of knowledge was direct work with other agencies, this was a significant increase compared to 2015</li> </ul>
<b>Training and Raising Awareness</b>	
<ul style="list-style-type: none"> <li>• Most common training requested was investigative techniques, service delivery, and identification</li> <li>• Across all fields, stakeholders had little knowledge of child trafficking and were uncomfortable identifying/serving victims</li> </ul>	<ul style="list-style-type: none"> <li>• While similar trainings were requested in 2019, there was a significant decrease for wanting trainings on basic knowledge, identification, and investigative techniques</li> <li>• Significant improvement in knowledge, beliefs, and comfortable identifying and responding to child trafficking across all fields</li> </ul>
<b>Services</b>	
<ul style="list-style-type: none"> <li>• Many respondents (19%) reported their organization had no record system</li> <li>• Most commonly used services were medical and mental health</li> </ul>	<ul style="list-style-type: none"> <li>• Far fewer organizations (4%) reported no record system</li> <li>• Most commonly offered services were victim advocacy and mental health, with no significant change, showing consistency in these types of offerings for victims</li> <li>• Significant increases in the number of organizations offering family and guardian support, job training, employment, information and referral, and life skills</li> <li>• Most commonly used services were still medical and mental health</li> <li>• Significant increases in usage of education, job training, employment, information and referral, victim compensation, and life skills</li> </ul>
<b>Collaboration</b>	
<ul style="list-style-type: none"> <li>• MDT had highest intra-agency collaboration in sharing client information</li> <li>• MDT had highest inter-agency collaboration in jointly providing programs</li> </ul>	<ul style="list-style-type: none"> <li>• MDT had highest intra-agency collaboration in participating in joint conferences</li> <li>• MDT had highest inter-agency collaboration in participating in joint conferences</li> <li>• The most significant increase(s) across collaboration types was for the State HART</li> <li>• Wilder revealed significant improvement in collaboration, with the highest factor being a Shared Vision</li> </ul>

Baseline Needs Assessment (2015)	Outcome Evaluation (2019)
<b>Barriers to Identification</b>	
<ul style="list-style-type: none"> <li>Largest barrier was reluctance of victims to self-identify</li> </ul>	<ul style="list-style-type: none"> <li>Largest barrier continued to be a reluctance of victims to self-identify</li> <li>Lack of training was significantly reduced as a barrier</li> </ul>
<b>Barriers to Access</b>	
<ul style="list-style-type: none"> <li>Largest barrier was victims did not trust authorities</li> </ul>	<ul style="list-style-type: none"> <li>Largest barrier continued to be victims' distrust of authorities; however, according to the victim interviews, there was improvement in how youth viewed law enforcement and fewer victims were engaging with police</li> <li>Significant increases in barriers of being equipped to respond to needs of victims, having formal procedures in place, having knowledgeable staff, staff receiving adequate training, and victims not trusting authorities</li> </ul>

## Lessons Learned

One of the major lessons learned is the need for additional web-based training to meet the training demands across the state. Current legislation requires identified professionals to be trained annually. CTDCF hopes to change this requirement to every 3 years for refresher trainings; the legislation did not pass during the 2019 legislative session. As shown in the volume of trainings conducted through this grant (700+) and the number of individuals trained being well beyond 10,000 individuals, with only 249 trainers in the state, there is a dire need for support.

Another lesson that continues today is, although additional foster parents continue to be trained to become placement providers for trafficked children, CTDCF has learned an increase in volume does not equate to an increase in open beds. There continues to be a barrier of homes being filled when a request is made for a specialized home.

## Implications

Overall, the results of the evaluation indicate that the HART project addressed most of the proposed outcomes and greatly exceeded what was planned for this grant, with only a couple areas that continue to be a focus of HART or rely on external forces for full achievement that are frankly out of the control of the team. For example, the legislation remains misaligned with the TVPA, but improvements have been made and HART has very actively educated legislators and continued to find ways to reduce child trafficking without full legislative support. Also, the tracking of youth outcomes has improved but has not been fully implemented. The increase in the number of organizations with record keeping and increased collaboration across organizations indicate improved infrastructure is needed to provide a fully coordinated response to trafficking that relies on collection, sharing, and use of common data.

The decreases in need for trainings on knowledge and identification for HART members indicates a better ability to identify trafficked victims and movement toward more advanced understanding

among those providers closest to child victims. Improved identification and training is also evidenced in the decrease of training as a barrier to identification. However, recommendations for even more collaboration with law enforcement and education indicate there is still room for improvement of a cross-system response to trafficking. The increases in barriers to access indicate that, once victims are identified, victims' access to needed resources remains challenging given limited resources, staff turnover, and factors related to low rates of self-identification and continued care.

## Recommendations

Below are a series of recommendations from this project to further improve the child welfare response to trafficking and ensuring the safety, permanence, and well-being of children/youth in the child welfare system.

### Develop Child Trafficking Criteria for Providing Credentialing

Developing a credentialing process for service providers who want to serve child trafficking victims is an important element of ensuring a sustainable pool of trained individuals prepared to meet the needs of this population. Due to their expertise in developing curriculum and training stakeholders, CTDCF was perfectly situated to develop the process and garner the appropriate endorsements. During the grant, CTDCF explored an endorsement system and met with key national stakeholders to develop criteria for credentialing but determined additional funding would be needed to achieve their goal. The director of the HART program, Tammy Sneed, shared the need of credentialing process across the country with federal partners in hopes to garner support for this effort beyond the period of this grant.

### Ensure the Cross-System Collaboration Includes Child Welfare Agencies

Having the Department of Children and Families in a leadership role for HART was crucial to the success achieved. CTDCF was committed to the training program and meeting the demands of the state as well as driving policy and reform. Some of the strongest partnerships and reported successes came from close collaborations among agencies and having HART Liaisons situated within their own region to tailor the response on the front lines. Along the five years collaboration remained strong and the State HART continued to be vital to further building capacity and weaving together each region's response. Stakeholders reported that silos and overlapping initiatives created more challenges than successes.

### Provide Opportunities to Develop or Customize Web-based Training Modules

One of the major lessons learned was the need for additional web-based training to meet the training demands across the state. As legislation improves and states continue to mandate training for a variety of professions, agencies are struggling to train and certify enough individuals and finding the resources to keep up. States, and even programs within this cluster of grantees, seem to be developing training programs independently, and nationwide resources that can be tailored to the needs and experiences within the state are recommended.

### Actively Engage the Faith-Based Community

The faith-based community, specifically The Underground, played a critical role in providing resources to young survivors and spearheading awareness, youth programming, fundraising, and bringing new partners to the table. Community awareness is a powerful initiative within faith-

based communities, and The Underground, for example, presented in churches, learning centers/universities/town schools, and conferences to help educate at all levels. The awareness events and campaigns engaged experts and typically drew crowds of 100-200 attendees with various backgrounds and interests.

### **Support Legislative Reform to Ensure States Better Align with the TVPA**

Although many legislators understand the realities of and impact of child trafficking and desire to eradicate such, not all share the same beliefs. More support is needed to ensure states are more aligned with the TVPA and provided with the necessary resources to arrest the perpetrators. Without alignment prosecution of cases and services for victims will continue to be impacted. Connecticut continues to be faced with the challenge of providing victim services for child trafficking victims. The youth's attorneys are on occasion blocking services due to the risk of youth sharing incriminating information that may be subpoenaed and used against them by law enforcement and the courts.

### **Provide Funding for Specialized Housing, Long-term Care, and Trafficking-specific Programs**

CTDCF has learned that an increase in volume of certified/specialized foster homes does not equate to an increase in open beds. There continues to be a barrier of homes being filled when a request is made for a specialized home. More generally, there continues to be a shortage of specialized services altogether and incredibly limited long-term care options. Stakeholders continue to look for funding options to allow for more youth to be served and finding ways to meet the needs of survivors. Federal funding has requirements that sometimes prevents states from applying for grants, matching requirements and broad target populations are the two most challenging. As youth age out of the system, the resources available to them are even more diminished. Surprisingly there is even resistance to this type of legislation by other advocates in the field.

### **Offer Additional Funding for Program Evaluation and Enhancing Data Systems**

Enabling programs to have an evaluation partner has been an invaluable resource for sharing back findings and helping to provide evidence of system improvements. Building in funding for more rigorous program evaluation is needed to establish best practices, assist agencies with system enhancements, and facilitate more in-depth data tracking/analysis. Having researchers as more active members and working collaboratively with partners would ensure that data driven decisions are made and the response model is better informed by results.

## Sustainability

The following sustainability plan was developed during the grantee meeting to represent the 5-year plan for HART.

1. WHAT should be sustained? What is your vision for 5 years from now?	<i>HART Response and Plan</i>	<i>Who will perform each task? When?</i>
<p>1.1 Keep key parts of the project going (as is or a modified version),</p> <p>For example, services, staff salaries, training, infrastructure, data collection, evaluation, continuous quality improvement (CQI), and fidelity monitoring.</p>	<p><i>1.1 The majority of HART has been organized and operationalized without funding and will continue many years out. Ideally we would like to find funding to keep the HART Coordinator position on a long-term basis, at least 5-years out. There is a plan to transition all data into our future system, CTKIND. CTKIND will streamline data to eliminate the need to reenter data into multiple systems. It is expected that CTKIND will be operational over the next 2 to 4 years. CT uses Results Based Accountability (RBA), when data is efficiently being entered RBA outcomes will be developed and monitored on a quarterly basis. Service providers servicing youth victims currently use RBA and various outcomes are currently monitored on a quarterly basis.</i></p>	<p><i>1.1 The HART Director will continue to lead the overall organization of HART. If funds are obtained for the HART Coordinator the current HART operation will remain unchanged. The CTKIND project is funded with an entire team developing the infrastructure and operational system; this project is not dependent on the current grant and will continue as long as there is administrative support. The service providers are funded through state and other funding sources also not contingent on the current grant; RBA will continue for these providers.</i></p>
<p>1.2. Integrate key project activities into your ongoing practices, institutionalizing necessary program strategies and activities into organizational policy and infrastructure.</p>	<p><i>1.2 We are currently working on a significant Policy and Practice Guide revision that will include the changes that have occurred since last revision including those lessons learned through the support of the current grant. The preliminary work on the Policy and Practice Guide has been completed and the formal steps began in July 2018.</i></p>	<p><i>1.2 The HART Director and HART Intern presented the current recommendations at the Senior Administrative Meeting to officially kick-off the formal approval process.</i></p>
<p>1.3. Embed key elements of the project in the broader system.</p>	<p><i>1.3 The key elements of HART include various agencies, public and private, throughout the state. HART will continue with the expectation that our partners continue to play a key role in our efforts.</i></p>	<p><i>1.3 HART Meetings will continue to occur on a quarterly basis with an annual retreat to focus efforts.</i></p>
<p>1.4. Expand the project and take it to scale, e.g., to serve more people, replicate in other communities, and to expand statewide or nationally.</p>	<p><i>1.4 example – HART is a statewide initiative with partnerships at various stages of development.</i></p>	<p><i>1.4 The HART Director and HART Liaisons will continue to strengthen partnerships on a state and local level as part of our everyday efforts.</i></p>

1. WHAT should be sustained? What is your vision for 5 years from now?	<i>HART Response and Plan</i>	<i>Who will perform each task? When?</i>
1.5. Leave a legacy of knowledge, e.g., replication manual that can be used by others who wish to replicate your project or implement something similar.	<i>1.5 The HART efforts are well documented and disseminated widely through trainings, websites, etc. The DCF Policy and Practice Guide will ensure consistent practice across the state. CT laws reflect much of HARTs efforts, ensuring statewide practice continues in those areas solidified in legislation. CT has consulted with well over 50% of the US and will continue to share lessons learned and materials developed. Developing a strong communication plan that incorporates feedback from the key stakeholders as part of the process will begin during the next HART Retreat.</i>	<i>1.5 The new Policy and Practice Guide has been finalized. HART will continue to be a member of the Trafficking in Persons (TIP) council with continued focus on strengthening CT laws.</i>

2. WHY sustain the project? Why do you believe part or all of your project should be sustained?	<i>HART Response and Plan</i>	<i>Who will perform each task? When?</i>
2.1. What are early indicators that program elements should or should not be sustained?	<i>2.1 The role of the HART Coordinator has dramatically increased our capacity to provide statewide communication, increase trainings and inform the communities. The outcomes from the training surveys and evaluations demonstrate the various trainings are making a difference across the state. The RBA report cards are demonstrating the service providers are having an impact on our youth.</i>	<i>2.1 The CQI of the training efforts via the Surveys ceased when the grant ended. CT will continue to monitor training evaluations, RBA report cards, etc. Various stakeholder surveys are being developed and will be disseminated on a regular basis, e.g. Love 146, CT Children's Alliance, etc.</i>
2.2. When will you know for sure? How will you know?	<i>2.2 We will not know about the HART Coordinator at least until the end of the next Legislative Session. The data is indicating the training and service provisions in place should continue.</i>	<i>2.2 This data was analyzed and shared with HART through the end of the grant.</i>

2. WHY sustain the project? Why do you believe part or all of your project should be sustained?	<i>HART Response and Plan</i>	<i>Who will perform each task? When?</i>
2.3. How will you assess and gather evidence to identify the particular strategies and key components that should or should not be sustained?	2.3 <i>The HART grant has been integrated with the HART that has been in operation for almost 10-years. The grant allowed for a HART Coordinator so we were able to enhance communication, increase training capacity, expand public awareness, etc. It is expected that HART will continue to remain viable but efforts would decrease if funds are not accessed to maintain the Coordinator. The development of a communication plan will incorporate stakeholders in the process and include key data points from their perspective.</i>	2.3 <i>We clearly know we need position(s) to sustain and increase our efforts with HART. We need to maintain a HART Coordinator and need dedicated HART Liaison positions in each of the DCF regions and/or area offices, data validates the need.</i>
2.4. Are there other sources of evidence for sustainment, e.g., cross-cluster findings or findings from other similar initiatives? What are they and how will you gain access to and use this evidence to build your case and inform your sustainment plan?	2.4 <i>CTDCF utilizes RBA for all of our programs and services. Data is available through multiple sources that can be accessed to look at areas of success or concern. The DCF Regions also compile significant amounts of data to inform the system and with a new Universal Referral process we will be able to assess what services are well sought after and what services do not appear to reflect the needs of CT. We will consider the development of vignettes as people successfully complete the service – these vignettes should include all aspects – youth, families, providers, community. Love146 feedback from the youth is often shared and is a powerful way of demonstrating the program is highly regarded.</i>	2.4 <i>ICF shared the overall findings at the end of this grant award and these will inform HART on areas of success and areas we may want to focus moving forward.</i>

3. HOW do you plan to sustain your project?	Your best response to this question at this point	Next steps to draft, update, and implement the plan: Who will perform each task? When?
3.1. What changes will be required to sustain program benefits? What systems, legislation, policy, procedures, training, and funding sources would need to change? When are the barriers to these changes happening? What are the opportunities, e.g., how do your sustainment goals fit with other current systems change initiatives?	3.1 We will need to Identify the long-term resources dedicated to this work (i.e. funding, positions, services). Legislation aligning CT laws to the TVPA is vital to ensuring increased prosecutions in CT while ensuring these youth are treated as victims. Current barrier to legislation in CT is some legislators do not view these youth as victims; during the last legislative session an important piece of legislation died.	3.1 Funding requests for positions have been presented several times during the life of this grant. CT is in a budget crisis and currently resources are being downsized or eliminated. HART will continue to advocate at the state level but will also look for additional grants moving forward. Note: Grants with matching requirements cannot be sought by CT.
3.2. How much will it cost to sustain key program elements? What are the costs of not doing so? If you don't know, how can you find out? What are potential funding sources? How will you secure funding and other resources that will be needed to sustain program benefits?	3.2 The HART Coordinator position is approximately \$100,000 including fringe. Foundation funding and grants are being explored by many HART members. Identify community resources dedicated to this work i.e. collaboration with towns, schools, churches, etc. example: The Underground	3.2 The HART Director will continue to request funding on the state level and will assess other funding sources.

4. WHO can help? Can you succeed by your efforts alone or will you need help?	Your best response to this question at this point	Next steps to draft, update, and implement the plan: Who will perform each task? When?
4.1. Who are the key individuals and organizations whose support will be required?	4.1 Continued collaboration with the Task Force (USAO, SA, FBI, HIS, State LE, etc.), various state agencies, private providers, faith-based community, etc. Develop elevator speeches with focus on need and demand. Highlight positive impact of their mission, vision and goals to the youth and families. Demonstrate impact and success through the types of services they provide and support for continuation.	4.1 These partners are already on HART and at the table working on the many issues related to HART's efforts. Interest may change over time as administrations change but the current culture in CT is to support HART. The sustainability efforts will be reviewed at the next annual HART retreat this fall.
4.2. How and when should you engage partners to develop and implement your sustainability plan?	4.2 Develop elevator speeches with focus on need and demand. Highlight positive impact of their mission, vision and goals to the youth and families. Demonstrate impact and success through the types of services they provide. Engagement should occur with individual entities on a continuous basis. The overall HART will be engaged at quarterly HART meetings and through various correspondence through our list serve and website.	4.2 During the Fall 2018 HART Retreat the sustainability plan was a priority discussion item. A vision and mission statement for HART was developed to unite the stakeholders moving forward. The HART Director and Coordinator led the discussion and planning for next steps for the sustainability plan.

4. WHO can help? Can you succeed by your efforts alone or will you need help?	<i>Your best response to this question at this point</i>	<i>Next steps to draft, update, and implement the plan: Who will perform each task? When?</i>
4.3. What support is needed from each of them?	4.3 <i>All aspects of need – fundraising, service delivery, positive social activities for youth, community outreach and involvement, youth awareness, training, etc.</i>	4.3 <i>During the last HART Retreat the prior year's efforts were reviewed and new priorities for the next year were developed as well as a long-term plan to sustain efforts to date after the grant.</i>
4.4. What evidence would convince them that they should provide this support?	4.4 <i>The overall data of identified victims and youth at risk, the training results to date, outcomes from service providers demonstrate the HART efforts need to continue to move forward.</i>	4.4 <i>The HART Coordinator has continued to keep the CT HART updated sharing the related data.</i>
4.5. How will you maintain the involvement of key project partners on an ongoing basis in the planning and operation of your program as well as during and after the grant project?	4.5 <i>HART will continue after the grant sunsets including the quarterly meetings, annual retreats, training, data sharing, grant writing, etc.</i>	4.5 <i>The HART is not contingent on the current grant; the existing grant has allowed HART to enhance and increase its efforts to a level that would not have occurred without the funding. Systems have been put in place to sustain many of the efforts including several Training of Trainers that have resulted in over 130 certified trainers in CT.</i>

5. TRANSITION—If there are parts of your project that will NOT be sustained, how will you manage the transition?	<i>Your best response to this question at this point</i>	<i>Next steps to draft, update, and implement the plan: Who will perform each task? When?</i>
5.1. Which parts will NOT be sustained? Why?	5.1 <i>The outside evaluator will not be funded moving forward. There are multiple mechanisms to analyze data in Connecticut and we will continue to do so. We are hopeful future grants will provide funding for outside evaluators to look at areas such as specialized services, etc. The contract for training from the American Bar Association will not be funded moving forward. As additional needs arise in this area funding sources will be sought. The Polaris contract will not be funded moving forward, there are a variety of ways to share information via other sources. The KJMB contract is part of a much larger project in CT, the PIE system created for HART is complete and as CTKIND rolls out the PIE data will be incorporated.</i>	5.1 <i>These grant funded projects sunset naturally during the final year of the grant.</i>
5.2. Who needs to know? How will you tell them? When?	5.2 <i>HART Project Director</i>	5.2 <i>Updates will be provided at the HART Quarterly Meetings and the Fall 2018 retreat.</i>

5. TRANSITION—If there are parts of your project that will NOT be sustained, how will you manage the transition?	<i>Your best response to this question at this point</i>	<i>Next steps to draft, update, and implement the plan: Who will perform each task? When?</i>
5.3. How will you manage this transition to minimize negative impacts on service recipients, your organization and staff, and your partners?	<i>5.3 These projects have a contract that expires at the end of the grant with determined deliverables that should be met by the last day of the grant. The HART Director will be in communication with the various providers.</i>	<i>5.3 The HART Director will sunset these grants and provide evaluations as to our accomplishments.</i>

6. DISSEMINATION and COMMUNICATION—How can effective dissemination help you achieve your sustainment goals?	<i>Your best response to this question at this point</i>	<i>Next steps to draft, update, and implement the plan: Who will perform each task? When?</i>
6.1. For each sustainment goal, identify how dissemination can help achieve this goal. Whom should you target? When? What are the key messages? How do you communicate them most effectively? Who can you partner with?	<i>6.1 The HART will provide continuous communication as the various grant funded projects come to a close. Areas that we wish to sustain such as the HART Coordinator has already been in discussion, identified as a funding need for CTDCF, etc.</i>	<i>6.1 HART's meeting and communication structures will be used to ensure all are current in areas of completion and areas we will continue to sustain.</i>
6.2. Complete Effective Dissemination Worksheet for Children's Bureau Discretionary Grant Planning	<i>6.2 HART Director and Coordinator will lead this process with the various stakeholders.</i>	<i>6.2 Final plan was completed after the 2018 HART FALL Retreat.</i>

## Dissemination

The following dissemination activities were a result of this grant:

- Several presentations resulted from this project as listed in Appendix A.
- Two national webinars showcasing the HART model, key partnerships, and research findings from the grant.
- ICF developed the Research Brief on the Youth Perspective.
- ICF conducted presentation to trainers and academic audiences to share findings.



# Appendix A. Cluster Outputs

Common Cluster Outputs	
<b>3.1. Cross-system partnerships are established to develop coordinated responses &amp; practices</b>	
On average, how many organizations participated in your cross-system partnership?	40
How many meetings of your cross-system partnership were held during the project period?	19+ HART meetings, not including Leadership meetings, team meetings, or MDTs and Regional HART case conferences/convening's.
How often did your cross-system partnership meet (e.g., monthly, quarterly)?	Quarterly
Did your cross-system partnership have specialized sub-team? If so, please describe.	Each region has a HART Liaison and a regional representative attends the State (main) HART. The subcommittees of the state HART change according to the needs in the state. Previous and current sub committees include: Protocols and Procedures, Legal Issues, Funding and Survivor-Informed Care.
Did you host a formal convening of stakeholders (e.g., Annual Summit)? If so, please describe.	An annual retreat is held for members of the State HART for strategic planning purposes. CTDCF also co-hosts an annual conference for stakeholders focused on responses to minor victims of human trafficking.
<b>3.3. Number of trainings conducted &amp; number of staff trained</b>	
How many trafficking trainings were conducted as part of this project?	~690
How many people were trained during the project period?	~15,000+

A

<p>Describe the audience for the trainings (e.g., role, profession, years of experience, required or optional training).</p>	<p>Training audiences are very diverse and include but are not limited to child welfare staff, probation staff, court personnel, law enforcement at all levels, Transportation Security Administration (TSA) agents, legal representation at all levels, service providers, schools (K-12) and universities, medical providers and multiple community organizations including the faith-based community. CTDCF provides mandatory trainings for EMTs, law enforcement, and lodging industry professionals.</p>
<p><b>3.4. Number of trauma-focused services &amp; evidence-based practices (EBPs) implemented</b></p>	
<p>How many trauma-focused services and/or EBPs were delivered during the project period?</p>	<p>Not measured</p>
<p>Please describe the trauma-focused services and/or EBPs delivered as part of the project.</p>	<p>Not measured</p>

B

<p><b>Short-Term Outcomes</b></p>	
<p><b>4.1. Improved infrastructure to provide a coordinated response to child trafficking</b></p>	
<p>Systems to record and monitor trafficking established or enhanced</p>	<p>CTDCF implemented the PIE System to better collect case information from across the state.</p>
<p>MOUs and data-sharing agreements across project partners</p>	<p>As part of the expansion of HART and MDT roles, MOUs were created across agencies.</p>
<p>Communication processes and information sharing across systems, and partners</p>	<p>Protocols for community responses to child trafficking were developed by CTDCF/HART. Stakeholders improved communication through participation in MDTs and Regional HARTs. CTDCF created PIE system to better share data.</p>
<p>CQI processes including functions for reporting information on risk, referral, enrollment, and services to stakeholders and providers</p>	<p>CTDCF created the infrastructure needed for a CQI plan and will implement once the PIE system is adapted by all Regional HARTs.</p>

Training and TA received from outside sources	HART invited outside sources to train and present at their annual conference. Additionally, CTDCF partnered with several service providers to deliver training curriculums. National trainers were brought into CT including survivor speakers, Polaris and the National Center for Missing and Exploited Children (NCMEC).
Training of trainers conducted to expand local capacity	Trainer the trainers were an essential piece of expanding capacity to address child trafficking and CTDCF conducted an estimated 28 trainings and more than 240 certified trainers across the state.
Case-level multidisciplinary teams developed, supported, and facilitated	In addition to the 6 Regional HARTs, there are 17 MDTs that meet across the state to address sexual assault of minor cases.
How many pre and post Trafficking Awareness Surveys (TAS) were administered during the project period?	13,522 total surveys; 6,583 pre and 6,128 post, 811 incomplete

**4.2. Increased state-level & local awareness of trafficked youth**

What was the average response rate for pre and post TAS during the project period?	Not tracked.
What were the mean pre and post-scores on the TAS for the: Knowledge Scale Beliefs Scale Self-Efficacy Scale Were the differences between trainees' pre and post scores on these scales statistically significant?	Reported above.
What were the demographic characteristics of TAS respondents?	Reported above.

C

<p>Does the jurisdiction (e.g., state or county) where your project operates have an established trafficking identification variable in an electronic information system? If yes, please describe.</p>	<p>In the course of this grant, HART created a state-wide online system to better track child trafficking cases.</p>
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**4.5. Improved ability to quickly identify trafficked victims**

<p>Describe how project partners collect, share, and use data.</p>	<p>Project partners share specific case information in Regional HART and MDT meetings. HART Liaisons are a common conduit of information between DCF and the regional teams. CCA also collects information from the CACs. Additionally, critical incident reports are sent to agencies engaged in responding to child trafficking. CTDCF also collects data through the PIE system and distributes information to stakeholders through reports and newsletters.</p>
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**4.8. Improved collection, sharing, & use of data across system partners**

<p>Describe data collection and sharing processes.</p>	<p>Project partners share specific case information in Regional HART and MDT meetings (refer to updated legislation above). Additionally, critical incident reports are sent to agencies engaged in responding to child trafficking. CTDCF also collects data through the PIE system and distributes information to stakeholders through reports and newsletters. Love146 tracks crisis response and long-term outcomes and shares referral data with CTDCF.</p>
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D

**Intermediate Outcomes**

**5.1. Decreased entry into trafficking among at-risk youth\***

<p>Describe the project's efforts to reduce entry into trafficking among at-risk youth and any associated data.</p>	<p>The HART project sought to decrease at-risk youth's entry into trafficking through partnering with service providers, such as Love146, to deliver youth prevention curriculums and through increasing public awareness of risk factors and warning signs through</p>
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	<p>the development and delivery of several introductory curriculums. The training numbers are present in the report to demonstrate preventative measures across the state.</p>
<p><b>5.2. Improved identification of trafficked youth</b></p>	
<p>How many youth were identified as at-risk or victims of trafficking during each year of the project period? What were the demographics of these youth?</p>	<p>As of March 2019, 851 children were referred to CTDCF as potential victims of Child Trafficking. The average number of youth referred per year is 200. Of those children, the majority were identified as Latina females. This is a significant increase in identifications and diversification of those that have been identified with boys and LGBTQI youth among more recent annual totals.</p>
<p><b>5.3. Improved cross-system response to child trafficking</b></p>	
<p>Wilder Survey Results</p>	<p>The overall summary score: 3.97, 3.93, and 4.06, respectively by wave.</p> <p>The average score for each factor: refer to Appendix B.</p>
<p><b>5.10. Increased resources for the scientific study of child trafficking</b></p>	
<p>Describe all professional presentations given and all articles and (non-required) reports published from this project.</p>	<p>CTDCF participated in a total of <b>55+ presentations</b> during the grant including: Human Trafficking and Gangs, Human Trafficking Symposium, Working with LGBTQI Trafficked Youth, Screening for Child Sex Trafficking with a Validated Tool, Combating Human Trafficking, Response to Recovery: A Child Abuse Conference, CT Legal Conference, Labor Trafficking Training, Child Sex Trafficking and Gangs, Human Trafficking and Individuals with Disabilities, Designing a Collaborative Framework from a State and National Perspective for Responding to Child Trafficking Cases, Promoting Trauma-Informed Policies and Practices to Address Child Sex Trafficking, Tragedies of Human Trafficking in Connecticut, Commercial Sexual</p>

	<p>Exploitation of Children for Law Enforcement, Child Trafficking in Schools across America, Serving the Needs of New Arrival Children, Human Trafficking: Inside the Survivor's Mind, Responding to Child Victims of Trafficking, Child Sex Trafficking and Gangs, Response to Recovery a Child Abuse Conference, Central MDT Conference with Survivor Speaker, the Role of Men in Ending Child Sex Trafficking, Human Trafficking Symposium, Trauma Informed Approach for Survivors of Human Trafficking, Best Practices in Communication with Survivors of Sex Trafficking, Case Management Support for Trafficking Survivors, Response to Recovery: A Child Abuse Conference, Multidisciplinary Approach to Internet Crimes Against Children Cases, Trauma: A Reoccurring Theme in Girl's Lives, Child Welfare Virtual Expo: Building Capacity to Address Sex Trafficking and Normalcy, How the National Human Trafficking Resource Center Supports the Anti-Trafficking Community, The Road Less Traveled: Trafficked Persons in the Shadows, Child Welfare Law Symposium, Exposing Sex Trafficking on Cantinas and Bars in the US, National Conference on Child Abuse and Neglect, Boys and Trafficking: Identifying and Serving Silent Survivors, Mental Health Interventions for CSEC Youth, Beyond Finding Words, Grace Farms Justice Initiative Launch: Eradicating Child Exploitation, Child Trafficking 101, DMST Forensic Interviewing Training by Rita Farrell, Testifying as an Expert in CSEC Cases, Investigating and Prosecuting Human Trafficking Cases, Balancing Collaboration, Confidentiality, and Privileges in Human Trafficking Cases, Collaborating with Culturally Specific Organizations to End Human Trafficking, Domestic Violence and Sexual Assault, How Pimps Select their Victims, Working Together Part I and Part II, MEC Training and Technical Assistance Program: Prosecuting Sex Trafficking Cases, Understanding the Complex Needs of Commercially Sexually Exploited Children, Relationships Matter to Us Conference 2015, Serving Trafficking Victims in Immigrant Communities, Culturally Appropriate Human Trafficking Services, and Surviving the Streets of New York: Experiences of LGBTW Youth</p>
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	Engaged in Survival Sex. Additionally, HART issues a newsletter twice a year and co-sponsors an annual conference. The evaluation team also presented findings twice a year over the duration of the award: once to a practitioner audience and the other at an academic conference. The youth perspective was also published as a Research Brief.
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Long-Term Outcomes	Please Describe Evidence of the Following Outcomes
<b>6.1. Decreased incidence of child trafficking</b>	Not measured
<b>6.2. Increased successful exits from trafficking for child welfare involved youth</b>	Not measured; consult the Love146 data above for details on any longer term outcomes at this juncture
<b>6.3. Improved cognitive functioning among trafficked youth</b>	Not measured
<b>6.4. Improved physical health &amp; development among trafficked youth</b>	Not measured
<b>6.5. Improved emotional/behavioral functioning among trafficked youth</b>	Not measured
<b>6.6. Improved social functioning among trafficked youth</b>	Not measured



# Appendix B. Detailed Wilder Collaboration Factors Inventory Results

CTDCF, in coordination with ICF, administered the Wilder Collaboration Factors Inventory (Wilder Survey<sup>5</sup>) in January 2016 in order to measure change in collaboration in CT and offer a means for comparison throughout the life of the project. The Wilder Survey was administered to members of the State HART. Administered occurred during year one of the project (January 2016) and was repeated in February 2018 and September 2019. About half of the members are part of the child welfare system. The remaining members are Law Enforcement, Service Providers, Attorneys, or Juvenile Justice System personnel. Members surveyed represented all levels of experience in their career, from less than 1 year to more than 30 years of experience. The vast majority of members are female and Caucasian.

## Exhibit B-1: Respondent Demographics

	Wave 1 (1/2016)	Wave 2 (2/2018)	Wave 3 (9/2019)
Total Respondents	38	38	25
Types of Group Members	HART membership includes: child welfare administrators/frontline staff, child protective services/investigators, juvenile justice and probation, law enforcement (state, local, federal), service providers, mental health, court representatives (attorneys, CASA), survivors, and victim advocates		
Demographics	90% Female 79% Caucasian 42% Child Welfare 14% Law Enforcement 14% Service Provider 11% State-level Admin. 14% Police Officer	84% Female 81% Caucasian 49% Child Welfare 19% Service Provider 14% State-level Admin. 14% Local-level Admin.	83% Female 63% Caucasian 58% Child Welfare 13% Mental Health Prov. 8% State-level Admin.
Average Years of Experience	16	14	16
Strongest Factors	Self-Interest in Collaboration Unique Purpose Skilled Leadership	Self-Interest in Collaboration Skilled Leadership Unique Purpose	Shared Vision Skilled Leadership Self-Interest in Collaboration
Overall Summary Score	<b>3.97</b>	<b>3.93</b>	<b>4.06*</b>

Note: Statistically significant change/increased collaboration between Wave 1 and Wave 3,  $p < .05$ .

<sup>5</sup> Mattessich, P., Murray-Close, M., & Monsey, B. (2001). Wilder Collaboration Factors Inventory. St. Paul, MN: Wilder Research.

**Exhibit B-2: Factor Scores by Wave**

Factor	Wave 1	Wave 2	Wave 3
Factor 1: History of collaboration	3.93	3.85	3.88
Factor 2: Collaborative group seen as a legitimate leader in the community	3.74	3.67	3.90
Factor 3: Favorable political and social climate	4.32	4.08	4.12
Factor 4: Mutual respect, understanding, and trust	3.97	3.84	4.26
Factor 5: Appropriate cross-section of members	3.93	3.82	4.00
Factor 6: Members see collaboration as in their self-interest	4.68	4.55	4.48
Factor 7: Ability to compromise	3.87	3.74	3.80
Factor 8: Members share a stake in both process and outcomes	4.08	4.13	4.27
Factor 9: Multiple layers of participation	3.38	3.32	3.58
Factor 10: Flexibility	3.75	3.72	4.06
Factor 11: Development of clear roles and policy guidelines	3.57	3.89	3.94
Factor 12: Adaptability	3.83	3.87	3.96
Factor 13: Appropriate pace of development	3.55	3.56	3.78
Factor 14: Open and frequent communication	4.16	4.09	4.25
Factor 15: Established informal relationships and communication links	4.25	4.24	4.24
Factor 16: Concrete, attainable goals and objectives	4.00	4.12	4.28
Factor 17: Shared vision	4.20	4.24	4.54
Factor 18: Unique purpose	4.46	4.38	4.46
Factor 19: Sufficient funds, staff, materials, and time	3.28	3.04	2.92
Factor 20: Skilled leadership	4.39	4.39	4.52

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# Appendix C. Trafficking Awareness Surveys

## SURVEY CONSTRUCTS

- **Level of Knowledge** (e.g., risk factors, definitions and terminology) – 12 items rated on a scale of 1 to 5; Maximum potential score = 60
- **Beliefs** (e.g., victim culpability) – 4 items rated on a scale of 1 to 10; Maximum potential score = 40
- **Level of Comfort** (e.g., self-efficacy, confidence in practice) – 6 items rated on a scale of 1 to 10; Maximum potential score = 60

### 1. What is your level of knowledge about the items below?

	No Knowledge	A Little Knowledge	Knowledgeable	Significant/Advanced Knowledge	Complete Knowledge/Expert
The federal and state definitions of sex trafficking	1	2	3	4	5

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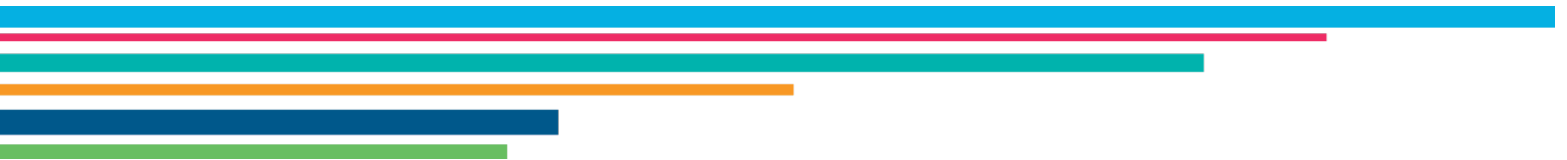
### 2. What are your beliefs about the items below?

	Completely False				Depends on the Situation				Completely True	
Prostitution is a victimless crime even when minors participate	1	2	3	4	5	6	7	8	9	10
Minors choose to engage in prostitution for money	1	2	3	4	5	6	7	8	9	10

### 3. With your current level of experience, how comfortable do you feel about your ability to do the following:

	Not at all Comfortable								Completely Comfortable	
Have a conversation with a youth to identify if s/he is currently being sexually exploited, or is at risk of sexual exploitation	1	2	3	4	5	6	7	8	9	10

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